

Chapter 10

Policy Factors Influencing Reduction of HIV/AIDS Stigma in Tanzanian Local Government Authorities

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ABSTRACT

HIV/AIDS stigma creates disharmony in many countries including Tanzania. As such, it requires effective reduction. Policy factors influencing its reduction are shown through a study involving a sample size of 178 respondents selected in 4 Local Government Authorities using purposive sampling technique. Besides frequency analysis, a logistic regression model found 6 significant factors influencing reduction of the stigma: increasing educational level ($P < 0.10$), increasing means of combating HIV ($P < 0.05$), consolidating to marriage type ($P < 0.10$), creating

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sufficiency of treating HIV/AIDS ($P < 0.10$), adoption of effective economical occupation ($P < 0.10$), and executing reliable treatment ($P < 0.10$). Such findings conclude that high awareness and treating infected HIV/AIDS are effective policy factors in dealing with the reduction of stigma. However, it is recommended to keep educating the community on the hazards of HIV/AIDS. E-interventions can help in designing treatment policy for the increasing acceptability of infected ones.

INTRODUCTION

Since the eruption of HIV/AIDS in the year 1980s, there has been chronic stigma which created a critical social disharmony worldwide. The HIV/AIDS stigma prevails in many countries (UNAIDS, 2010). There has been consistent research effort to understand the various dimensions related to stigma attached to HIV/AIDS in different parts of the world. The International Planned Parenthood Federation (IPPF 2009) has reported how HIV stigma and discrimination remain significant challenges in the UK. The Stigma Research (2004) concluded how stigma and discrimination had been experienced by gay men and African people with HIV. Burki (2011) also reported discrimination against people with HIV in China.

The discrimination and humiliation meted out to the infected people creates a social disharmony as reflected in the study report by Goffman (1963) who viewed stigma as an attitudes that is deeply discrediting and results in reduction of a person or group from a whole and usual person to a tainted and discounted one. The results are also supported by International Centre for Research on Women (ICRW, 2011) which points out that those who are stigmatized often experience discrimination in some way or the other.

Although, stigma is unpleasant phenomenon, there is feeling that stigma reduction is a temporary control of HIV/AIDS. This perception is also reflected in the ICRW Reports concluding that stigma is the state of mind of marginalizing the HIV/AIDS infected persons within the society. This eventually leads to the behavioural discordances within the society to debase their existence. This is also supported by AVERT (2011) Reports, that views HIV/AIDS as a life-threatening disease, and therefore people react to it in strong ways. Such observation uses stigma as the mood to show how HIV infection is associated with unbecoming behaviours (such as homosexuality, drug addiction, prostitution or promiscuity). However, there is a lot of inaccurate information about how HIV is transmitted, thereby contributing to the unwarranted behaviour and misperceptions about the personal risks involved. The situation is more pathetic as ICRW notes how effects of both can be even worse for groups who already are marginalized because of their gender, sexuality, ethnicity or substance abuse. A situation becomes shoddier when those who stigmatize people living with HIV infected person falsely believe that the virus is highly

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