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## Understanding HIV-Related Stigma Experienced by Mothers

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### The Next Generation and Implications of the New Ontario Health Education Curriculum

*There are many sources of stigma for mothers living with HIV in Canada, and these negatively impact their decision about whether or not to disclose their status. Societal norms and values regarding motherhood are generally not compatible with the negative and stigmatizing messages that exist about HIV-positive women becoming mothers. One reason that many HIV-positive mothers are often unwilling to access health supports is because of the stigma and unwelcomed surveillance that accompany their diagnosis. We begin with a brief discussion on sources of stigma for women and mothers living with HIV, and then move into a discussion on the newly revised Ontario Health Education Curriculum in terms of its progress in addressing HIV-related stigma. Although we note there is room for improvement, the new health curriculum has positive implications for reducing HIV-related stigma by promoting greater awareness around the effects of stigma. Additionally, we propose that HIV-awareness poster campaigns may be a useful tool for supplementing the work of the curriculum in reducing and, ultimately, eliminating HIV-related stigma. The new Ontario Health Education Curriculum, as well as more recent HIV-awareness poster campaigns, challenge the dominant perceptions about HIV stigma, and they have the potential to lead to positive change, which could reduce HIV-related stigma for mothers now and in the future.*

Women represent approximately 25 percent of reported HIV cases in Canada; the vast majority of those occur in childbearing years (Druzin; Public Health Agency of Canada, "Summary Estimates"). It is often the effects of stigma that influence a woman's decision about whether or not to be tested for HIV and whether or not to disclose her HIV status to family and friends if she tests positive for the virus. Although there have been medical advances to support

women living with HIV during pregnancy, childbirth, and motherhood, these interventions and therapies have not significantly reduced the stigma HIV-positive mothers experience during pregnancy and motherhood. Part of the reason many HIV-positive mothers are often unwilling to access health supports is because of the stigma and unwelcomed surveillance which accompany their diagnosis. Additionally, mothers from culturally diverse backgrounds may be less willing to access treatment and support services if they are not tailored to meet their culturally specific needs. Cultural specificity is important because until diagnosed, many women will not be accessing support, treatment, and other services to help manage illness and prolong life.

It is imperative that accurate information and education be delivered to the public in order to reduce HIV-related stigma, which is often present in families, schools, and communities; the stigma is often targeted toward HIV-positive women who are pregnant and those who are mothers. We begin with a brief discussion on sources of stigma for women and mothers living with HIV, and then move into a discussion on the newly revised Ontario Health Education Curriculum in terms of its progress in addressing HIV-related stigma and in its addressing how stereotypes may precipitate discriminatory views. As well, we note a few areas where the curriculum falls short and needs improvement, regarding HIV and stigma. Additionally, we propose that HIV-awareness poster campaigns may be a useful tool for supplementing the work of the curriculum in reducing and, ultimately, eliminating HIV-related stigma, especially against HIV-positive mothers.

## **Sources of Stigma for Women and Mothers Living with HIV and the Need for Education**

### *HIV and Stigma*

Stigma related to HIV/AIDS has been defined as “prejudice, discounting, discrediting, and discrimination directed at people perceived to have AIDS or HIV, their loved ones and associates, and the groups and communities with which they are affiliated” (Herek and Capitanio, 232). For many women and mothers living with HIV, this stigma adds another component to the myriad of social stigmas they may already face because of their gender, race, and class. Furthermore, the preconception of HIV as a negatively attributed condition justifies what Sergio Rueda et al. note as anticipated stigma, which includes “expectations that [HIV-positive individuals] will experience prejudice and discrimination in the future” (691). Anticipated stigma can be devastating for mothers because they feel they will never be treated in the same way once their diagnosis is known. Not only is anticipated stigma associated with limited community awareness and limited knowledge about HIV, it is also

precipitated by those who lack knowledge about its transmission, impacts, and treatment (Genberg et al.). Therefore, an urgent need exists for the delivery of accurate information around HIV prevention and stigma in health education, particularly directed to young people, as this has the potential to alter future perspectives on those living with HIV. Presenting information about new advances in care and support for HIV-positive pregnant women and mothers will better inform people about the many complex issues facing mothers with HIV.

### *Mothering, HIV, and Stigma*

When it comes to the risk of HIV infection, women are positioned in society as mothers, whether they will have children in the future or not. All women are policed in relation to HIV because of their potential to become mothers and, subsequently, the possibility that they will put their children at risk of HIV. As Sara Ruddick claims, mothers are “policed by ... the gaze of others” (111). HIV-positive mothers often believe that members of society view them as “morally and socially irresponsible” (Lawson et al. 676; Lekas et al.) for having or wanting to have children. In other words, HIV-positive women recognize that societal norms and values regarding motherhood are generally not compatible with the negative and stigmatizing messages existing about HIV-positive women, like themselves, becoming mothers.

Feminist mothering theories emphasize the importance of empowering mothers (Green; O’Reilly, “Mother Outlaws,” “Feminist Mothering”; Ruddick), as a mother must “live her life and practice mothering from a position of agency, authority, authenticity and autonomy” (O’Reilly, “Feminist Mothering” 802). However, this is difficult for HIV-positive women who are considering pregnancy, are pregnant, or are already mothers, since the negative identity of mothers living with HIV is constructed well before many of these women are even pregnant (Green et al.).

For mothers living with HIV, the combination of social stigma surrounding HIV and the social expectation for them to serve as good mothers creates a “double-bind” (Green et al.). Essentially, social ideals of the good mother are violated, as the social perception dictates that a good mother would never expose her children to illness. This introduces the concept of “informal criminalization,” which is defined as “the societal or social perception of a behaviour as criminal” (Huisman, qtd. in Larkin 234). Through social regulation, HIV-positive mothers may then feel informally criminalized while they seek access to health and social supports. As discussed by Joanne Minaker and Bryan Hogeveen, criminalizing mothering includes a “complex process of scrutiny, surveillance, and social sanction,” which treats some women as “deviant, dependent, and/or dangerous mothers” (2). These societal opinions understandably influence

the decisions that women make about whether or not to become pregnant, and further influence their experiences of pregnancy and motherhood.

Moreover, practising mothering from a position of agency may be difficult for mothers who are informally criminalized or policed because of their HIV-positive status, and are deciding whether or not to disclose their status to their partner(s), children, and others. It is important to consider the level of agency, or lack of agency, that mothers experience when they are living with difficult health issues. When life concerns and caring for children are coupled with structural barriers—such as unemployment, low income, and increased health surveillance—it is clear additional circumstances can create and contribute to feelings of stigma for mothers, leading to their feeling policed.

Recent research notes the importance of disclosure for HIV-positive individuals, as those who disclose their positive status are more likely to access HIV-related medical care (Geiger et al.). But stigma is one of the main reasons mothers are hesitant about being tested for HIV and why many HIV-positive mothers are reluctant to discuss their health concerns with their families and medical practitioners (Wagner et al.; Zamberia). Moreover, disclosing one's HIV status to a health provider could lead to unwelcomed surveillance.

Mothers' decisions about disclosure are often based on the impact that stigma will have on their partner(s), their children, and themselves. Not only do mothers fear that disclosure will place an emotional burden on their children, but they also fear that their children will be rejected by their friends (Murphy et al.; Schrimshaw and Siegel). Thus, children themselves may be stigmatized because of the HIV-positive status of their mother. Additionally, older children may at times feel responsible for caring for their mother and the rest of the family, and may engage in family responsibilities beyond what is typically expected for their age (Kavanaugh). Along with the general topic of HIV stigma as related to mothers, the concept of mother-child role reversal for children with HIV-positive mothers is another area to explore in school settings, where children who are living with these experiences may then feel less isolated and reach out for support.

As a result of HIV-related stigma, many mothers often compromise their health for their children and other family members to maintain a favourable status within the broader community (Hunter and Longhurst). These women may ultimately suffer from serious health-related repercussions because they may not receive the treatments necessary for their ongoing healthcare.

### *Culture and Stigma*

HIV affects individuals across all levels of society, yet there has been an uneven response effort addressing the various social and cultural demographics of women and mothers. Moreover, HIV continues to impact mothers who

are visible minorities, particularly black, Caribbean, and Indigenous women at rates well above the national average (Challcombe, “The Epidemiology of HIV in Females”). Despite the overrepresentation of HIV rates among these mothers, they are often expected to make use of programs that do not necessarily address their unique cultural needs. Because mothers of diverse cultural backgrounds are not always represented in the delivery of many community supports and services, they may be less willing to access programs related to testing, treatment, and other health concerns. Thus, the call for culturally specific resources comes from the recognition that health and support service provision cannot assume cultural homogeneity.

It has been noted that HIV-positive mothers who are visible minorities often experience negative reactions while accessing health services, including observing physicians and nurses taking extra measures beyond what would normally be required to prevent disease transmission (Wagner et al.). Healthcare and support workers must develop cultural competencies and sensitivity for interacting with clients, and avoid “stereotyping members of a group while still appreciating the importance of culture” (Labra 240). The First Nations Health Authority of Canada, for example, urges healthcare providers to enroll in Indigenous cultural competency training to deliver culturally sensitive health services, and to ensure that HIV testing, follow up, and treatment are provided. Tailoring programs to meet the needs of culturally diverse populations can increase the number of mothers accessing treatment and care services along with empowering them to make informed decisions about their health.

There has been some encouraging progress initiated by health professionals for ensuring an open dialogue regarding treatment and prevention programs for mothers from various cultural backgrounds. Knowing that there is a caring, culturally competent health professional available for consultation will allow these women to feel more comfortable and more confident when approaching agencies for advice, discussion, testing, and support. Educational programs, too, must also continue to advance and develop approaches for addressing HIV, and keep in mind diverse cultural needs.

There are many sources of stigma for mothers living with HIV in Canada, which contributes to the social perception that they are unfit mothers. Informal and formal surveillance, along with stigma, negatively impact a mother’s confidence as well as her ability to disclose her status and access the necessary health and social supports to ensure ongoing wellbeing. In this regard, the new Ontario health curriculum as well as more recent HIV-awareness poster campaigns challenge the dominant perceptions about HIV stigma, and they have the potential to lead to positive change, which could reduce HIV-related stigma for mothers now and in the future.

## New Ontario Health Education Curriculum: Addressing HIV and Stigma

### *Curriculum Update: Addressing Stigma*

Historically, health education and HIV education have been offered as two separate areas of instruction in the Ontario public school system. However, recent authors have argued that in order for students to benefit from a more holistic sexual health education, these two topics should be incorporated into a more comprehensive curriculum (Kumar et al.; McKay, “Common Questions,” “Sexual Health Education”; Ministry of Education). In 2015, the Ontario Ministry of Education implemented a new health and physical education curriculum for elementary and high school levels addressing “a number of key issues related to equity, antidiscrimination, and inclusion” (Ministry of Education 70). Although the new curriculum includes topics of gender, consensual sexual relations, and developing healthy sexuality, we focus on the potential it has for reducing and perhaps eliminating HIV-related stigma.

The curriculum update is a significant step in ensuring that accurate educational instruction addresses issues related to HIV, which had been largely missing in the earlier curriculum. Students’ understanding of HIV had been based on misleading facts and misconceptions (Kumar et al.; Larkin et al.). Providing accurate, accessible, and age-appropriate information is critical in addressing stigma, given our previous discussion on its debilitating effect on mothers. Such information would result in better chances for lowering the rate of HIV transmission and HIV stigma, along with dispelling myths, misconceptions, and stereotypes about the virus. As noted in the new Ontario curriculum:

The Ontario curriculum is designed to help all students reach their full potential through a program of learning that is coherent, relevant, and age-appropriate. It recognizes that, today and in the future, students need to be critically literate in order to synthesize information, make informed decisions, communicate effectively, and thrive in an ever-changing global community. (Ministry of Education 3)

If individuals are not exposed to discussions about HIV transmission, prevention, stigma, and treatment, they are more likely to hold negative attitudes toward people living with the virus (Genberg et al.). Therefore, students who participated in the earlier health curriculum have missed out on crucial information and instruction around HIV prevention and stigma, which may be a factor in the ongoing stigma experienced by HIV-positive mothers. Indeed, the presentation of accurate and age-appropriate information has the potential to challenge the dominant discourse related to HIV and motherhood. Given that the vast majority of Ontario’s children attend elementary school, there is a

practical opportunity to address the important topic of stigma, combat negative conceptions about the virus, and present accurate information on HIV prevention in a safe environment for learning (Ministry of Education). Furthermore, the inclusion of both gender and cultural diversity within the new curriculum demonstrates a significant improvement in the way that information is presented to students, as the curriculum no longer lacks specificity and attention to both individual and cultural differences. The new curriculum values the diversity of students from various cultural backgrounds, and advocates that in providing a curriculum where students feel represented and included, they also feel more engaged and empowered in their learning environment (Ministry of Education). Additionally, the inclusion of cultural sensitivity is an important revision, since assumptions of cultural homogeneity negatively influence women's ability and willingness to access health resources.

Communicating in an educational setting provides a safe and comfortable atmosphere of familiarity between peers and educators that can make for a more meaningful presentation of information on HIV and stigma. This is critical because Canadians are currently experiencing a decreased knowledge base regarding HIV, and little improvement has been made among rates of stigma toward HIV-positive individuals over the years (Challcombe, "The Epidemiology of HIV in Canada"). In fact, the most recent Interagency Coalition (2012) report states that 54 percent of individuals would be uncomfortable if a close friend or family member were to date someone with HIV, and 18 percent of individuals would be uncomfortable working with someone with HIV. Furthermore, 35 percent of respondents stated that they would be uncomfortable if their children went to school with students who were HIV positive. Recent research has also found that despite medical therapies that prevent vertical transmission from mother to child, there is disapproval of HIV-positive women becoming pregnant, and once mothers, they experience lower approval ratings as parents (Lawson et al.). Additionally, HIV-positive pregnant women, and those in the early stages of motherhood, experience an increased level of surveillance (Green et al). This policing of women's bodies places them in the unique position of having to defend their choice to become mothers. These findings confirm the stigma and prejudicial attitudes often experienced by HIV-positive mothers. Women may, therefore, find themselves in a situation where they must balance positive societal views of motherhood with negative messages about HIV-positive women having children (Ingram and Hutchinson). Through education, we as a society must continue to challenge stereotypes and misconceptions, and improve understanding of not only HIV stigma but the social and cultural factors that affect mothers living with HIV.

Increasing opportunities for discussion about HIV, and the negative impact it has on women and mothers, is also crucial for reducing stigma. One of the



most encouraging additions in the new health curriculum is the discussion directly addressing stigma, specifically “one of the best things you can do to stop HIV is to stop the stigma that is associated with having the infection” (Ministry of Education, 197). However, the curriculum does not explicitly mention mothers, and although the inclusion of these discussions on stigma is undoubtedly better than none at all, more must be done to bring in specific examples of all those who are impacted by HIV, particularly women and mothers. If the curriculum were to emphasize the impact HIV has on mothers, and how stigma impacts their comfort regarding testing and disclosure, it would benefit not only the current student population but also those preadolescent girls who will mature into women and likely motherhood.

The curriculum acknowledges that in its many forms, stigma can be manifested through gossip and avoidance of those with HIV, which makes it difficult for individuals to feel comfortable in getting tested for the virus, disclosing their status, and/or accessing resources. Discrimination, whether intentional or not, “has the effect of preventing or limiting access to opportunities, benefits, or advantages that are available to other members of society” (Ministry of Education 231). The new health curriculum also encourages discussions on challenging stereotypical assumptions while encouraging respect and inclusivity (Ministry of Education). These discussions are critical, as information must be delivered to students around the concept of stigma, how it develops, and how it may vary depending on who is creating the stigma and who is being stigmatized. Drawing on the situation of women and mothers who are HIV positive, these considerations are useful to address in an educational setting, as once students have a sufficient understanding of stigma in relation to HIV further discussion on stigma prevention in general can happen. Additionally, a better understanding of the effects of stigma can generate more meaningful lessons on stigma prevention. Along with the difficulties associated with infection, students will be more likely to understand the emotional and health effects stigma creates, and why it must be eliminated.

### *Curriculum Update: HIV Awareness and Controversy*

The new elementary health education curriculum will help students develop much more awareness around the effects of HIV-related stigma and, it is hoped, reduce stereotypical attitudes directed toward those living with HIV. Specifically, students will be able to better appreciate how “a person’s actions ... can affect their own and others’ feelings, self-concept, emotional well-being, and reputation” (Ministry of Education 160). If such content can relate to the difficult decisions women face regarding stigma and HIV disclosure, the curriculum has the potential to improve the level of comfort and confidence women and mothers have in the future when disclosing their HIV status.



Students will learn about the damaging effects of stigma and will be better prepared to address stigma in the future. Those who take part in the revised curriculum will have up-to-date and accurate information, which will assist in the deconstruction of stigma that may be systemic in their families, schools, and communities. Since lack of knowledge about HIV precipitates negative views, HIV stigma and its negative impacts on health and personal wellbeing must be addressed at the elementary level in order to foster greater awareness and understanding both now and in the future. It is important that these valuable lessons on non-discriminatory behaviours are instilled in students at the elementary school level because high school students in Ontario are only required to take one credit in health and physical education to earn their secondary school diploma (Ministry of Education).

In a few areas, however, the curriculum falls short and needs improvement, with the need for an explicit focus on stigma as it relates to mothers and HIV early in the elementary curriculum. This inclusion will perform three important functions. First, it will reassure children whose mothers are currently infected that their mothers, and other family members, including themselves, should not be stigmatized because of the disease. Second, it will better emotionally prepare children who may have an HIV-positive mother in the future. Third, it will guide those children whose mothers and families that are not directly infected with HIV or affected by HIV to be more compassionate and understanding to those who are living with the virus. It is at this elementary school level where the foundation for stigma prevention needs to begin so that it does not get a foothold in adolescence. It is our contention that a single required course does not equip high school students with the information necessary to continue addressing the topic of HIV and stigma. In their study, June Larkin et al. found that 24 percent of their youth participants had never received sexual health education by age thirteen. Furthermore, HIV was a topic that students were interested in learning more about and a topic in which they wanted to give their input. Although the new elementary curriculum provides students with accurate information on HIV, we believe that the senior level curriculum must be developed beyond the foundation set at the elementary level. Students need to receive age-appropriate information that addresses their expressed interest to learn more about HIV and about those who are affected by the virus.

As peer influence is a significant contributor in understanding how students form their basic views on topics of sexuality, stereotypes, and discrimination, it is crucial that all students receive the same instruction in order to share accurate knowledge, free of stigma. One of the benefits of this new curriculum is that peers will “all be armed with the same basic facts” (Keenan) and will participate in discussions that encourage understanding and empathy. Still, the new curriculum has instigated a great deal of controversy, particularly around

content regarding sexuality and relationships. The intentions of the curriculum are hindered by parental contestations around the omission of values such as self-control, morals, and marriage, and the perception by some that it focuses on loveless-sex, without commitment to a relationship. Although it is important for students to develop an understanding of sexual health in a safe environment, some parents have been withdrawing their children from particular lessons under this new curriculum (CTV; Csanady). This hinders the curriculum's intention of providing an equal distribution of knowledge for all students on sexuality and relationships, as well as stigma, leaving some students without a thorough understanding of interpersonal relationships, sexual consent, HIV prevention, and HIV-related stigma.

The effectiveness of sexual health education in general is often hindered by lack of experience on the part of teachers. Recent literature notes that "the quality of sexual health education is determined not only by the content but also by the way it is taught" (Larkin et al. 16). This points to the need for teachers to approach sexual health content with comfort and confidence. However, many teachers feel uncomfortable or lack the background necessary to deal with topics in the new curriculum (Larkin et al.). One way to support the successful sexual health education of students would be for teachers to collaborate with sexual health educators within the community who possess the specified knowledge necessary to facilitate this instruction.

Along with teacher effectiveness, we contend that more involvement by parents and caregivers in the sexual health education of their children could be of benefit. Recent literature has noted that parents, too, can benefit from participation and involvement in aspects of their children's sexual health education. Specifically, Veronica Dinaj-Koci et al. found that parents should be involved in sexual health programming, since they are one of the few sources of sexual health information for their children. Although the significance of peer influence should not be ignored, authors such as Tina Coffelt have noted the significant and important role mothers play as confidants in sexual health discussions given their lived experiences, experience that their children's peers do not have. Therefore, even though the curriculum creates a space for peer learning, we feel that more must be done to encourage home discussions.

The new Ontario curriculum presents an encouraging initiative to educate young people on sexual health in general and on the damaging effects of HIV-related stigma in particular. It provides up-to-date information and addresses previously identified gaps in knowledge by merging HIV and sexual health education. As noted, more must be done at the senior level to continue the intentions of the elementary curriculum if the messages regarding HIV and stigma are to have an ongoing benefit. Furthermore, as the success of the new health curriculum is dependent on the comfort and confidence of the teachers who

are delivering the material, drawing on the expertise of sexual health educators in the community would be beneficial. Moreover, although the new curriculum is progressive by encouraging parents to take an interest in the content and to make connections around these important issues at home, more could be done to encourage these discussions in the home environment, rather than parents removing their children from educational instruction altogether. Equally as important as introducing and combatting stigma in youth and adolescents is to step up efforts in addressing stigma among adults. Individuals who are not exposed to the new health education curriculum will need to be reached by other means. One avenue for addressing stigma is through HIV-awareness poster campaigns, which have been widely adopted by public health agencies, governmental organizations, and community-based organizations.

### **Addressing Stigma through HIV-Awareness Posters**

Over the years, several posters produced in Canada have depicted HIV-positive individuals as stigmatized, often pointing to the stigma these individuals face rather than depicting support to minimize stigma. One example of this is the poster produced in 2015 by the Canadian AIDS Society, titled “HIV Anonymous.” The intention of this poster was to address the stigma associated with being HIV positive and to encourage individuals to speak out and tell their stories, but in its approach, the poster actually reinforced stigma. The image on the poster depicts an outline of an anonymous person’s head and a positive symbol (+), which emphasizes the isolation, alienation, and loneliness HIV-positive individuals can experience. Rather than showing HIV-positive individuals in isolation, a more progressive approach to help reduce stigma would be to depict individuals among family and friends, emphasizing inclusiveness. There are indeed many progressive strategies to reduce HIV stigma that could be incorporated into the text and visuals of posters, including “the elimination of stereotypes and misinformation, discussion on HIV rather than avoiding the topic, putting a human face on the virus, and demonstrating that people with HIV are not solely defined by their positive identity” (Hunter and LaCroix, 173). The “HIV Anonymous” poster falls short on creative and informative messages to help reduce or eliminate HIV stigma.

As posters can present complex ideological messages to a wide variety of audiences, they have the potential to supplement the efforts of the new Ontario health curriculum in reducing or eliminating HIV-related stigma. Additionally, the provision of information on support services for mothers living with HIV must also be incorporated into HIV-awareness posters. Recently, a couple of progressive posters focusing on motherhood, pregnancy, and HIV have been produced that may help in this regard. The poster “HIV+? Pregnancy? Yes, You

Can!” (AIDS Coalition of Nova Scotia) depicts a woman’s hands cradling her pregnant belly, with the slogan reading “Learn more, share knowledge, take action. Together we can stop HIV stigma.” A second innovative poster “HIV and pregnancy Yes, You Can” (Positive Women’s Network) shows a pregnant woman imitating “Rosie the Riveter,” a strong female icon. This poster presents a great deal of informative text highlighting both medical and care information for the mother and her baby. This is an improvement over earlier campaigns that provided only minimal information on HIV health resources and those earlier campaigns that reinforced stigma and isolation (Hunter and LaCroix).

Because of the limited HIV-awareness posters addressing women and mothers, an excellent opportunity exists to create posters that both educate and encourage mothers to access support services. The social construction or framing of educational health campaigns also requires accessibility for women and mothers of various cultures—incorporating messages of cultural inclusiveness presented in languages specific to the community. Moreover, to reinforce the messaging delivered in the new Ontario health education curriculum, HIV-awareness posters could present positive and healthy portrayals of woman and mothers, offer information on support services, and create powerful messages about the importance of reducing stigma to demonstrate that a woman can be both HIV positive and a mother. Presenting information about new advances in care and support for women and mothers could also assist in motivating women to become better informed about practical services that could aid them with the many complex issues they face.

## Conclusion

Although there have been medical advances to support mothers living with HIV during pregnancy, childbirth, and motherhood, negative social constructions of HIV-positive mothers continue. Moreover, there is an urgent need for prevention responses and support services for women and mothers with HIV, as stigma is the main reason some are reluctant to discuss their HIV status with healthcare providers. Widespread education on HIV prevention, testing, and stigma, eliminating barriers to communication, and further developing culturally specific prevention and support services that include cultural competency will help to generate further support for women in terms of their healthcare and in societal efforts to reduce or eliminate stigma.

Sexual health education must include information on the sociocultural factors that precipitate negative social constructions of those with HIV as well as address the formal and informal social surveillance that exists for socially marginalized groups, such as HIV-positive mothers. The implementation of Ontario’s new health education curriculum demonstrates progress toward destigmatizing those

with HIV through institutional instruction. Effective sexual health education equips students with the knowledge and skills needed to decrease stigma (Public Health Agency of Canada, “Canadian Guidelines”). Additionally, it is noted that early learning experiences profoundly impact later development (Ministry of Education). Early instruction with accurate information has the potential to modify the views of young people, moving from misconceptions about HIV toward more informed knowledge of the virus, and thus, there is the potential for reducing both HIV transmission and HIV-related stigma. Teaching accurate information will allow students to better understand the current challenges experienced by those with HIV. Students will be more able to appreciate the ways in which stigma has been constructed and will better understand how gaps in accurate knowledge continue to foster stigma.

It is hoped that as today’s children who are exposed to the new Ontario curriculum advance into adulthood the incidences and degrees of stigma will decline. This is particularly important for young women, a large percentage of whom will eventually become mothers. We contend that the curriculum must meet the needs of students and go beyond the one credit requirement at the senior level. Further, more support for teachers who deliver the material, and the inclusion of parents in sexual health education would help to create a stronger educational program that has the potential to reduce HIV-related stigma. There needs to be an explicit focus on stigma as it relates to mothers and HIV.

Currently, more concentrated efforts need to be put toward ameliorating the challenges confronting women and mothers who are HIV positive, and reduce stigmatizing views that lead to their surveillance and judgment. Some of these challenges can be addressed with more thoughtful and focused HIV health campaigns—such as recent efforts to more equitably represent pregnant women and mothers in HIV-awareness posters, as these posters undoubtedly add to the efforts of the curriculum in reducing HIV-related stigma. The new Ontario health curriculum along with more recent HIV-awareness poster campaigns have the potential to reduce stigma for mothers living with HIV by challenging the dominant social perceptions that negatively construct their identity. It is our contention that both of these resources have a significant role to play in reducing HIV stigma and in contributing a new narrative in which HIV-positive women can indeed be seen for who they are without judgment and stereotypes.

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