

## 3<sup>rd</sup> International Conference on **HIV/AIDS, STDs & STIs**

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### **HIV/AIDS stigma and discrimination makes AIDS to be the silent killer**

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When the epidemic emerged in 1981, AIDS was thought as a deadly disease that was contagious from person to person, as well as closely linked with historically neglected groups and culturally and historically unacceptable issues such as sexual orientation, drug use, and commercial sex work. All of these factors led to HIV/AIDS stigma and discrimination. HIV/AIDS associated stigma is a complex concept that refers to prejudice, discounting, discrediting and discrimination directed at persons professed to have AIDS or HIV, as well as their partners, friends, families and communities (American Behavioral Scientist.1999). HIV/AIDS stigma is a worldwide problem and can be expressed in a range of ways, including: Exclusion, rejection and evasion of people living with AIDS as well as discrimination against people living with AIDS by their families, health care professionals, communities and governments and compulsory HIV testing of individuals without prior informed consent or confidentiality protections. In addition to these, persons who are apparent to have AIDS, be infected with HIV or belong to "high risk" groups are also suffered from isolation and violence. These are the main reasons why too many people have nightmares to see a doctor to determine whether they have HIV, or to get treatment if so. Stigma and discrimination plays a big role to make AIDS the silent killer, because people fear the social disgrace of speaking about it and the above mentioned insults. For example, in the United States, it is estimated that one in five persons living with HIV/AIDS is unaware of their health status (CDC, 2008). In one national study of HIV+ adults also reported that 36% experiencing discrimination by a health care provider, including 8% who had been refused medical service (Journal of General Internal Medicine. 2005). Globally, the overall number of people living with HIV has steadily increased as new infections occur each year, with young people (ages 15–24) accounting for an estimated 45 percent of new HIV infections worldwide (UNAIDS, 2008). Stigma and discrimination doesn't simply exist within individual measures, but within broad social and cultural backgrounds that need to be underlined in stigma-reduction programs. Organizations and communities must tackle the values, norms and moral judgments that add to the stigmatization of HIV+ persons by engaging faith-based organizations, key institutions and judgment leaders that help shape and strengthen societal values. Policymakers need to think about the potential cost of laws to make sure they don't accidentally increase HIV/AIDS-related stigma. Programs also needed to offer training on cultural competency, privacy and consciousness for healthcare workers, counselors and staff at social service organizations including drug treatment, housing, mental health services especially in areas where stigma is high, such as rural areas and organizations where there may be few HIV+ clients. HIV/AIDS-related stigma is unlikely to go away with in short period of time. Although research is being conducted nationally and internationally still more research is needed to measure the effects of stigma and understand what types of involvements work best for which communities. Stigma awareness and reduction programs need to be assessed and published so that successful programs can be practiced.

#### **Biography**

Teklit Tesfom Gebremariam, MD from Eritrea completed his medical degree from Orotta School of Medicine and Dental Medicine, Asmara Eritrea. Now, he is preparing to pursue Post-graduation from Orotta School of Medicine and Dental Medicine Asmara Eritrea. He has published two papers in *Eritrean Journal of Medicine* and two are in process. He is a HIV/AIDS focal person in Dekemhare Hospital for the last two years.

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