EFFECTS OF STIGMA ON THE MENTAL HEALTH OF PEOPLE LIVING WITH HIV/AIDS IN TESO BAR SUB COUNTY, LIRA DISTRICT

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M23B15/064

A DISSERTATION SUBMITTED TO THE SCHOOL OF BUSINESS IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF A DEGREE OF BACHELOR OF SOCIAL WORK AND SOCIAL ADMINISTRATION OF UGANDA CHRISTIAN UNIVERSITY

May, 2026

UGANDA CHRISTIAN UNIVERSITY

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Declaration

DECLARATION

I AYURU JEMIMAH PEACE declare that this research *"effects of stigma on the mental health of people living with HIV/AIDS in Teso Bar sub county, Lira District"* was produced out of my own effort with the guidance of my supervisor and has never been submitted to any institution of higher learning for any academic award.

SIGNATURE ……..DATE 15/5/2026

AYURU JEMIMAH PEACE

M23B15/064

Approval

APPROVAL

I approved that this research *"effects of stigma on the mental health of people living with HIV/AIDS in Teso Bar sub county, lira district"* was written under my supervision as the University supervisor

SIGNATURE DATE.15th/05/2026

ACADEMIC SUPERVISOR

MRS. MUSANANESE GLORIA

DEDICATION

I dedicate this research to my dear parents who supported me, encouraged and mentored me through out my education up to the university, God bless you

ACKNOWLEDGEMENT

I thank the Almighty God who has given me good health and strength to carry out this research from the beginning to the end. I want to take a moment also to thank my supervisor Mrs. Musananese Gloria for her effective supervision, dedication, availability and words of encouragement that she offered to me and I would also like to acknowledge my dear parents for always being there for me in all situations. I extend my gratitude to all respondents for giving me relevant information that made this study successful

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ABSTRACT

The study examined the effects of stigma on the mental health of people living with HIV/AIDS in Teso Bar sub county, Lira district. The study was guided by labeling theory by Howard Becker (1963). a descrriptive case study design with mixed methods was used. Data were collected from 40 PLHIV using questionnaires and 10 key informants including health workers, social workers and community leaders using interview guides.

Findings revealed that PLHIV experienced social stigma (avoidance, gossip), self stigma (fear of disclosure, shame) and family stigma. Stigma contributed to serious mental health challenges including stress 72.5%, loneliness 70%, depression 67.5% and low self esteem 63.3%. coping mechanisms used included prayer/faith 77.5%, counselling 70%, family support 65% and support groups 57.5%.

The study concludes that stigma negatively affects mental health of PLHIV in Teso Bar. Recommendations include strengthening community awareness programs, enforcing anti discrimination policies and enhancing counselling and support group services.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter presented the background of the study, problem statement, purpose of the study, specific objectives, research questions, scope of the study, justification of the study, significance of the study, conceptual framework and operational definitions of the key terms.

1.1 Background of the study

Theoretical background

This study was guided by labeling theory developed by Howard Becker in 1963. the theory explains that individuals are often judged or labeled by society because of certain conditions, behaviors or identities. These labels influence how people see themselves and how others treat them.

When a person was labeled as HIV positive, societies sometimes treated them unfairly which led to rejection, discrimination and loneliness. Such social rejection could cause emotional pain, depression and anxiety. The theory helped explained how stigma as a social label could negatively affect the mental health of People Living with HIV/AIDS (PLHIV).

Globally, stigma remained one of the major challenges in addressing HIV/AIDS. According to WHO (2023), about 39 million people were living with HIV worldwide by the end of 2022. despite the improvements in medical treatment and public awareness, many PLHIV still experienced discrimination and judgement. In some

societies, they were wrongly viewed as irresponsible and immoral which caused emotional pain and social isolation.

According to UNAIDS (2023), Africa recorded about two thirds of all the new HIV infections globally. Many people feared getting tested or seeking treatment because they were afraid of being judged or rejected by others.

Research in Kenya, South Africa and Nigeria showed that PLHIV often experienced discrimination within families, workplace and communities. Such experiences were associated with mental health challenges such as anxiety, sadness and low self esteem.

Uganda had made progress in reducing HIV infections and improving treatment through ART. According to Uganda AIDS Commission (2022), the national HIV prevalence rate was estimated at about 5.4%. however, stigma still prevented many people from seeking care and support. Some PLHIV were rejected by family members, avoided by neighbors and discriminated in workplaces and schools.

In Lira district especially in Teso Bar sub county, stigma continued to affect many PLHIV. Report from local health centers indicted that some people experienced depression, fear and emotional distress because of negative attitudes from community members. However, limited research existed about how stigma affected their mental well being which made this study important.

1.2 Problem statement

Ideally, PLHIV should be treated equally and supported by their families and communities. They should also have access to services that promote both physical and mental health, and supportive environment to help them live positively and maintain good health. However, stigma remained a serious problem in many Ugandan

communities people still believed that HIV/AIDS resulted from immoral behavior which led to discrimination, rejection and social isolation.

In Teso Bar sub county, some PLHIV reported being ignored by neighbors, denied employment opportunities and sometimes abandoned by family members.such experiences often resulted in resulted in depression, anxiety, low self esteem and emotional distress.

Although many studies in Uganda focused on HIV prevalence and access to treatment, few studies examined how stigma affected the mental health of PLHIV especially in rural communities like Teso Bar. This lack of information made it difficult for social workers, health workers and local NGOs to design effective mental health sup[ort programs. Therefore, this study examined the effects of stigma on the mental health of PLHIV in Teso Bar sub county, Lira district.

1.3 Purpose of the study

The main purpose of this study was to examine the effects of stigma on the mental health of people living with HIV/AIDS in Teso Bar sub county, Lira district.

1.4 Specific objectives

1. To identify the types of stigma experienced by people living with HIV/AIDS in Teso Bar sub county.
2. To assess the mental health challenges faced by people living with HIV/AIDS
3. To explore the coping mechanisms used by people living with HIV/AIDS to deal with stigma related stress.

1.5 Research questions

1. What types of stigma were experienced by people living with HIV/AIDS in Teso Bar sub county?
2. What mental health challenges did people living with HIV/AIDS face?
3. What coping mechanisms were used by people living with HIV/AIDS to manage stigma related stress?

1.6 Scope of the study

1.6.1 Content scope

The study focused on understanding the different types of stigma such as social stigma, self stigma and institutional stigma and how they affected the mental health of PLHIV. It also examined the coping strategies used by people to manage stress and emotional pain caused by stigma.

1.6.2 Time scope

The study covered the period between 2020 and 2025. the time Uganda had been implementing different programs aimed at reducing HIV related stigma and improving mental health services.

1.6.3 Geographical scope

The study was conducted in Teso Bar sub county, Lira district. The area was mainly rural and most residents depended on small scale farming for their livelihood. Teso Bar was selected because it has a high number of people living with HIV and many health centers giving HIV services.

1.7 Justification of the study

Stigma was one of the major challenges in the fight against HIVAIDS. In rural communities like Teso Bar, many PLHIV experienced rejection and discrimination which affected their willingness to seek treatment and also negatively influenced their mental health. Although ART was widely available, some people still feared being judged or exposed within their communities. This study was important because it helped to show how stigma affected the mental health of people living with HIV/AIDS.

The findings from the study helped to improve community awareness programs, counselling services and social support programs. The results also guided policy makers, health workers and social workers in designing interventions to reduce stigma and strengthen mental health support for people living with HIV in Lira district.

1.8 Significance of the study

Social workers and practitioners

The study gave a better understanding of how stigma affected the mental health of people living with HIV and helped to improve counseling and support services.

Policy makers

The findings guided the development of HIV/AIDS and mental health programs that promoted care, inclusion and dignity.

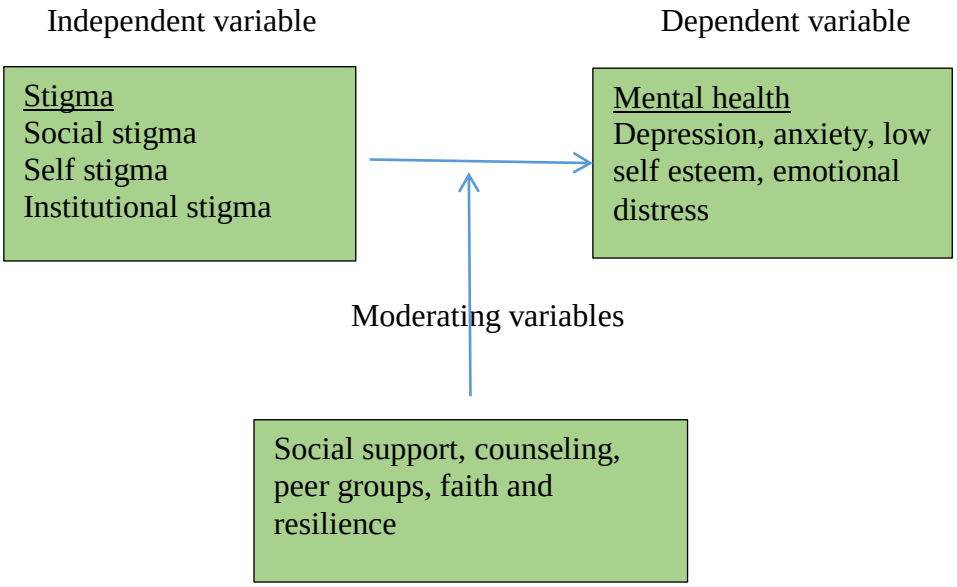
Researchers

The study added to existing knowledge on HIV related stigma and mental health.

Community

The study raised awareness about the negative effects of stigma and encouraged community members to support and respect people living with HIV/AIDS.

1.9 Conceptual framework



(Source: Researcher, 2025)

The conceptual framework showed that stigma negatively affected mental health of PLHIV. However , moderating factors like social support, counselling services and faith reduced the negative effects of stigma and helped people maintain better mental well being.

1.10 Operational definitions

Stigma

Stigma refereed to negative attitudes, discrimination and unfair treatment towards people living with HIV/AIDS

Mental health

Emotional and psychological state of well being in which a person was able to cope with stress and function effectively in daily life.

PLHIV

People living with HIV/AIDS

Self stigma

Situation where a person living with HIV accepted and believed negative society attitudes about HIV which led to shame and low self esteem.

CHAPTER TWO

LITERATURE REVIEW

1.0 Introduction

This chapter presented reviews of existing literature on the study. The review helped to show what other scholars had found about HIV related stigma and their connection to mental health.

2.1 Theoretical framework

The study was guided by labeling theory developed by Howard Becker in 1963. the theory explains that peoples behavior and identity are influenced by how society labels them. When a person is given a negative label, it may affects how other people treat them and how they see themselves.

In the case of HIV/AIDS, people who were HIV positive were sometimes labeled as immoral. Such labeling resulted in stigma and discrimination for example, a person living with HIV could be avoided by neighbors or treated unfairly at work simply because of their health condition. With time, these experiences led to emotional pain, stress and depression.

2.2 Types of stigma experienced by people living with HIV/AIDS

Many researchers had identified different forms of stigma that affected PLHIV. These included social stigma, self stigma and institutional stigma.

According to Goffman (1963), social stigma occurred when society treated certain people as inferior because of a condition they have. In the case of HIV/AIDS, people

living with HIV were often viewed as outcasts and blamed for their conditions.they were insulted, isolated, rejected by friends and relatives.

Self stigma occurred when people began to believe the negative things society said about them. According to Earnshaw and Chaudoir (2009), people living with HIV developed feelings of shame, guilt and low self esteem. These feelings discouraged them from seeking help and sharing their HIV status. Self stigma was harmful because it led to emotional suffering and hopelessness.

Institutional stigma occurred within organizations such as schools, health centers and workplaces. Research by Laura and colleagues (2019) found that some health workers still treated HIV positive patients with fear and disrespect. In some cases, employers refused to hire people once they discovered their HIV status. Such experiences made affected individuals felt unwanted and discriminated against.

In Uganda, a study by Mugisha (2021) found that people living with HIV faced gossip, rejection and humiliation in public. Many people avoided visiting health facilities because they feared being recognized or judged by others. This situation made it difficult for them to continue treatment which negatively affected both their physical and mental health.

2.3 Mental health challenges faced by people living with HIV/AIDS

According to Carmen and Tahira (2009), people who experienced stigma were more likely to develop mental health problems such as depression, anxiety and stress. Stigma often isolated them from family and community support which resulted in loneliness and feelings of hopelessness.

In South Africa, research by Ngozi and colleagues (2019) found that many HIV positive people experienced emotional and psychological distress due to social

rejection. Fear of being exposed forced many to hide their HIV status which increased emotional distress. Some people even stopped taking their antiretroviral drugs because they feared being seen collecting them from health centers. This behavior worsened both their physical and mental health.

Social isolation and low self esteem also increased the risk of mental health problems. According to UNAIDS (2023), although Uganda had made progress in providing ART, many people living with HIV still struggled with mental health challenges caused by community judgement and rejection.

2.4 Coping mechanisms used by people living with HIV/AIDS

Coping mechanisms are strategies used by people to manage emotional pain and stress caused by stigma. According to Lazarus and Folkman (1984), coping is a process in which individuals attempt to handle stressful situations using emotional or problem solving approaches.

The most common coping methods identified in the literature was social support. Research by Mahajan and others (2018) showed that people living with HIV who had strong support from families and friends experienced lower levels of stress and depression. Support groups also helped people share experiences, encourage one another and rebuild confidence.

Faith and spirituality were also identified as important coping mechanisms. Research by Okello and Musisi (2019) found that many Ugandans living with HIV relied on prayer and faith to find hope and acceptance. Religious communities that promoted love and inclusion helped to reduce stigma and improved emotional well being.

Counselling was also identified as coping mechanisms. According to Nabunya (2021), counselling services helped people living with HIV express their emotions and learn

how to deal with discrimination. Social workers provided safe environments where individuals openly discussed their fears and regained confidence.

2.5 Research gap

Although many studies had examined HIV related stigma and its effects, most research had focused on general discrimination and urban areas. Few studies had specifically examined how stigma affected the mental health of people living with HIV in rural communities. Therefore, this study aimed to fill this gap by examining how stigma affected the mental health of people living with HIV/AIDS in Teso Bar sub county, Lira district.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter described the research methodology that were used to examined the effects of stigma on the mental health of people living with HIV/AIDS in Teso Bar sub county, Lira district.

3.1 Research design

The study employed a descriptive case study research design. According to Jain (2023), a research design referred to the overall strategy that guided the research process including the procedures for collecting and analyzing data.

The design was selected because it enabled the researcher to examine the different forms of stigma that affected the mental health of people living with HIV/AIDS within a specific community during a particular period.

3.2 Study approach

The study used a mix method approach that combined both quantitative and qualitative research methods. Quantitative approach helped to measure patterns of stigma experiences and the common mental health challenges faced by PLHIV.

Qualitative approach gave deeper understanding of participants experiences, perceptions and coping strategies related to stigma. According to Cresswell and Cresswell (2018), mixed method research strengthen the credibility of findings because it allows triangulation of data from different sources.

3.3 Area of study

The study was carried out in Teso Bar sub county, Lira district. Teso Bar is a rural community where most residents engaged in subsistence farming, small scale trading and casual labour. The area had many health centers that provided HIV testing, counselling and ART services but stigma remained a major challenge affecting people of people living with HIV. The area was selected because cases of stigma related mental health challenges had been reported among PLHIV and the location was accessible for data collection.

3.4 Source of information

3.4.1 Primary data

Primary data were collected directly from respondents through questionnaires and interviews. Participants included people living with HIV/AIDS, health workers and community leaders. The participants were selected because they had direct knowledge and experience related to stigma in the community.

3.4.2 Secondary data

Secondary data were obtained from textbooks, journal articles and previous studies related to HIV stigma and mental health. These sources helped the researcher to compare the findings from the field with existing studies.

3.5 Study population

The study population consisted of people living with HIV/AIDS, health workers and social workers involved in HIV service delivery. The estimated target population is 49 participants.

3.6 Sample size and sample determination

Using Krejcie & Morgan table (1970), a population of 49 requires a sample size of 40

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	246
25	24	130	97	320	175	950	274	4000	351
30	26	140	103	340	181	1000	276	4500	351
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	181	1200	291	6000	361
45	40	180	118	400	196	1300	297	7000	364
50	44	190	123	420	201	1400	302	8000	367
55	48	200	127	440	205	1500	306	9000	368
60	52	210	132	460	210	1600	310	10000	373
65	56	220	136	480	214	1700	313	15000	375
70	59	230	140	500	217	1800	317	20000	377
75	63	240	144	550	225	1900	320	30000	379
80	66	250	148	600	234	2000	322	40000	380
85	70	260	152	650	242	2200	327	50000	381
90	73	270	155	700	248	2400	331	75000	382
95	76	270	159	750	256	2600	335	100000	384

Note: "N" is Population Size
"S" is Sample Size.

3.7 Sampling techniques

3.7.1 Snowball sampling

Snowball sampling was used to select people living with HIV/AIDS. According to Parker (2019), snowball sampling is a non probability sampling technique where initial participant help to identify other people with similar experiences.

The technique was used because HIV issues are sensitive and people experiencing them can be difficult to identify. The researcher began with a few known participants who later referred other people living with HIV who were willing to participate in the study.

3.7.2 Purposive sampling

Purposive sampling was used to select social workers and health workers. According to Etikan and others (2016), purposive sampling involves selecting respondents based on their knowledge, experience and relevance to the study. This method was used because social workers and health workers had professional experience dealing with people living with HIV/AIDS.

3.8 Data collection methods

3.8.1 Questionnaire

Questionnaires were used to collect quantitative data from people living with HIV/AIDS. According to Bhandari (2021), questionnaires are research tools that contain a set of questions used to collect information about respondents attitudes, experiences and behaviour.

3.8.2 Interview guide

Interview guides were used to collect qualitative data from social workers and health workers. Interviews allowed the researcher to obtain detailed information about stigma experiences, mental health challenges and coping mechanisms among people living with HIV/AIDS.

3.9 Data quality and error control

3.9.1 Validity

Validity referred to the degree to which a research instrument measures what it is intended to measure. According to Drost (2011), validity ensures that research tools accurately capture the concepts being studied.

Validity was ensured by designing questionnaires and interview guides that addressed the objectives of the study. The research instruments were also reviewed by the research supervisor to confirm their relevance and clarity.

3.9.2 Reliability

Reliability referred to the consistency and stability of research instruments. According to Blaikie (2009), reliability ensures that the same results can be obtained if the study is repeated under similar conditions. Reliability was ensured through pilot testing of the research instruments outside the study area. Necessary corrections were made to improve clarity and consistency before actual data collection.

3.10 Data processing and analysis

3.10.1 Quantitative data analys

Quantitative data obtained from questionnaire were analyzed using descriptive statistics like frequencies and percentages. The results were presented using tables to to show patterns of stigma and mental health challenges among respondents.

3.10.2 Qualitative data analysis

Qualitative data obtained from interviews were analyzed using thematic analysis. According to Braun and Clarke (2006), thematic analysis involves identifying patterns or themes within qualitative data. The researcher transcribed the interview responses into text, coded the data and identified key themes related to stigma, mental health and coping mechanisms. Direct quotations from participants were used to support the findings.

3.11 Ethical considerations

The researcher strictly followed ethical principles through out the research process. Informed consent was obtained from all participants before data collection, participants were informed about the purpose of the study and were assured that their participation was voluntary. Confidentiality was maintained by not recording names of respondents in the final report. Participants were free to withdraw from the study at anytime without penalty and introductory letter was obtained from Uganda Christian University to seek permission for data collection from local authorities in Teso Bar sub county.

3.12 Methodology challenges

Some respondents were reluctant to give information because of the sensitivity of HIV issues.

Limited finance also delayed transportation during field data collection.

CHAPTER FOUR

PRESENTATION AND INTERPRETATION OF FINDINGS

4.0 Introduction

This chapter presents, interprets and discusses the findings collected from the field. The study was carried out to examine the effects of stigma on the mental health of people living with HIV/AIDS in Teso Bar sub county. Data were collected from 40 respondents (40 PLHIV who answered questionnaires and 10 key informants such as social workers, health workers and community leaders who participated in interviews) and the findings are presented using tables, percentages and direct quotations from informants.

4.1 Response rate

The response rate was excellent because all the 40 questionnaires distributed to PLHIV were completed and returned and all the 10 key informants participated in the interviews.

4.2 Background information of respondents

4.2.1 Age of respondents

Age	Frequency	Percentage
18-25	8	20%
26-35	12	30%
36-45	11	27.5%

46 and above	9	22.5%
Total	40	100%

The results show that the largest group of respondents were between the age of 26-35 years (30%) followed by 36-45 years (27.5%), 46 years and above (22.5%) and 18-25 years (20%). this show that most respondents were adults who had lived with HIV for many years and had experiences about stigma and mental health.

4.2.2 Sex of respondents

Sex	Frequency	Percentage
Male	16	40%
Female	24	60%
Total	40	100%

The results show that 60% of respondents were female and 40% were male. This show that women were more available to participate in the study and may also be more active in seeking HIV treatment services within the community.

4.2.3 Marital status

Status	Frequency	Percentage
Single	10	25%
Married	19	47.5%
Divorced/Seperated	7	17.5%
Widowed	4	10%
Total	40	100%

The results show that the majority of respondents were married (47.5%), followed by single respondents (25%), divorced/separated (17.5%) and widowed 10%. this show that many people living with HIV in Teso Bar were in family relationships where stigma could also affect family and emotional well being.

4.2.4 Education level

Education level	Frequency	Percentage
None	6	15%
Primary	16	40%
Secondary	12	30%
Tertiary	6	15%
Total	40	100%

The findings show that 40% of respondents had primary education, 30% had secondary education, 15% had tertiary education and 15% had no formal education. This shows that most respondents had basic education and were capable of understanding community issues related to HIV stigma.

4.3 Types of stigma experienced by people living with HIV/AIDS

NO	STATEMENT	ITEM	SA	A	N	D	SD	TOTAL
7	People avoid me because of my HIV status	F (%)	16 (40.0)	12 (30.0)	4 (10.0)	4 (10.0)	4 (10.0)	40 (100)
8	I have been insulted	F	12	15	5	4	4	40

	or gossiped about because I am HIV status	(%)	(30.0)	(37.5)	(12.5)	(10.0)	(10.0)	(100)
9	Some family members treat me differently after knowing my status	F (%)	12 (30.0)	15 (37.5)	6 (15.0)	5 (12.5)	2 (5.0)	40 (100)
10	I fear telling others about my HIV status because of rejection	F (%)	18 (45.8)	13 (32.5)	3 (7.5)	3 (7.5)	3 (7.5)	40 (100)
11	I feel ashamed of myself because I am HIV positive	F (%)	10 (25.0	14 (35.0)	6 (15.0)	7 (17.5)	3(7.5)	40 (100)
12	I have experienced unfair treatment at a health facility or workplace	F (%)	9 (22.5)	10 (25.0)	7 (17.5)	9 (22.5)	5 (12.5)	40 (100)

The result show 77.5% of respondents agreed that they fear disclosing their HIV status , 70% agreed that people avoid them because of their HIV status, 67.5% reported being insulted or gossiped about, 67.5% also agreed that some family members treated them differently after knowing their status. This results show that social stigma and self stigma were common experiences among people living with HIV in Teso Bar sub county.

Respondent 2 (Health worker) said ……*"some community members still believe HIV is a result of immoral behavior so they isolate people who are HIV positive."* Respondent 4 (Community leader) said…… *"even when awareness programs are done, some people still fear interacting with HIV positive people."*

The results support the labeling theory developed by Howard Becker which explains how social labels lead to discrimination and stigma.

4.4 Mental health challenges faced by people living with HIV/AIDS

NO	STATEMENT	ITEM	SA	A	N	D	SD	TOTAL
13	I often feel sad or depressed because of how people treat me	F (%)	13 (32.5)	14 (35.0)	5 (12.5)	5 (12.5)	3 (7.5)	40 (100)
14	I feel stressed when I think about my HIV status	F (%)	14 (35.0)	15 (37.5)	4 (10.0)	5 (12.5)	2 (5.0)	40 (100)
15	I sometimes feel lonely and isolated	F (%)	15 (37.5)	13 (32.5)	4 (10.0)	5 (12.5)	3 (7.5)	40 (100)
16	I have low self esteem because of stigma	F (%)	10 (25.0)	15 (37.5)	5 (12.5)	7 (17.5)	3 (7.5)	40 (100)
17	I worry too much about what people say about me	F (%)	19 (47.5)	12 (30.0)	4 (10.0)	3 (7.5)	2 (5.0)	40 (100)
18	Stigma has affected	F	14	14	4	5	3	40

	my peace of mind	(%)	(35.0)	(35.0)	(10.0)	(12.5)	(7.5)	(100)

The results show that 77.5% of respondents worried about what people said about them, 72.5% agreed to feeling stressed when thinking about their HIV status, 70% agreed to loneliness and isolation and 67.5% experienced sadness or depression because of stigma. The results show that stigma had a negative effect on the mental health of people living with HIV/AIDS

Respondent 6 (Social worker) said…… *"many clients struggle with self esteem and depression because they feel rejected by the community."*

4.5 Coping mechanisms used by people living with HIV/AIDS

NO	STATEMENT	ITEM	SA	A	N	D	SD	TOTAL
19	I receive emotional support from family or friends	F (%)	12 (30.0)	14 (35.0)	5 (12.5)	5 (12.5)	4 (10.0)	40 (100)
20	I attend support groups for people living with HIV	F (%)	11 (27.5)	12 (30.0)	7 (17.5)	6 (15.0)	4 (10.0)	40 (100)
21	Counselling helps me deal with stigma	F (%)	15 (37.5)	13 (32.5)	4 (10.0)	5 (12.5)	3 (7.5)	40 (100)
22	Prayer or faith helps me cope with stress	F (%)	19 (47.5)	12 (30.0)	3 (7.5)	4 (10.0)	2 (5.0)	40 (100)
23	I talk to someone	F	10	14	6	7	3	40

	when I feel emotionally hurt	(%)	(25.0)	(35.0)	(15.0)	(17.5)	(7.5)	(100)
24	I feel strong and hopeful despite stigma	F (%)	12 (30.0)	15 (37.5)	5 (12.5)	5 (12.5)	3 (7.5)	40 (100)

The results show that 77.5% of respondents agreed that prayer or faith helped them cope with stress, 70% agreed counselling helped them deal with emotional stress, 65% received emotional support from family and friends and 57.5% participated in support groups for people living with HIV. These results show that social support, counselling and faith were important coping mechanisms for people living with HIV.

Respondent 7 (Social worker) said……. *"support groups help clients realize they are not alone and this improves their confidence."* Respondent 9 (Community leader) said…….. *"religious leaders encourage acceptance and support for people living with HIV."*

The findings show that strong social and emotional support system help reduce the negative effects of stigma.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.0 Introduction

This chapter discusses the findings presented in chapter four in relation to the literature reviewed in chapter two. The findings are discussed according to the three objectives of the study.

5.1 Types of stigma experienced by people living with HIV/AIDS

The first objective sought to identify the types of stigma experienced by people living with HIV/AIDS in Teso Bar sub county.

The findings revealed that PLHIV in Teso Bar experience multiple forms of stigma with social stigma such as avoidance, gossip and self stigma such as fear of disclosure, shame being the most prevalence. 77.5% of respondents feared disclosing their status and 70% reported being avoided by others.

The findings are in consistent with the work of Goffman (1963) who described social stigma as a process where society treats individuals with certain conditions as inferoir leading to social isolation and rejection. The findings also aligned with Earnshaw and Chaudoir (2009) who argued that self stigma occurs when individuals internalize negative societal beliefs which result in shame and low self esteem. The fear of disclosure 77.5% strongly support this as it shows that PLHIV have internalized the community's negative view of HIV.

The finding that 67.5% of respondents experienced differential treatment from from family members supports the literature from Uganda by Mugisha (2021) who found that gossip, rejection and humiliation from family and community members are

common experiences for PLHIV. The existence of institutional stigma though reported by few respondents 47.5% who agreed to unfair treatment at health facilities/workplaces still confirms the concerns raised by Laura and colleagues (2019) about disrespectful treatment within organizations.

5.2 Mental health challenges faced by people living with HIV/AIDS

The second objective sought to assess the mental health challenges faced by people living with HIV/AIDS in Teso Bar sub county.

The findings clearly show that stigma has a severe negative impact on mental health. A large majority of respondents 77.5% reported worrying about what others say, 72.5% feeling stressed about their status, 70% feeling lonely and isolated and 67.5% experiencing sadness or depression.

These findings strongly support the conclusions of Carmen and Tahira (2009) who stated that stigma is a primary driver of depression, anxiety and stress among PLHIV. The high levels of loneliness and isolation 70% directly reflects the social rejection reported in objective one confirming that being cut off from community and family support leads to significant emotional distress.

The findings are also comparable to research from South Africa by Ngozi and colleagues (2019) which found that fear of exposure and social rejection caused severe emotional and psychological distress. The current finding that 72.5% feel stressed when thinking about their HIV status mirrors this as the constant fear of being judged creates chronic anxiety. This situation where stigma leads to poor mental health can also negatively affect physical health as noted by UNAIDS (2023) because individuals struggling with depression may be less likely to adhere to their ART medication.

5.3 Coping mechanisms used by people living with HIV/AIDS

Objective three sought to explore the copying mechanisms used by people living with HIV/AIDS to deal with stigma related stress. The study found that PLHIV in Teso Bar use different coping mechanisms. The most frequently used was faith or prayer 77.5% followed by counselling services 70%, social support from family and friends 65% and participation in support groups 57.5%.

The high reliance on faith and prayer is consistent with the findings of Okello and Mussi (2019) in Uganda who documented that religious communities and spirituality privde hope, acceptance and a sense of purpose which buffer against the negative effects of stigma. This suggests that religious institutions in Teso Bar plays important role in mental health support.

The importance of counselling 70% aligns with the work of Nabunya (2021) who emphasized that professional counselling provides a safe space for PLHIV to express their emotions and develop strategies to cope with discrimination.

The finding that 65% receive support from family and friends show that a supportive family relationships remains a vital resource. This supports the stress coping model of Lazarus and Folkman (1984) which identifies social support as a key problem focused coping strategy.

The role of support groups 57.5% confirms the work of Mahajan and others (2018) who found that such groups reduce feelings of isolation by allowing PLHIV to share experiences and encourage one another.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.0 Introduction

This chapter presents the summary of the findings, conclusions and recommendations for practice, policy and areas for further research.

6.1 Summary of the findings

6.1.1 Types of stigma experienced by people living with HIV/AIDS

The research found that PLHIV in Teso Bar sub county experience different types of stigma including social stigma, self stigma and family stigma. the majority of respondents 77.5% feared disclosing their HIV status because of fear of rejection and discrimination. 70% reported that people avoided them and 67.5% showed that they had been insulted or gossiped about because of their HIV status.

The research also found that 65.7% of respondents were treated differently by some family members and 60% reported feeling ashamed of themselves because of stigma. These findings show that stigma continues to exist within communities and even within families.

The key informants such as health workers, social workers and community leaders emphasized that negative beliefs about about HIV still exist in the community where some people associate HIV infection with immoral behavior. This leads to discrimination, gossip and social isolation of people living with HIV. The findings

therefore show that stigma in Teso Bar sub county is still a major social problem which is affecting people living with HIV/AIDS.

6.1.2 Mental health challenges faced by people living with HIV/AIDS

The research also found that stigma has a very strong effects on the mental health of people living with HIV/AIDS. The study showed that 77.5% of respondents worried about what people say about them, 72.5% reported feeling stressed when thinking about their HIV status, 70% of respondents reported feeling lonely and isolated, 67.5% showed that they often felt sad or depressed and 63.3% experienced low self esteem because of stigma.

Health workers and social workers interviewed during the study explained that many people living with HIV struggle emotionally because they fear rejection by their families and communities. Some people avoid visiting health facilities to collect medication because they worry that others may judge them. The findings therefore show that stigma contributes to serious mental health challenges such as stress, depression, loneliness and low self esteem among people living with HIV/AIDS in Teso Bar sub county.

6.1.3 Coping mechanisms used by people living with HIV/AIDS

The research found that PLHIV use different coping mechanisms to deal with stigma related stress. The majority of respondents 77.5% agreed that prayer or faith helps them to cope with stress, 70% agreed that counselling services help them to manage emotional stress.

The research also found that 65% of respondents receive support from family and friends, 57.5% participate in support groups for PLHIV, 60% showed that they talk to someone when they feel emotionally hurt.

Key informants such as social workers emphasized that counselling services and support groups help PLHIV to build confidence and reduce feelings of isolation. Community leaders also emphasized that religious institution provide encouragement and emotional support to people affected by stigma.

6.2 Conclusion

The research concludes that HIV/AIDS stigma remains a major challenge in Teso Bar sub county. Many people continue to experience social rejection, gossip, discrimination and fear of disclosing their HIV status.

The research also concludes that stigma has negative effects on the mental of PLHIV in Teso Bar. Stigma contributes to stress, depression, loneliness and low self esteem.

The research also found that people use coping mechanisms such as social support, counselling services, support groups and religious faith to manage stigma related stress and improve their well being.

6.3 Recommendations

Government should strengthen community awareness programs to educate the public about HIV/AIDS and reduce stigma and discrimination against people who are HIV positive.

Policies should also be strengthen to protect the rights of PLHIV and prevent discrimination in workplaces, schools and health facilities.

Research should be conducted to examine ways of strengthening community support systems to improve the well being and quality of life of people living with HIV/AIDS.

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APPENDIX I: QUESTIONNAIRE

(For people living with HIV/AIDS)

Dear respondent,

My name is Ayuru Jemimah Peace, a student at Uganda Christian University, Mukono pursuing a Bachelor of Social Work. I am conducting a study on *the effects of stigma on the mental health of people living with HIV/AIDS in Teso Bar Sub-county, Lira District.*

This questionnaire is for academic purposes only. You are kindly requested to answer the questions honestly. Your responses will be kept confidential and your name will not appear anywhere in the report.

The questionnaire has sections A, B, C and D.

In sections B, C and D please tick (✓) only one answer in each row

Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D), Strongly Disagree (SD)

SECTION A

Demographic information

1. Age

☐18–25

☐26–35

☐36–45

☐46 and above

2. Sex

☐Male

☐Female

3. Marital status

☐Single

☐Married

☐Divorced/Separated

☐Widowed

4. Education level

☐None

☐Primary

☐Secondary

☐Tertiary

5. Occupation: ……

6. How long have you lived with HIV?

☐Less than 1 year

☐1–5 years

☐6–10 years

☐More than 10 years

SECTION B

To identify the types of stigma experienced by people living with HIV/AIDS in Teso Bar Sub county

NO	STATEMENT	SA	A	N	D	SD
7	People avoid me because of my HIV status					
8	I have been insulted or gossiped about because I am HIV status					
9	Some family members treat me differently after knowing my status					
10	I fear telling others about my HIV status because of rejection					
11	I feel ashamed of myself because I am HIV positive					
12	I have experienced unfair treatment at a health facility or workplace					

SECTION C

To assess the mental health challenges faced by people living with HIV/AIDS

NO	STATEMENT	SA	A	N	D	SD
13	I often feel sad or depressed because of how people treat me					
14	I feel stressed when I think about my HIV status					
15	I sometimes feel lonely and isolated					
16	I have low self esteem because of stigma					
17	I worry too much about what people say about me					
18	Stigma has affected my peace of mind					

SECTION D

To explore coping mechanisms used by people living with HIV/AIDS to deal with stigma related stress

NO	STATEMENT	SA	A	N	D	SD
19	I receive emotional support from family or friends					
20	I attend support groups for people living with HIV					
21	Counselling helps me deal with stigma					
22	Prayer or faith helps me cope with stress					
23	I talk to someone when I feel emotionally hurt					
24	I feel strong and hopeful despite stigma					

APPENDIX II: INTERVIEW GUIDE

(For Social workers, health workers and community leaders)

SECTION A

Demographic information

1. Age: ……..

2. Position: ……..

3. Years of experience: ……..

SECTION B

To identify the types of stigma experienced by people living with HIV/AIDS in Teso Bar Sub county.

4. What is your understanding of HIV related stigma?

….……

…….

5. How common is stigma against people living with HIV in this community?

….……

…….

6. What types of stigma do PLHIV experience here (social, self, institutional)?

….……

….……

7. How does the community treat people who are known to be HIV positive?

….……

…….

8. Are there cases of discrimination in workplaces or health facilities? Please explain.

……

……

9. Why do you think stigma still exists despite awareness programs?

……

……

SECTION C

To assess the mental health challenges faced by people living with HIV/AIDS.

10. What emotional or psychological challenges do PLHIV face in this area?

……

……

11. How does stigma affect their self esteem and confidence?

……

……

12. Have you observed cases of depression, anxiety or social isolation among PLHIV?

……

……

13. How does fear of disclosure affect their mental well being?

……

……

14. In your view, how does stigma affect adherence to treatment and overall health?

……

……

SECTION D

To explore coping mechanisms used by people living with HIV/AIDS to deal with stigma related stress.

15. What coping strategies do PLHIV commonly use to manage stigma?

….……

…….

16. How important are support groups in improving their mental health?

….……

….……

17. What role does family support play in reducing emotional distress?

….……

…….

18. How do counseling services help PLHIV deal with stigma?

….……

…….

19. Does faith or religion play a role in helping them cope? Explain.

….……

…….

20. What recommendations would you give to reduce stigma and improve mental health in Teso Bar Sub county?

….……

…….

Appendix 3: Approval letter from the university

UGANDA CHRISTIAN UNIVERSITY
A Centre of Excellence in the Heart of Africa

9th March, 2026

TO WHOM IT MAY CONCERN

Dear Sir/Madam

Re: **INTRODUCTORY LETTER FOR RESEARCH**

This is to introduce to you **AYURU Jemimah Peace** Registration number **M23B15/064**, a student of Uganda Christian University, pursuing Bachelor's degree in Social Work and Administration. She is expected to carry out research in the final year under the guidance of a university supervisor in partial fulfillment for the requirements of the above-mentioned award.

Topic: **"Effects of stigma on the mental health of people living with HIV/AIDS in Teso bar Sub- County, Lira District''**

The purpose of this communication is to request your office to allow her collect data from your organization. Any assistance rendered to her will be highly appreciated.

Yours faithfully,

UGANDA CHRISTIAN UNIVERSITY
09 MAR 2026
SCHOOL OF GRADUATE STUDIES

Doreen Kukugiza
Coordinator, Research & Fieldwork Programmes
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