POLICY BRIEF NUMBER 42

HARAMAYA UNIVERSITY

January 2009

HIV/AIDS Related Stigma and Discrimination

This policy brief examines level of HIV/AIDS related stigma and discrimination b/n age, sex by education in kersa district .

Introduction

Socio-demographic status like age, sex and educational level may influence stigma and discrimination towards HIV positive individuals. Youth are blamed in spreading HIV/AIDS through what is perceived as highly risky sexual behaviors, while men and women are stigmatized for breaking sexual norms gender based power results in women being blamed easily . At the same time, the consequences of HIV infections, disclosure, stigma and the burden of care are higher for women than men.

To what extent do stigma and discrimination is present in kersa district?, Is there any differences in age, sex, and educational status?

In this report we examine whether the stigma and discrimination were occurred by those socio demographic variations.

Education and discrimination

Among uneducated people 62% responded that they wowed eat from the same plate or sharing drinking glass, and almost 32% Educated people. About 60% and 47%of family and close friends respectively would not eat from the same plate or share a drinking glass as well.

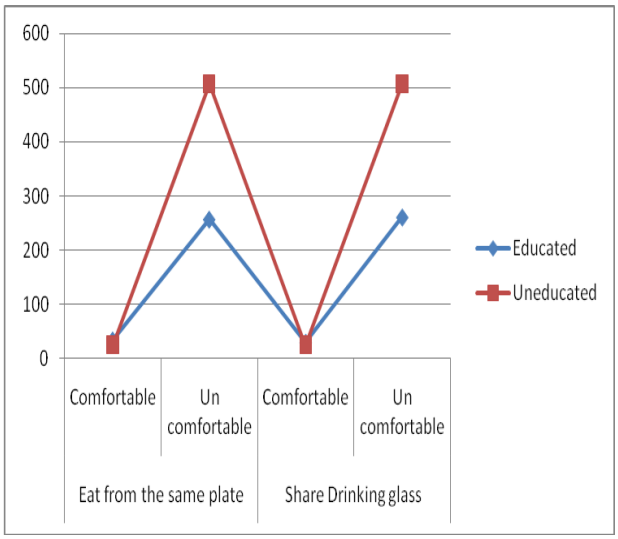


Chart 1; Association of discrimination with educational status in kersa district

The intention of stigma and discrimination across various ages were almost similar in this survey with slight increment in females and ,men 47% and 46% for men this is showed as there is not variation in gender based but the over all discrimination were very high in summation (93%) for feeding from the same plate and sharing drinking glass. Only 4%of males and 3% of females were not discriminate the by feeding and sharing drinking glass.

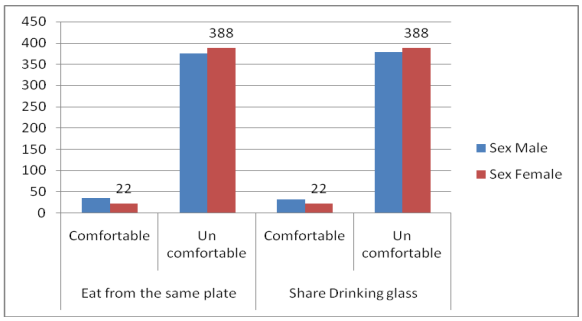


Figure 2: Association between age and discrimination in kersa district Eastern Hararge zone of Oromiya

Age and Stigmatizing

57% of age greater 25years would discriminate peoples with HIV/AIDS by feeding from the same plate and sharing drinking glass. While 40% and 35%were stigmatizing by avoiding or restricting their relation to close friends and family respectively. The remaining share of discrimination is goes to age greater less than 25years .

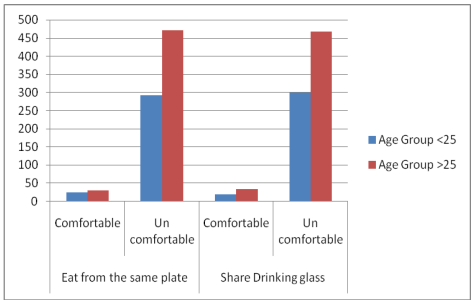


Figure : Association b/n stigma and age in kersa district Eastern Hararge zone of Oromiya

Policy Recommendations

While further information dissemination are possible , most house holds in kersa district of eastern Oromiya zone have the intention of discrimination to ward people living with HIV/AIDS . From this study we found that all hose holds included in our survey have at least one form of discrimination which show the severity of stigmatizing attitudes .

Policies to improve stigma and discrimination would greatly improve the district residences . For all peoples polices which improves the public awareness and knowledge should be formulated to address all peoples in the community campaign of health information dissemination ,so that this will improve the care and support for infected people. This is the ways in which we increase the peoples who were tested and disclose their status to public.

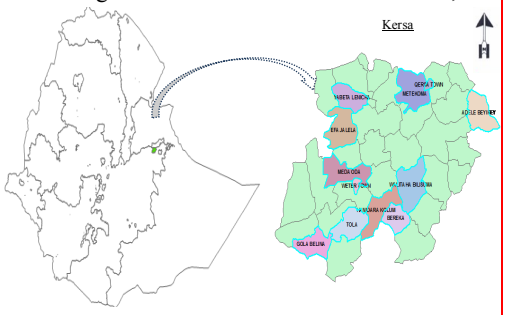
The district health bureau and administrative body should attempt to look up the peoples awareness toward HIV/AIDS in order to reduce stigma

Kersa Demographic Surveillance and Health Research Center (KDS-HRC), Haramaya University:

The surveillance site was established in September 2007 in Kersa district, Eastern Hararge of Oromia region, East Ethiopia with aim of tracking demographic changes like death, birth, migration and marital status change. The surveillance activities further extended by adding surveys in Nutrition, Reproductive Health, Environmental Health, HIV/AIDS, Morbidity/ health seeking behavior and health care utilization during the month of January-March 2008.

The surveillance activity is instituted in 12 kebeles (the smallest administrative unit in Ethiopia with approximate population Size of 4-5 thousand). Two of the kebeles are semi urban and the remaining 10 are rural kebeles.

According to the first census there were 10,256



households and 53,482 people in the study site with an average household size of 5.2 and sex ratio of 104.5. In the study area the crude birth and death rates were 26.8 and 9.2 per 1000 population. Infant and under five mortality rates were 44.9 and 108.2 per 1000 live births respectively.

The activities of the surveillance are lead by a coordinator and a group of six staff members from the College of Health and Medical Sciences.

College of Health & Medical Sciences, KDS-HRC
235, Harar, Ethiopia
Email: kds_hrc@yahoo.com
00251-256-66-6143