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Although the current antiretroviral therapy (ART) gives a good prognostic outcome in Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) poses a major health challenge throughout the world but especially in Sub-Saharan Africa. Not only does the discovery that one is infected with HIV lead to fear of progression into AIDS and fear of dying, it also creates an anticipation of negative social reactions among people living with HIVAIDS (PLWHA). HIV related Stigma constitutes a social disease which affects PLWHA seeking care in health care institutions and from significant others.

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**Aim:** This study aims to describe the stigmatizing experiences, coping mechanisms and care-seeking behaviour of people living with HIV/AIDS (PLWHA) in Port Harcourt, Nigeria, while applying an explanatory model of the role of stigma in care-seeking behaviour of PLWHA. We also explored the possible role of contextual factorsrelated to the stigmatization.

**Method:** In-depth semi-structured interviews were conducted with 20 PLWHA who belong to a network association in Port Harcourt, Nigeria. One focus group discussion was held.

**Results:** Using the explanatory model from our previous research for interpretation, we identified determining and moderating factors affecting PLWHA seeking care. In addition, three coping mechanisms that PLWHA may utilize to cope with HIV/AIDS were contextualized. First, coping with self such as physical appearance, emotional and cognitive problems, second, coping directed at others in the social environment, and third, coping directed at solving problems related to the HIV/AIDS disease. Poverty and religion were found to be important in making care choices which affect utilization of health care institutions. Additionally, power differences in marital relations were found to play an important role at the time of HIV diagnosis and coping with this diagnosis.

**Conclusion:** This study identified factors associated with care seeking choices and coping mechanisms. The explanatory model relating stigma to these processes is useful in structuring experiences of PLWHA and uncovering targets of intervention. Policy implications are discussed and continuing education of PLWHA and of people in society on HIV/AIDS, on options of ART-treatment, on HIV/AIDS related stigma and on possibilitiesfor care and supporting networks are recommended.

## **Biography**

Ngozi C. Mbonu studied Medicine graduating with a Bachelors Degree of Medicine and Bachelors Degree of Surgery from University of Nigeria, Nsukka. She underwent Laser Therapy training at Department of Dermatology, Phlebology and Laser Therapy, Medical Center Maastricht, The Netherlands. She obtained a Masters Degree in Public Health (MPH) and a Doctorate degree (PHD) from Faculty of Health, Medicine and LifeSciences, Maastricht University, The Netherlands.

She has published scientific papers and books chapters on HIV/AIDS as well as related to use of laser therapy for dermatological purposes. She works as Doctor in Clinical Research with the Department of Dermatology, Phlebology and Laser Therapy, Medical Center Maastricht, The Netherlands. In addition, she holds Teaching and Research responsibilities with the Faculty of Health, Medicine and Life Sciences, Maastricht University, The Netherlands.

AIDS: A qualitative study in Nigeria Ngozi C. Mbonu

**Complexities of** 

and its impact

on care seeking

living with HIV/

**HIV/AIDS Stigma** 

behavior of people

Maastricht University, The Netherlands