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From AIDS to COVID-19: the interplay between dual pandemics in social perceptions of disease

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ABSTRACT

This paper is one of the few to examine how people who have lived through both COVID-19 and AIDS understand these pandemics in relation to each other. Data were collected in Uganda, and we found that the AIDS epidemic proved to be a key reference point for people in explaining why COVID-19 was perceived as so worrisome. In addition, AIDS-related stigma was a problematically common frame when discussing responsibility for HIV versus SARS-CoV-2 infection, and there was evidence of some forgetfulness regarding the toll AIDS had taken on the country. More positively, the legacy of AIDS made many people more attentive to social inequalities tied to health risks, and this at times prompted a more nuanced understanding of the socially varied effects of COVID-19. Overall, we argue that how individuals respond to a novel epidemic is shaped not only by their understandings of current threats but also by enduring perceptions of epidemics and pandemics that may have preceded it.

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Introduction

As COVID-19 has slowly loosened its grip on the globe, we are beginning to understand the broader social effects of this pandemic. A potentially rich point of comparison is between COVID-19 and AIDS. Like COVID-19, AIDS too held much of the world in its grip. In addition, the AIDS pandemic had far-reaching social impacts, changing health institutions and forcing us to grapple with how social inequalities shape epidemics. However, there are few studies of how ordinary people perceive living through both pandemics. This paper aims to help fill this gap and is, to our knowledge, one of the few studies to examine how individuals living in the Global South perceive their lived experiences of both pandemics.

Our research focuses on Uganda, a country profoundly affected by AIDS and also one that had some of the most extensive COVID-19 containment measures (Blanshe and Dahir 2022). Our in-depth interviews with a diverse range of Ugandans reveal how these epidemics are understood as similar and distinct. We argue that the AIDS

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epidemic proved to be a key reference point for people in explaining why COVID-19 was perceived as much more worrisome. These perceptions emphasised the intertwined biomedical, economic, and social dimensions seen as particular to COVID-19. Yet, respondents' understandings of AIDS were at times marked by some forgetfulness regarding the severity of AIDS before the advent of antiretroviral therapy (ART).

Interviews also made clear that AIDS remained a heavily stigmatised disease and this shaped a central discourse about COVID-19 as a disease with 'innocent' victims. Yet, the discussion of AIDS also revealed a sophistication in respondents' thinking about the role social structural inequalities play in pandemics. For some, this framing informed a more nuanced understanding of the socially disparate effects of COVID-19 for poorer women in particular.

Comparing AIDS and COVID-19 in global perspective

COVID-19 and AIDS are two epidemics unusually ripe for comparison. Other infectious diseases such as tuberculosis and malaria remain significant worldwide health concerns but have a much longer history. Ebola has become increasingly worrisome but as of yet has produced only regional, not global, epidemics. In 2022–2023, Mpox did indeed create a global outbreak but the death toll was quite modest. COVID-19 and AIDS, in contrast, are very much novel modern diseases that have been framed, justifiably so, as unprecedented global health crises. Yet, there remains limited research that explicitly compares and contrasts the social impacts of these two diseases.

Some research has focused on lessons learned from the AIDS pandemic for addressing COVID-19, such as identifying at-risk groups, emphasising the importance of 'knowing your status' with regards to viral infection, and the value of pre-existing emergency plans formulated before a new outbreak (van Wyngaard and Whiteside 2021). Another prominent theme is recognising that AIDS catalysed a more sophisticated thinking about how social and political inequalities are deeply intertwined with pandemics (Farmer 2005; Parker and Aggleton 2024). As Halkitis (2021, 39) argues in his analysis of COVID-19 in the USA, 'Like HIV infection, COVID-19 has overburdened marginalised populations, revealing systemic racism and health inequity.' Similarly, Mkandawire, Cochrane, and Sadaf (2021) argue that neoliberal economic policies in Malawi exacerbated poverty and shaped labour migration patterns in ways that facilitated the spread of both HIV and COVID-19. Importantly, Mkandawire et al. also highlight the implications for gender inequalities, arguing such policies resulted in women's increased social precarity and heightened vulnerability to infection.

Related to this emphasis on structural violence is recognition of how politics matters to both pandemics. Halkitis (2021, 40) describes the Ronald Reagan administration's deep resistance to addressing the emerging AIDS crisis, noting that gay men and other HIV-positive individuals were 'ignored and ostracised'. Decades later, Donald Trump initially played a similar role in the early stages of COVID-19 and then aggressively politicised the disease in ways that dramatically undermined prevention efforts. The deliberate use of disinformation by politicians and government officials is a related theme. As Jaiswal, Schiavo, and Perlman (2020) argue, state-sanctioned disinformation regarding HIV not causing AIDS was used at the highest levels of government in

South Africa during Thabo Mbeki's presidency. This conveniently deflected attention from broader socio-economic problems in South Africa at the time. COVID-19 disinformation in the USA during the Trump administration played a similar role, redirecting 'anxiety over social and economic instability' (Jaiswal, Schiavo, and Perlman 2020, 2777). Nattrass (2023) also details how a wide range of high-level political actors, including the presidents of South Africa, Gambia, Tanzania, the USA, and Brazil, all exploited conspiracy therapies to justify government inaction in response to AIDS or COVID-19.

More conceptually, research has emphasised the importance of examining how pandemics as historically significant as AIDS and COVID-19 have been discursively framed. Drawing on the influential analysis of Susan Sontag, Craig (2020) argues that the early association of AIDS with homosexuality meant that 'AIDS was mostly invisible, a disease to be discursively stigmatised, shunned and shamed' (Craig 2020, 1026). Metaphors used to describe the disease included plague and pollutant which in turn shamed and blamed those afflicted as social pariahs. Such metaphors were then reflected in government neglect of the disease in the USA in AIDS's first decade, as well as lack of attention from the mainstream media. Fast forward to COVID-19, Craig argues a very different framing emerges with metaphors of a 'global blight afflicting all of humanity' and media coverage stressing 'the dead are not just names, but "us"' (2020, 1026, 1029). This new framing is all the more ironic, Craig adds, given that in both pandemics social marginalised people often faced heightened risks of infection and greater obstacles to treatment.

This research on the discursive framing of pandemics also highlights the significance of stigma. Given that stigma emerged as a key theme in our research it is important to note that we conceptualise stigma not as an individual trait but as a social process. As Parker and Aggleton (2003, 18) argue, the tendency to focus on stigmatising attitudes and perceptions at an individual level obscures how stigma is 'a process linked to competition for power and the legitimisation of social hierarchy and inequality'. It is this more social conceptualisation of stigma as both a cause and consequence of social inequalities related to class, race, gender, among others that guides our analysis here (Castro and Farmer 2005; Wyrod 2013). Stigma has indeed functioned quite differently in these two pandemics (Maitra, Bharat, and Brault 2024; Parker and Aggleton 2024); an issue we return to in our discussion.

Taken together, the existing literature comparing AIDS and COVID-19 highlights strikingly similar social processes at work, such as the role of social inequalities and politics, as well as important differences, including discursive framings of these diseases and the forms of stigma. Yet what remains an important gap in the literature is research comparing and contrasting ordinary people's experiences living through these two pandemics. To our knowledge, the few existing studies in this vein focus on gay and bisexual men in the Global North (Handlovsky et al. 2023; Santo 2021; Stephenson et al. 2020). This work emphasises how traumatising COVID-19 was for some men who lived through the early years of AIDS, generational differences between gay men, and men's attention to inequities in responses to health crises. In our discussion, we elaborate on how these studies provide a valuable context for our own research which focuses exclusively on perspectives of individuals in heterosexual relationships in the Global South.

Context and methods

Like the rest of sub-Saharan Africa, Uganda was initially spared from the initial wave of the global COVID-19 pandemic. However, by early 2020, rising infections and fatalities began to generate concern in the country and elsewhere in the region. On March 22, 2020, Uganda completely closed its borders and initiated some of the world's strictest lockdown regulations, including the world's longest school closure (Blanshe and Dahir 2022). It appears these measures, along with good surveillance and testing, may have helped contain the spread of COVID-19 during the initial wave of the pandemic in 2020 and early 2021 (Kitara and Ikoona 2020). By February 2022, when research for this article commenced, most restrictions in the country had been lifted and life began to slowly return to normal.

Uganda is also an important context because of its success in addressing another infectious disease: AIDS. Some of the first cases in sub-Saharan Africa were identified in Uganda and very high HIV prevalence levels were documented by the 1980s. Yet, the Ugandan government and Ugandans themselves, were proactive in addressing this new disease and by the 1990s the country was seen as a leader in addressing AIDS on the African continent (Schoepf 2003). In this sense, there is a social history of AIDS in Uganda that is very much rooted in the local context. Ugandans were some of the first to identify this new disease, labelling it as *silimu* (slim disease) long before the world understood the extent of HIV's global impact. Ugandans also developed ways of coping with the impact of AIDS, such as through non-judgemental AIDS support groups, that would eventually become models adopted internationally (Kippax and Stephenson 2012; Low-Beer and Stoneburner 2004). The country's own fight against AIDS also coincided with the end of decades of civil war in Uganda. The then new Museveni government, still in power today, embedded the fight against AIDS into their vision for national growth and unity in this post civil war context.

At the turn of the millennium, Uganda's success in addressing AIDS became a model for George W. Bush administration's ambitious President's Emergency Plan for AIDS Relief (PEPFAR). Yet it is important to stress that this global response to AIDS followed, not preceded, Ugandans' own considerable efforts to address AIDS (Epstein 2007). This social history is different from other contexts, where AIDS awareness was more a byproduct of the coordinated global response to AIDS that coalesced in the early 2000s (Benton 2015). Thus, AIDS not only impacted Ugandans profoundly in terms of health but also is part of the country's broader development narrative over the last three decades. One can expect, therefore, that Ugandans today are generally quite aware of AIDS's toll on the country, past and present, and quite knowledgeable about this pandemic. This makes Uganda an especially, if not uniquely, interesting context in which to examine how people understand the impact of AIDS versus COVID-19.

Research for this paper took place in Kawempe District in Kampala, Uganda's capital city. Kawempe is one of five districts in the city and is largely populated by working-class residents typical of the average urban Ugandan. Data collection involved in-depth interviews with individuals in long-term relationships who had lived in the district for a year or more. Interviews were conducted from February 2022 to November 2022 and the first author worked with two Ugandan research assistants to recruit

participants using a modified snowball sample approach. Each research assistant began work in a different area of the district and approached individuals in their homes, places of work, and public areas such as motorcycle taxi stands and markets. Some interviewees suggested additional contacts for follow up and the research assistants also continued to approach new people more randomly. As the sample increased, attention was paid to ensuring diversity along the lines of religion, ethnicity, age, education level, and household income.

Interviews were conducted at an individual's home or private space and each person in a couple was interviewed separately. Interviews lasted 1 to 1.5 h, were mostly conducted in the local language Luganda (spoken by the first author), recorded, transcribed, and translated. Interviews followed an interview guide that largely focused on how COVID-19 had impacted their families. The final section of the interview guide focused on how COVID-19 compared to AIDS. Interviewees were asked which pandemic had been more difficult for their families; which was more challenging generally in their community and Uganda; and how women in particular were affected by both. Interview transcripts were then coded by both authors using Nvivo. We coded for anticipated themes related to COVID-19 or AIDS being more difficult or worrisome, and how each had affected women compared to men. We were also attentive to unexpected themes that emerged during coding, such as the role of stigma, the reframing of AIDS as a relatively ordinary medical issue, and the effect of COVID-19 on those living with HIV. The research received ethical approval from the University of Colorado, USA, Makerere University, Uganda, and the Uganda National Council for Science and Technology.

Findings

Our sample was representative of the demographic diversity found in a typical Kampala urban community (see Table 1). Overall, 78% of those interviewed told us that COVID-19 was much worse than AIDS. There was no clear pattern regarding this, including age, gender, income, or what a person's partner said on this issue. Beyond this main finding, three additional themes were evident. Stigma was a prominent frame for discussing AIDS with most respondents stating that AIDS stigma was significantly worse. Most of those we spoke with also felt AIDS created greater hardships for women, although the particular burdens COVID-19 created for women were also noted. Finally, it was also clear that there was some lack of appreciation for just how difficult AIDS had been for Ugandans before the widespread availability of HIV antiretroviral medications.

'With this one everyone was affected': assessing COVID-19 versus AIDS

A significant factor shaping respondents' view that COVID-19 was worse than AIDS was their knowledge of the biomedical transmission, symptomology, and treatment of COVID-19 versus AIDS. All of the people we spoke with had a clear understanding that the SARS-CoV-2 virus was much more communicable than HIV, that it could cause acute symptoms more quickly, and that effective medical treatment was extremely limited. Given this biomedical knowledge, coupled with the fact that the

Table 1. Demographic characteristics of interviewees.

	Percentage	Number
Gender		
Male	45	18
Female	55	22
Age		
19–29	33	13
30–39	35	14
40–49	27	11
59–59	5	2
Education		
Primary	38	15
Secondary O-Level	45	18
Secondary A-Level	7	3
Post Secondary	10	4
Religion		
Muslim	15	6
Christian	85	34
Number of children together		
1–2	63	25
3–4	20	8
5 or more	17	7
Monthly income USD		
$0–80	43	17
$81–200	22	9
$201 or more	35	14
Total	100	40

pandemic was by no means over during our data collection, it was perhaps not surprising that most people felt COVID-19 was more challenging than AIDS.

Yet, it was also clear that many respondents also found COVID-19 particularly frightening and this sense of fear was often measured in relation to the dangers posed by AIDS. COVID-19's transmissibility and lack of effective treatment combined to set COVID-19 apart in unsettling ways. As Joshua, a married man in his 30s with two children, said, 'They told us that it's airborne and that's very dangerous because someone can just pass by you and infect you with the virus. That wasn't the case with AIDS.' The sense that anyone was vulnerable to COVID-19 infection was echoed by Mary, in her late 20s, who said, 'With this one everyone was affected.'

Assessments of the dangers of AIDS were clearly being made through a present-tense lens with widely available antiretroviral therapy. As Martina, in her late 20s, said, 'COVID-19 was harder because people would die instantly if they didn't get medical attention immediately. But at least with AIDS people can survive on medication for years.' While true in many respects, such assessments also seemed to reflect little memory of how devastating an AIDS diagnosis had been for decades in Uganda.

The spectre of COVID-19 infection was also intertwined with the impact of Uganda's intense containment measures on people's everyday survival. The extent of the lockdowns and border closings in Uganda were unprecedented and the hardships they created were inextricably linked to the severity of the disease in people's minds. Lack of mobility during COVID-19 was seen as both economically and socially taxing and had no analogy in the fight against AIDS. For one couple with one child, Dan and Clara, these issues compromised their COVID-19 lifeline: their extended family. Both

lost their jobs during lockdowns and they were completely reliant on Clara's family for support. As Clara knew all too well, 'With AIDS people continued working but with COVID-19 everyone had to stop working and remain home. Even when you wanted to travel to see your family you couldn't go past a district. Yet with AIDS you could go wherever you wanted.' Taken together, these features of the COVID-19 epidemic were framed by some as essentially crushing sociability, a crucial and often life-sustaining aspect of being a Ugandan. As Margaret, 49 and raising one child all by herself, put it, 'With COVID-19 it was too much. With social distancing, you don't associate with people, no parties. But someone with AIDS can continue working, going to parties, and being happy.'

Approximately, one-fifth of people we spoke to, however, did feel the AIDS pandemic was worse than the COVID-19 pandemic. Several stressed that AIDS, unlike COVID-19, remained a disease without a vaccine or cure. Grace, in her early 40s and with six children, definitely felt the impact of COVID-19 economically, but she was one of the few people who considered AIDS more serious. 'When you get infected with AIDS you'll live with it forever until you die. But with COVID-19 you'll be treated and you'll get better', she said. 'But with AIDS you can't cure it until you die. … and the moment you stop taking your medication you'll die.' Mary, quoted above, felt similarly. 'I would rather be with COVID-19 because it can be cured but AIDS doesn't get cured until it kills you. Let AIDS leave me alone [laughs]', she joked. 'You suffer with it, *forever*'.

Clearly, antiretroviral therapy had normalised living with AIDS in Uganda. Yet for a few people the early years of the pandemic were not forgotten. Importantly, this included the frightening lack of medical knowledge about HIV initially, which was a stark contrast to COVID-19. Josephine, 49, unfortunately knew the devastation that AIDS could cause all too well. Her family had lost several members to AIDS years ago, including children. 'By the time COVID-19 reached here we had already got some information about how we can prevent its spread', she said. 'But when AIDS had just started people thought that it was witchcraft. So people would have fights with people so that they don't get bewitched, yet AIDS was caused by something very different'.

'If you don't look for it you won't get it': perpetuating AIDS stigma

The flipside of most respondents' concerns about COVID-19's transmissibility was how HIV infection was described as 'avoidable'. While some respondents acknowledged AIDS was stigmatised in ways COVID-19 was not, several others used moralising and stigmatising language when comparing HIV to SARS-CoV-2 infection. At times this was more subtle, as in comments by Faridah, 36 and wife of Joshua quoted above. 'AIDS usually affects those who look for it and it's easy to prevent yourself from getting infected. But with COVID-19 there's no way you can prevent yourself from getting infected because it's airborne', she said.

Other respondents, however, were more direct in saying that HIV infection was due to what they described as irresponsible behaviour that prioritised short term pleasures over long term health. Helen, in her mid-20s, had attended nursing school and worked in a herbal medicine clinic. She emphasised that,

> 'For AIDS it's you who looks for that happiness but at the back of your mind you know something [bad] can come out of it. … With AIDS you can control yourself from doing certain things that might get you infected. But with COVID-19 there's no way you can control yourself because you have to go to work so that you can afford to provide for your family'.

Ronnie, a conservative Born-Again Christian in his 20s with a primary school education, framed things in a more explicit way. 'COVID-19 affected people more than AIDS because it affects even those who haven't fornicated. But with AIDS if you don't look for it you won't get it,' he told us. Ronnie's views, while extreme in their moralising stigmatisation of HIV-positive people, were not rare especially among the sizable minority of very conservative Christians in this community and Uganda more generally.

This persistence of AIDS stigma was in strong contrast to the near lack of any discussion of COVID-19 infection in similar terms. There was no critical mention of people who broke COVID-19 restrictions and placed themselves and others at risk, nor discussion of those who refused COVID-19 vaccination and thus contributed to the continued spread of the virus. In addition, there was only a single mention of how people with COVID-19 could be the *victims* of discrimination. Aisha, married only a year and with two older children from a former relationship, struggled economically during COVID-19, even having to ask her parents for food. While she did not disclose if she or her husband had been infected with COVID-19, she stressed how stigmatising that could be. 'With AIDS you can continue doing everything. You can also have it and people don't get to know that you have it. But with COVID-19 everyone gets to know that you have it and some of them will even begin discriminating against you,' she said. 'With COVID-19 everyone will be scared of you'.

'Women have gone to places they would never have gone to': AIDS, COVID-19 and gender inequality

Most respondents felt AIDS had been worse for women. Here the issue of AIDS-related stigma emerged again, this time in relation to women living with HIV and conventional norms of womanhood. Joshua and Farida, the couple in their 30s quoted above, were an interesting case in point. Joshua emphasised that,

> 'AIDS has really affected women more than COVID-19. Because even if a man loves you so much and he's planning to marry you and he finds out that you have AIDS, he will abandon you. … For women their life goal is to get married to a man who can take care of them. So something that hinders a woman from getting married, like AIDS, affects them so badly. Because if a man is to choose between a woman infected with COVID-19 and one infected with AIDS he will choose the one with COVID-19 because it's curable'.

Joshua's wife Farida elaborated on the consequences of such dynamics, highlighting the risks for single mothers.

> 'There are very many women who are single mothers, so they have all the responsibilities of taking care of their children,' she said. 'In order to take care of her children or pay for rent they have to first sleep with men. So that's why I say AIDS has been worse for them. … By doing that they are more likely to be infected with AIDS'.

A second prominent issue interviewees raised was how gender inequality shaped a woman's risk of HIV infection in long-term relationships. At 49, Josephine, the married mother of five who discussed losing family members to AIDS, had decades of knowledge of how women navigated HIV in their intimate relationships. 'I think women have been mostly affected by AIDS because in most cases the husbands bring it to them at home', she said. 'Women can stick with their husbands for all the years they are together. But it's very hard for a man to be with one or two women.' Sadie, two decades younger than Josephine and married for three years, echoed these concerns. 'AIDS was harder for women. … During sex it's the men who decide,' she said. 'It means that the woman is going to accept the fact that the man doesn't want to wear a condom. It means that she will be infected with AIDS'.

In contrast, issues regarding gender inequality were more muted in relation to COVID-19 with much of the discussion was focused on COVID-19's impact on women's work and income earning ability. Aisha, who discussed COVID-19 discrimination above, said, 'At times when the husband finds out that the wife has AIDS, yes he will leave her. But with COVID-19 many women lost their jobs. … This also led to conflicts in homes and many other things because you can't be infected with COVID-19 and move around and go to work'. Julie, in her early 20s and already married for 6 years, added an additional dimension to COVID-19's challenges to women's work. She stressed the importance of women working not only for their own sake but also in terms of what their male partners expect of them. 'Men despise women who don't work because even men are interested in women who at least have some kind of job', she said. 'Even though my husband didn't behave badly I always felt like I needed to help him by earning my own money. So COVID-19 really affected women the most'.

Some respondents highlighted the challenges for particular groups of women, especially single women and single mothers, who already lived economically precarious lives. They emphasised not only that COVID-19 heightened their economic precarity but also could led to survival strategies that put them at additional health risks, especially HIV infection. Thomas, a 33-year-old father, underscored the challenges, saying,

> 'Single mothers suffered a lot because most of them had also lost their jobs so they didn't have any source of income. They may end up getting other problems, for example men would want to have sex with them in exchange for them money […] The women don't have networks like the men do. As a man, I may have a very big network where I can get financial help from'.

Helen, the woman with nurse training, also emphasised how COVID-19 could put some women in positions where exchanging sex for money became a survival strategy. 'People had AIDS but they still had food, they still had jobs, they still were creative', she said. 'But right now women have gone to places they would never have gone to just to look for help. Even if she doesn't go to a partying place she still has to go out and look for food. I think COVID-19 has affected them more.' For such respondents, the economic and non-economic aspects of gender inequality were intertwined and, thus, so too were the dangers posed by HIV and COVID-19 for certain women.

'Like a fever': forgetting the toll of AIDS?

A significant factor explaining why most interviewees perceived COVID-19 as more worrisome than AIDS was the extent to which widely available HIV antiretroviral therapy had normalised living with AIDS. Given the severity of the impact of AIDS in Uganda, the perception of AIDS as something of an unremarkable disease was surprising. Ezekiel, who at 40 was just old enough to remember the early years of AIDS, was not completely dismissive of the dangers of AIDS but like others saw these concerns as a thing of the past. 'In the beginning AIDS was very dangerous because during that time there was no medication for it. But with AIDS now you can take medication and live for years with it. AIDS these days is like a fever'. Interviewees did often acknowledge the challenges of living with HIV, such as side effects of lifelong antiretroviral therapy, risks of reinfection with new strains, the need to practise safe sex. Yet, overall, the dangers of COVID-19 dwarfed concerns about AIDS.

However, there were those who did remain very concerned about AIDS, especially when given the chance to reflect on it in interview. Yusuf, 41, was a good example. A father of eight who had been married for 15 years, he had managed to support his large family as a food courier before COVID-19. The pandemic ended this work and Yusuf's wife managed to find work and begin supporting the family. While Yusuf did take on more childcare responsibilities he felt emasculated by losing his job and admitted it led to much quarrelling with his wife. Not surprisingly, he initially told us that COVID-19 was much worse than AIDS, saying 'you can't know how COVID-19 is spread' and 'it kills instantly'. However, after considering the question further, he remembered the toll AIDS had taken on his own family.

> 'My family was greatly affected because I lost one of my young siblings due to AIDS. He lost his private parts. Let me rewind a bit because I had forgotten. It's true COVID-19 was dangerous but then AIDS was more dangerous. Because during that time there was no medication for it and people didn't know how it was spread which was discovered later […] AIDS was harder to deal with than COVID-19'.

Sadie, quoted above about AIDS and women, was only 28 years old but even more forceful in this regard. She stressed that AIDS remains a significant health threat today but also noted how COVID-19 had exacerbated the challenges of living with HIV. 'During the lockdown people with AIDS were forgotten because they didn't have transport to go and pick up their medication', she said. 'The government forgot about AIDS yet it can't be eradicated. AIDS is something very huge because it is still being spread and it can not be eradicated. … COVID-19 was very powerful but AIDS is more powerful'. Richard, a 43-year-old father of four, echoed these concerns, '[During COVID-19] did you hear people saying that we should protect ourselves against AIDS? No! Did they give out condoms to protect ourselves against AIDS? No! So right now AIDS no longer makes news. AIDS still exists. [Sighs.] And now there is Ebola. So AIDS, COVID-19, it's all old news now [laughs]'.

Discussion

Overall, our findings reveal some key differences in how Ugandans experienced living through two very different epidemics. Clearly, the frightening novelty of COVID-19,

including its transmissibility and lack of treatment, was front-and-centre in respondents' minds. AIDS, in contrast, had largely morphed into something of a routine and ordinary disease; concerning but manageable. Equally salient was the economic impact of COVID-19 in respondents' everyday lives due to the intense containment measures put in place. For respondents this posed widespread challenges that had no corollary during even the height of the AIDS pandemic. This underscores how for certain epidemics the economic and social disruptions caused by lockdowns and other measures can loom as large in people's minds as the biomedical health threats. It is this combination of economic and biomedical problems that largely explained why respondents generally found COVID-19 more worrisome than AIDS.

Another important facet of how participants understood the differences between the pandemics is tied to the discursive framings of AIDS versus COVID-19 (Craig 2020). Several respondents still framed HIV infection as linked to allegedly problematic, sometimes immoral, individual sexual behaviour. This was surprising in this context given that Uganda, arguably earlier than any other African nation, developed its own relatively non-judgemental approaches to HIV prevention, treatment, and support. Combating AIDS was framed as a battle all Ugandans should be invested in, and the country's early success in reducing HIV infections was a point of national pride (Thornton 2008; Wyrod 2016). However, in our interviews, moralising and stigmatising language was used to cast blame on those living with HIV, in contrast to the innocent victims of COVID-19 infection. This may be due to the fact HIV is a sexually transmitted infection burdened with moralising language about 'proper' sexual behaviour. In addition, at the turn of the millennium Uganda embraced the more conservative shift in global AIDS prevention promoted by the George W. Bush administration's PEPFAR program that stressed abstinence and monogamy and downplayed condom use and other safe sex measures.

These findings very much corroborate Craig's (2020) argument that moralising language used in regard to AIDS can serve to demonise those infected with HIV. AIDS stigma as a social process, therefore, works to amplify pre-existing social inequalities linked to sexuality, such as homophobia or gender inequalities tied to women's sexuality. People infected with COVID-19, however, faced no such stigma and instead were framed as innocent victims of a disease that affected everyone. Parker and Aggleton (2024, 125) make a similar point stressing that the slow response to AIDS early in the pandemic was linked to the stigmatisation of the first 'victims' as 'socially marginal, undesirable, deviant' and thus less worthy of concern. With COVID-19, in contrast, stigma was much less salient because of the disease's 'potential for widespread impact on the "general" population' (2024, 125). Maitra, Bharat, and Brault (2024, 227) highlight similar processes at work in India where HIV's link to sexuality meant AIDS stigma was focused on those 'acting outside of norms' marking them as 'others' and 'morally deficient'. COVID-19, in contrast, was portrayed as a national 'enemy and a war to be fought and won' (230).

Another prominent theme in our study was the recognition of how broader social structural forces placed women at risk of HIV infection in certain ways. Several respondents discussed in detail how women's lack of economic autonomy and lack of power in intimate relationships made AIDS particularly worrisome for women. Such comments, we argue, reflect an accumulated knowledge about the social complexities of HIV transmission

among Ugandans, including how gender power inequalities in society and in intimate relationships put women at heightened risk of HIV infection. At times there was a similar nuance and sophistication in how respondents also talked about women and COVID-19 infection. Several respondents spoke eloquently about how COVID-19 lockdowns and restrictions constrained women's earning abilities and heightened the problems they faced as wives, and mothers. In addition, some respondents went a step further and discussed how the economic challenges posed by COVID-19 could push some women into sex work that carried significant risk of HIV infection. Importantly, respondents' discussion of such issues did not stigmatise such women but instead gestured towards how economic and gender inequality were intertwined in the lives of some women, making managing the combined risks of COVID-19 and AIDS particularly challenging.

The existing literature comparing AIDS and COVID-19 emphasises that an important legacy of the AIDS pandemic has been greater attention to 'the role of structural violence in driving viral transmission' (Parker and Aggleton 2024, 127; see also Halkitis 2021; Mkandawire, Cochrane, and Sadaf 2021). Our findings show how this same awareness of the impact of social-structural inequalities on disease transmission can exist in the minds of ordinary people as well. While comparable studies are extremely limited, Handlovsky et al. (2023) also found inequality to be a prominent theme. However, respondents focused on the frustration of 'witnessing cross-pandemic inequities' (4). This referred to a collective bitterness regarding the absence of support during the early years of AIDS due to stigma and discrimination compared to the large-scale response that COVID-19 later received. Attention to how social inequalities of race, class and gender shaped the impact of COVID-19 on certain groups of people, however, was not particularly evident.

A final important theme in our research was the sense of forgetfulness regarding AIDS's impact in Uganda. Such attitudes reflected the current biomedical reality that antiretroviral treatment was effective. In addition, for some the most devastating era of AIDS had been overshadowed by newer concerns, including COVID-19 and Ebola, and it required careful thought to recall how AIDS had affected some families. This was a striking difference with the few similar studies focused largely on gay men in the Global North. In Handlovsky et al.'s (2023) study noted above, respondents' experiences with COVID-19 were very much shaped by strong, distressing memories of living through AIDS. From some, this included 'sheer disbelief that they were living through another pandemic' (4). Santo (2021), a clinical social worker, describes similarly strong sentiments among his gay male clients. For some, COVID-19 had strong 'triggering effects' that 'recalled memories of the loses' during the earlier days of AIDS (131). These differences speak to both the intensity of surviving AIDS for gay men in the Global North during the earliest years of the pandemic as well as the myriad challenges, both biomedical and otherwise, that Ugandans generally face on a continual basis that contextualise the threats of any one specific disease.

Limitations

There are limitations to this study that are worthy of note. The modified snowball sampling technique and sample size of 40 individuals means findings are not generalisable. Also, the focus on cohabiting couples may have made respondents more

critical of people perceived to have less stable partnerships or multiple sexual partnerships. However, we did also interview individuals whose relationships were ending or had recently ended. In addition, because we explicitly asked participants to compare their experiences with AIDS versus COVID-19, the contrasts they drew may have been more likely to focus on HIV as a sexually transmitted disease and thus the sexual behaviour of others.

Conclusion

There is substantial scholarship on the social, economic, and cultural effects of AIDS and COVID-19 separately. However, this study is one of the few to shed light on people's perceptions of disease and illness as an interplay of these two pandemics. For the Ugandan adults we spoke with, their assessments of COVID-19 were understood through a broader framework of a population acutely affected by AIDS. The biomedical risks of COVID-19, the economic and social impacts of containment measures, and the sense that no individual should be blamed for acquiring the virus were all measured in relation to the other major pandemic in their lives: AIDS. Thus, we argue that how individuals understand and respond to a novel pandemic like COVID-19 is shaped not only by the current threat but also by enduring perceptions of pandemics that precede it.

Such enduring perceptions can be both accurate and clouded. Recollections of the toll of the HIV and AIDS epidemics in Uganda, for example, at times underestimated their devastation, which underscores how collective memory of epidemics can shift as treatment is institutionalised and the disease is normalised. In addition, AIDS-related stigma and blame were often rekindled in comparisons with COVID-19, in large part because of the legacy of global framings of sexually transmitted diseases as linked to morality during the fight against AIDS. While such moralising discourses were largely absent from respondents' discussion of COVID-19, there was also less attention to how COVID-19 was intertwined with social inequalities. This framing of disease as linked to structural inequalities, especially gender inequality, is a hopeful positive legacy of AIDS in our study, and one that did prompt some informants to bring a similar critical analysis to COVID-19.

Overall, the complexities of these intertwined perceptions of pandemics makes clear that emergency responses to novel diseases are always interpreted against a longer memory of outbreaks and their impacts. Such memories can make prevention more challenging while others provide a valuable foundation for effective individual, collective, and government responses. As respondents in this study emphasised, COVID-19 has now created a new layer of collective memories; a layer that will no doubt shape how people respond to the pandemics to come.

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References

Benton, A. 2015. *HIV Exceptionalism: Development through Disease in Sierra Leone*. Minneapolis: University of Minnesota Press.

Blanshe, M., and A. Dahir. 2022. "Uganda Reopens Schools After World's Longest Covid Shutdown." *The New York Times* Section A: 4. January 11, 2022.

Castro, A., and P. Farmer. 2005. "Understanding and Addressing AIDS-Related Stigma: From Anthropological Theory to Clinical Practice in Haiti." *American Journal of Public Health* 95 (1): 53–59. https://doi.org/10.2105/AJPH.2003.028563.

Craig, D. 2020. "Pandemic and Its Metaphors: Sontag Revisited in the COVID-19 Era." *European Journal of Cultural Studies* 23 (6): 1025–1032. https://doi.org/10.1177/1367549420938403.

Epstein, H. 2007. *The Invisible Cure: Africa, the West, and the Fight against AIDS*. New York: Farrar, Straus and Giroux.

Farmer, P. 2005. *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. Berkeley: University of California Press.

Halkitis, P. 2021. "Managing the COVID-19 Pandemic: Biopsychosocial Lessons Gleaned from the AIDS Epidemic." *Journal of Public Health Management and Practice: JPHMP* 27 Suppl 1, COVID-19 and Public Health: Looking Back, Moving Forward (Supplement 1): S39–S42. https://doi.org/10.1097/PHH.0000000000001267.

Handlovsky, I., T. Wonsiak, A. Amato, M. Halpin, O. Ferlatte, and H. Kia. 2023. "Between Two Pandemics: Older, Gay Men's Experiences across HIV/AIDS and COVID-19." *SSM - Qualitative Research in Health* 3 (June): 100233. https://doi.org/10.1016/j.ssmqr.2023.100233.

Jaiswal, J., C. Schiavo, and D. Perlman. 2020. "Disinformation, Misinformation and Inequality-Driven Mistrust in the Time of COVID-19: Lessons Unlearned from AIDS Denialism." *AIDS and Behavior* 24 (10): 2776–2780. https://doi.org/10.1007/s10461-020-02925-y.

Kippax, S., and N. Stephenson. 2012. "Beyond the Distinction Between Biomedical and Social Dimensions of HIV: Prevention Through the Lens of a Social Public Health." *American Journal of Public Health* 102 (5): 789–799. https://doi.org/10.2105/AJPH.2011.300594.

Kitara, D., and E. Ikoona. 2020. "COVID-19 Pandemic, Uganda's Story." *Pan African Medical Journal* 35 (Supp 2): 1–3. https://doi.org/10.11604/pamj.supp.2020.35.2.23433.

Low-Beer, D., and R. Stoneburner. 2004. *Uganda and the Challenge of HIV/AIDS*. "*The Political Economy of AIDS in Africa*." edited by Nana Poku and Alan Whiteside, 165–190. Burlington, VT: Ashgate.

Maitra, S., S. Bharat, and M. Brault. 2024. "COVID-19 Stigma and Discrimination in India: Parallels with the HIV Pandemic." In *Viral Times: Reflections on the COVID-19 and HIV Pandemics*, edited by Jaime García-Iglesias, Maurice Nagington, and Peter Aggleton, 223–235. Abingdon: Routledge.

Mkandawire, P., L. Cochrane, and S. Sadaf. 2021. "COVID-19 Pandemic: Lessons from the HIV/AIDS Epidemic in Southern Africa." *African Geographical Review* 41 (1): 143–150. https://doi.org/10.1080/19376812.2020.1858122.

Nattrass, N. 2023. "Promoting Conspiracy Theory: From AIDS to COVID-19." *Global Public Health* 18 (1): 2172199. https://doi.org/10.1080/17441692.2023.2172199.

Parker, R., and P. Aggleton. 2003. "HIV and AIDS-Related Stigma and Discrimination: A Conceptual Framework and Implications for Action." *Social Science & Medicine* 57 (1): 13–24. https://doi.org/10.1016/S0277-9536(02)00304-0.

Parker, R., and P. Aggleton. 2024. "People, Politics and Death: International, National and Community Responses to HIV and COVID-19." In *Viral Times: Reflections on the COVID-19 and HIV Pandemics*, edited by Jaime García-Iglesias, Maurice Nagington, and Peter Aggleton, 120–134. Abingdon: Routledge.

Santo, N. 2021. "Reflections on the HIV/AIDS Crisis, COVID-19, and Resilience in Gay Men: Ghosts of Our Past, Demons of Our Present." In *Shared Trauma, Shared Resilience During a Pandemic: Social Work in the Time of COVID-19*, edited by Carol Tosone, 127–133. London: Springer.

Schoepf, B. 2003. "Uganda: Lessons for AIDS Control in Africa." *Review of African Political Economy* 30 (98): 553–572. https://www.jstor.org/stable/4007006.

Stephenson, R., T. Chavanduka, M. Rosso, S. Sullivan, R. Pitter, A. Hunter, and E. Rogers. 2020. "Contrasting the Perceived Severity of COVID-19 and HIV Infection in an Online Survey of Gay, Bisexual, and Other Men Who Have Sex with Men during the U.S. COVID-19 Epidemic." *American Journal of Men's Health* 14 (5): 1557988320957545. https://doi.org/10.1177/1557988320957545.

Thornton, R. 2008. *Unimagined Community: Sex, Networks, and AIDS in Uganda and South Africa*. Berkeley: University of California Press.

van Wyngaard, A., and A. Whiteside. 2021. "AIDS and COVID-19 in Southern Africa." *African Journal of AIDS Research* 20 (2): 117–124. https://doi.org/10.2989/16085906.2021.1948877.

Wyrod, R. 2013. "Gender and AIDS Stigma." In *Stigma, Discrimination and Living with HIV/AIDS: A Cross-Cultural Perspective*, edited by Pranee Liamputtong, 39–52. London: Springer.

Wyrod, R. 2016. *AIDS and Masculinity in the African City: Privilege, Inequality, and Modern Manhood*. Oakland: University of California Press.