## A Qualitative Exploration of the Beliefs and Experiences of HIV-Related Self-Stigma Amongst Young Adults Living with HIV in Zimbabwe

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Abstract : Background and Aim: Zimbabwe has one of the highest HIV rates in the world, with a 12.7% adult prevalence rate. Young adults are a key group affected by HIV, and one-third of all new infections in Zimbabwe are amongst people ages 18-24 years. Stigma remains one of the main barriers to managing and reducing the HIV crisis, especially for young adults. There are several types of stigma, including enacted stigma, the outward discrimination towards someone and self-stigma, the negative self-judgments one has towards themselves. Self-stigma can have severe consequences, including feelings of worthlessness, shame, suicidal thoughts, and avoidance of medical help. This can have detrimental effects on those living with HIV. However, the unique beliefs and impacts of self-stigma amongst key groups living with HIV have not yet been explored. Therefore, the focus of this study is on the beliefs and experiences of HIV-related self-stigma, as experienced by young adults living in Harare, Zimbabwe. Research Methods: A qualitative approach was taken for this study, using sixteen semi-structured interviews with young adults (18-24 years) who are living with HIV in Harare. Participants were conveniently and purposefully sampled as members of Africa, an organization dedicated to young people living with HIV. Interviews were conducted over Zoom due to the COVID-19 pandemic, recorded and then coded using the software NVivo. The data was analyzed using both inductive and deductive Thematic Analysis to find common themes. Results: All of the participants experienced HIV-related self-stigma, and both beliefs and experiences were explored. These negative self-perceptions included beliefs of worthlessness, hopelessness, and negative body image. The young adults described believing they were not good enough to be around HIV negative people or that they could never be loved due to their HIV status. Developing self-stigmatizing thoughts came from internalizing negative cultural values, stereotypes about people living with HIV, and adverse experiences. Three main themes of selfstigmatizing experiences emerged: disclosure difficulties, relationship complications, and being isolated. Fear of telling someone their status, rejection in a relationship, and being excluded by others due to their HIV status contributed to their selfstigma. These experiences caused feelings of loneliness, sadness, shame, fear, and low self-worth. Conclusions: This study explored the beliefs and experiences of HIV-related self-stigma of these young adults. The emergence of negative selfperceptions demonstrated deep-rooted beliefs of HIV-related self-stigma that adversely impact the participants. The negative self-perceptions and self-stigmatizing experiences caused the participants to feel worthless, hopeless, shameful, and alonenegatively impacting their physical and mental health, personal relationships, and sense of self-identity. These results can now be used to pursue interventions to target the specific beliefs and experiences of young adults living with HIV and reduce the adverse consequences of self-stigma.

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Keywords : beliefs, HIV, self-stigma, stigma, Zimbabwe

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