

## SUMMARY

HIV/AIDS is the most devastating crisis mankind has ever faced. Many millions of people have been affected and many have died during the last three decades of the pandemic. In spite of many efforts the disease continues to spread. Among many barriers to curtail the pandemic, one which continues to challenge is stigma and discrimination to people living with HIV.

Sri Lanka is considered as a country with a low prevalence of HIV infection. Yet, the number of people infected with HIV continues to rise with a considerable gap between the number identified and estimated. The national has been carrying out prevention activities which include behavior change communication, condom promotion, counseling and screening for sexually transmission infections (STI) and provision of antiretroviral therapy. However, people are reluctant to access and make use of the available services. One reason for this is stigma and discrimination attached to HIV/AIDS. In Sri Lanka, information on stigma and discrimination in people living with HIV is sparse.

The study was planned with the general objective of describing stigma and discrimination due to HIV infection among people living with HIV/AIDS, attending the Central STD clinic Colombo and was carried out from 01<sup>st</sup> May 2008 to 31<sup>st</sup> July 2008 with 102 participants. It consisted of a quantitative component where data were gathered using an interviewer administered questionnaire and a qualitative component where in depth interviews were conducted.

Ninety percent of participants in the study were less than 49 years of age with a male to female ratio of 1.17:1. This is in keeping with the demography profile of Asia. More than half the study population was on Anti Retroviral Therapy (ART) without evidence of gender discrimination. Almost 30% of the study population has perceived their health as very good which indicate that they have accessed health services early or ART have helped them to be in good health. Less than 10% thought they were unwell.

Unfortunately major area of discrimination was within the health sector with 43% of study population, being discriminated at health care settings at least once. As a result of discrimination most of them have totally avoided attending such institutions.

Majority of them (28.4%) have undergone testing for HIV, before foreign employment and the rates of voluntary testing had been very low. None of the females had undergone voluntary testing. Coercion for HIV testing was minimal. Pre test counseling before the HIV test was done in 53% and post test counseling was done for nearly two thirds of the study population. A doctor has informed the positive test results to the majority (89.2%) of respondents. Nearly 80% have disclosed the positive status, mostly to an immediate relative. This reveals the importance of counseling for partner disclosure.

Twenty two percent have been forced to change their residence with more women were being likely to experience it. Nearly 34% have lost their jobs due to positive HIV status and earning capacity has been reduced in about 70%. This is an unfortunate situation. Nearly 10% were excluded from activities with in their families due to HIV. Family counseling may help to reduce this situation

Discrimination with in the educational sector was low, with less than 5% having experienced discrimination. Self stigma and fear of a negative community reaction had been considerable with more than 50% experiencing negative thoughts.

A multi sectoral approach should be planned to provide care, support and treatment without stigma and discrimination. Health care workers should be educated on basic facts of HIV/AIDS, negative effects of stigma and discrimination and human rights of patients. People living with HIV/AIDS should also have continuous counseling to reduce their fears and felt stigma. There should be self help groups of PLHIV to help each other. Work place policies should be introduced in order to protect the right to work for people living with HIV.