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## HIV/AIDS stigma and discrimination in Malawi

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HIV/AIDS is a serious global infection and chronic condition with no cure currently available. Since 1985 when the AIDS case was identified in Malawi, considerable effort has gone into HIV and AIDS responses including prevention and treatment. There is significant stigma associated with being HIV and AIDS positive in Malawi but this can be substantial with health implications by interfering with prevention effort and discouraging people with cultural behaviors by seeking diagnosis. Stigma is an attribute that deeply discredits and results in the reduction of a person or group, while discrimination involves treating someone in a different and unjust or unfair way often on the basis of their actual or perceived belonging to a particular group. It mostly consists of an action or omission that results from stigma and is directed towards those individuals who are stigmatized. Discrimination can occur at different levels such as individual, family, community or the Nation, because HIV mostly affects the economically productive age group between the age of 15 and 45 years. In most places people affected with HIV have been stigmatized. According to the Government of Malawi the major economic cost of HIV and AIDS is the loss of human resource in both private and public sectors. The main factor is to review the literature to the factor that fuels HIV related stigma. For an effective response to address HIV and AIDS related issues investigation processes that underpin HIV related stigma and their implications for institutional policies and programs that are highly recommended as key areas for the future. Furthermore it is argued that HIV prevention cannot be successful without addressing the associated stigma. It is also recognized that HIV and AIDS stigma can manifest differently in different settings as it is socially constructed and this may pose a limitation to it and in 2014, 64% of countries had some form of regulations that were put in place to protect people living with HIV from discrimination.

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## Increasing coverage of hard to reach groups of PWIDs through peer driven intervention

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Existing strict drug law environment and tendency to inject drugs in relatively small groups revealed a meaningful obstacle for harm reduction programs to get to hard to reach groups, among them to female and young (18-25 year) injecting drug users (PWIDs). Estimated number of injecting drug users have been increasing during recent years in Georgia and is considered to be 49700. To solve the problems and to increase further coverage of unreached groups, people who had never enrolled in any HIV prevention programs, Georgian Harm Reduction Network initiated Peer Driven Intervention (PDI) in 10 cities at 13 harm reduction sites. This intervention gives possibility to educate all recruited ones PWID on HIV/AIDS, viral hepatitis, STIs. Targeted education module consisted of 8 educational topics. During this educational intervention there was provided a study to assess their risky behavior, knowledge on harm reduction issues and needs to plan adequate HIV program activities. The recruitment of PWIDs was done through respondent driven sampling. Average 3 to 6 seeds per sites were prepared and trained for recruitment of their peers. Respondents who agreed to recruit were provided 3 coupons. Monetary incentives were envisaged based on education level of each recruited peer. Additional incentives were given for recruitment of female and/or young IDUs. Each PDI participant was offered free tests of HIV, HBV, HCV and syphilis. PDI intervention intensively was carried out during 6 years (2010-2015). Totally 15,750 PWIDs were reached through this intervention, it was used as an effective tool to attract female and young PWIDs. Number of attracted women increased 2 times in 2012 and 3 times in 2013 and 2014. PDI enabled to increase number of recruited young injectors in 2013 young injectors accounted only 5% among needle and syringe program beneficiaries, while among PDI could recruit clients this sub-group consisted of 39%. Risky behavior and awareness on harm reduction topics were assessed and proper strategies for further actions were developed.

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