

Short Communication

Breaking Barriers: A Revolutionary Social Modeling Strategy for Reducing HIV Stigma and Discrimination

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Since HIV/AIDS related stigma exists in all over the world, there is a need for appropriate action against stigma and discrimination by introducing a scientific model to address the issue of stigma. We created a systematic management procedure called "Stigma Reduction Management Model (SRMM version I)". Based on this model, the management of HIV/AIDS care and support institutions is performed thorough a central council participated by trained people living with HIV/AIDS. Subsequently, under the supervision of this council, different practical committees are created. These committees are in close interaction with each other and by participation of HIV positive and negative volunteers can result in the reduction of stigma.

Keywords: HIV/AIDS, Model, Stigma and Discrimination.

INTRODUCTION

The HIV-related stigma is a crucial concern for People Living with HIV/AIDS (PLWHA) so that stigma and discrimination are the main barriers for health workers to present the necessary, professional and appropriate solutions for managing the PLWHAs problems. In addition, patients maybe skip their treatment because of disclosure concern (Dowshen et al., 2009). A study has shown that stigma emerged as a major limiting factor in primary and secondary HIV/AIDS prevention and care procedures. The impact of HIV Stigma upon PLWHAs is both pervasive and multi-faceted. For example, HIV Stigma has been shown to dissuade people from getting tested for HIV (Holzomer and Uys, 2004). The stigma has also been linked to lowered self-esteem, lack of self-efficacy, depression, anxiety, and hopelessness (Holzomer and Uys, 2004).

One of the aspects of stigma is the internal stigma

which is a type of an internal feeling and perception in the psychic of PLWHA which can lead to unwillingness to seek help and access resources. The other aspect is the external stigma which exists in society and can lead to discrimination merely because of HIV status or association with someone who is living with HIV/AIDS (Holzomer and Uys, 2004; Alonzo and Reynolds, 1995).

One of the environments which could be targeted for reduction of stigma and discrimination is HIV Positive Clubs. The positive clubs were established in 2006 in Iran. One of the missions of positive clubs is psychosocial support in order to empower and develop the capacity of PLWHA for management and improvement of their life skill (Report on Positive Clubs).

We conducted a comprehensive method to address the issue introducing "Stigma Reduction Management Model (SRMM version I)" (Figure1). Based on this model, management of a positive club is performed by central council including five or more PLWHAs who are elected by the club members. Under supervision of this council, different committees are formed. These are such as Recreational and Sport, Educational and Scientific,

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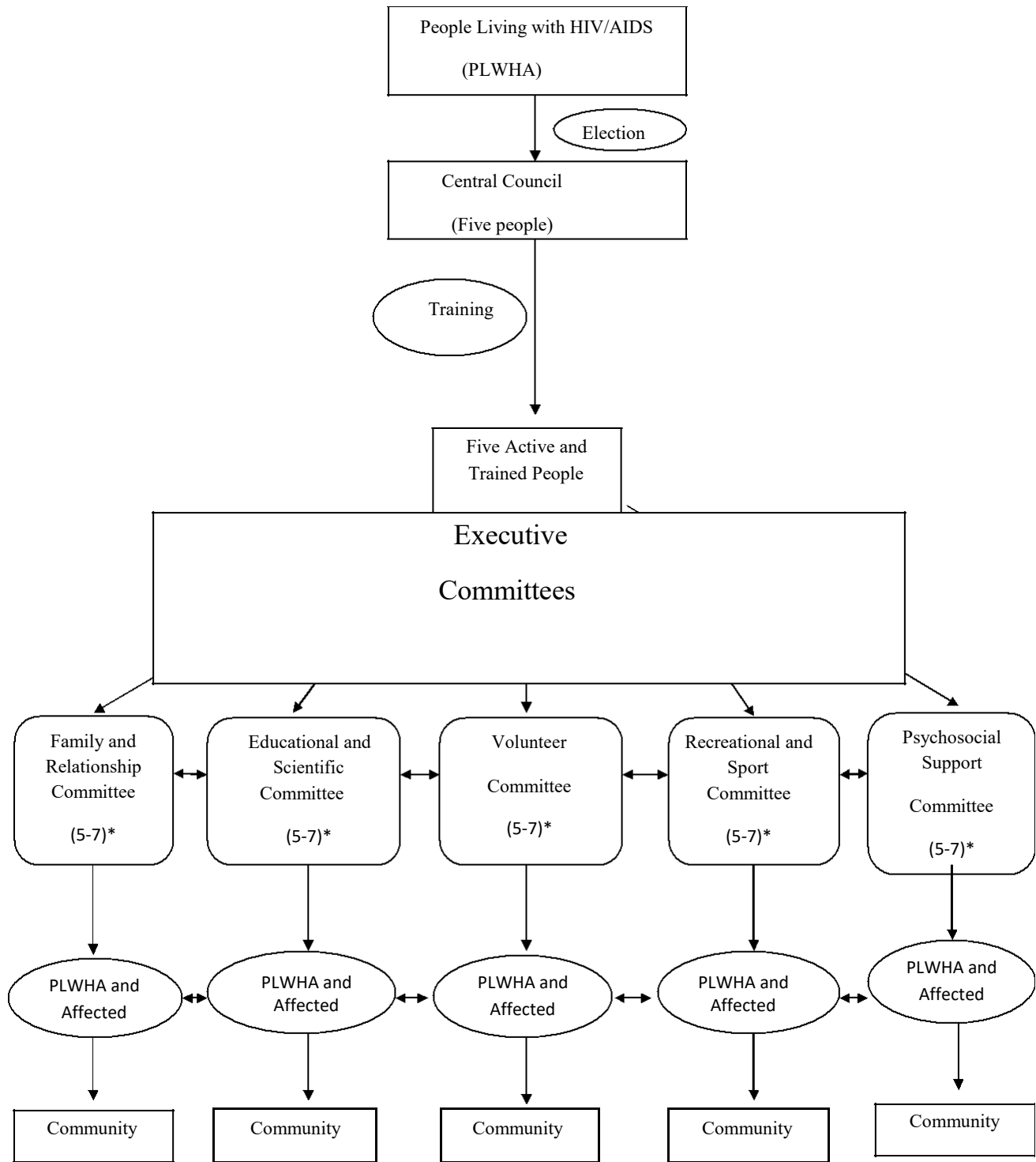


Figure 1. Stigma Reduction Management Model (SRMM version I): A New Idea People*

Psychosocial Support, Family and Relationship, and Volunteers committees. These committees are in close interaction with each other and use and employ volunteers (PLWHAs, those who are affected as well as

negative people of the society).

Generally speaking, in most societies there is a social gap exist between HIV negative people and PLWHAs. This psychosocial gap is a target point for reduction of

the stigma in general. The SRMM approach is taken into action focusing on active participation of HIV negative volunteers in the community of PLWHAs. For instance, when combating the stigma negative people in general population are substantial factors to consider seriously and systematically to get a better result. By assigning of PLWHAs and negative people together we are able to observe significant decrease in internal and external stigma gradually. Finally, we propose implementation of the approach in the positive clubs followed by evaluation of the results.

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