

Stigmatization, Self-Esteem and Mental Well-Being among People Living with HIV/AIDS

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Declaration

I, **Namuli Tracy Kisaakye** declare to the best of my knowledge that this research report submitted to Makerere University is my piece of work, original and designed by me, and has never been submitted either in partial or in full to any academic institution of higher learning for academic purposes or any award.

Signature.....*Namuli Tracy*..... Date...*21.11.22*.....

Approval

I certify that this research report has been under my supervision and is now ready for submission to the School of Psychology with my due approval.

Dr. Nyende Paul

Signature:



Date:

21/11/2022

Supervisor

Dedication

I dedicate this work to my dearest uncle, Mr. Archie Luyimbazi and my dear supervisor Dr. Nyende Paul who have instilled in me a passion to learn, and provided continuous encouragement and support along the way.

Acknowledgment

Special thanks to the Almighty God who has been my provider, protector and has seen me throughout my academic journey till this moment. I would also like to a vote of thanks to my university supervisor for his commitment, academic guidance, dedication and supervision throughout the process of this report writing. I would like to thank all my Family members and well-wishers for their prayers and contributions in one way or another.

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Abstract

Background: HIV/AIDS is a major cause for concern with an estimated prevalence of 36.7 million HIV-positive persons worldwide in 2016 with a total of 1 million deaths globally. The infection affects self-esteem, mental wellbeing and the victims also are stigmatized. This study aimed to determine the relationship between Stigmatization, Self-Esteem and Mental Health Well-Being among People Living with HIV/AIDS.

Method: This was a cross-sectional survey involving collection of data from the HIV patients in different ART clinic will be visited. These clinics offer comprehensive antiretroviral therapy (ART) to adults and children. This study used self-answered questionnaires to interview a total of 384 patients. Collected data was entered and cleaned in Microsoft excel 2016 and exported to SPSS (Version 21) for further analyses. Descriptive analysis and Pearson correlational analysis was done to assess the relationship between Stigmatization, Self-esteem and Mental wellbeing among people living with HIV.

Results: This study interviewed a total of 384 participants. We found that there was significant relationship between stigmatization and self-esteem ($r = -0.471$, $p = 0.00$), there was significant relationship between stigmatization and mental well-being ($r = -0.106$, $p = 0.038$), and there was significant relationship between self-esteem and mental well-being ($r = 0.247$, $p = 0.00$).

Conclusion: Stigmatization, Self-esteem and Mental wellbeing are important factors that influence people living with HIV.

Key words: Stigmatization, Self-esteem, Mental wellbeing, People living with HIV.

Chapter One:

Introduction

Background

HIV/AIDS is a major cause for concern with an estimated prevalence of 36.7 million HIV-positive persons worldwide in 2016 with a total of 1 million deaths globally (UNAIDS, 2017).

HIV/ AIDS-related stigma can be as the process of devaluing people either living with or associated with HIV/AIDS infection (Hutchinson, 2022). It has proven to have negative effects on health outcomes such as low adherence to highly active antiretroviral therapy (HAART) due to inconsistency in showing up at treatment centers to pick up their drugs, increased depression, and overall lower quality of life (Nsagha et al., 2020). HIV-related stigma has also been associated with a lack of proper information regarding the spread of the disease, fear, and moral judgment from those living with the disease (Ziersch et al., 2021).

Studies have shown discrimination in health-care facilities or the community toward people living with HIV manifested in the form of denial of care, confidentiality breaches, and humiliating attitudes or gossiping from members of the community (Egbe et al., 2020). This perceived community discrimination (external) stigma leads to internalized stigma (self-exclusion from social gatherings and public events) and anticipates stigmatizing exposure resulting in adverse health and psychosocial outcomes. Notwithstanding that, the increasing recognition of the negative effects of HIV-related stigma is associated with a dearth of evidence-based interventions that assess the psychological well-being of people living with HIV/AIDS (Egbe et al., 2020).

Although the progress of the medication therapy has contributed to reduce mortality rates, it is known that in the HIV positive context, important psychosocial consequences are observed, such

as depression, low self-esteem and prejudice (Train et al., 2020). Self-esteem is related to the concept of oneself and influenced by the way he/ she is seen by loved ones. Due to the chronicity of the HIV infection, important changes may occur in the life of these carriers, emerging new needs to be understood and dealt with, enhancing the already existing ones. Understanding the self-esteem of people living with HIV/AIDS is essential (Bernier et al., 2019). Increased self-esteem makes the individual living with HIV perceive him/herself in a positive way; on the other hand, those with affected self-esteem may see themselves as more limited and discouraged (Egbe et al., 2020).

While mental health has long been neglected in developing countries, the HIV pandemic has drawn increasing attention to the need to address mental health as a global health concern (Vigo et al., 2019). Research has shown several links between HIV and mental health, including higher levels of mental illness among people living with HIV or AIDS. However, the evidence-base is largely from the developed world and research from developing countries remains limited (Collins, Holman, Freeman & Patel, 2006). Addressing this gap in all developing countries is clearly an important area of research. However, it is those living in Africa who constitutes the large majority of people infected with HIV. UNAIDS figures show that Sub-Saharan Africa alone is home to more than two of every three HIV-infected adults globally, and as many as 90% of HIV-infected children (Lofgren et al., 2020). A person who has high self-esteem makes friends easily, feels more acceptable in the society, is more in control of his or her behaviour, and enjoys life more. Stigmatization and discrimination of PLHIV have been linked to low self-esteem which is detrimental to an individual's mental wellbeing (Adimora et al., 2019). It is important to assess whether PLHIV in Uganda are at risk of related mental health sequelae, thus the essence of this study.

Statement of the Problem

Mental health in relation to people living with HIV is becoming an increasing concern worldwide; however, to date this pressing issue has been largely ignored in global policy guidelines (Andersson et al., 2020). Since the 2000's, the health systems in Uganda have been improving hence, it has become easier for people living with HIV to access HIV-related health care, but their psychiatric and psychological needs are yet seldom touched (Rishworth & Elliott, 2022). HIV infection is regarded as a traumatic and stressful experience that can negatively affect mental health status and potentially lead patients into a cycle of physical and mental decline which present in form of stigma which is then manifested in low self-esteem (Adimora et al., 2019). Studies have shown that people living with HIV are more likely than the general population to exhibit mental health problems including depression, anxiety, and Suicidality, as well as the harmful use of substances (Bränström & Pachankis, 2020). The chronic effects of HIV and antiretroviral therapy (ART) on the brain can also result in HIV-associated neurocognitive disorders (HAND). Poor mental health status can serve as a barrier to adequate ART adherence, and consequently decrease quality of life and increase mortality (Waldron et al., 2021). Policies and programs designed to decrease the mental health burdens of people living with HIV are urgently needed, and appropriate response hinges on systematic information about mental health status.

Purpose of the study

The purpose of this study was to examine the relationship between Stigmatization, Self-Esteem and Mental Health Well-Being among People Living with HIV/AIDS.

Objectives of the Study

1. To examine whether there was a significant relationship between stigmatization and self-esteem among People Living with HIV/AIDS.

2. To find out whether there was a significant relationship between stigmatization and Mental Well-Being among People Living with HIV/AIDS.
3. To examine whether there was a significant relationship between self-esteem and mental Well-Being among People Living with HIV/AIDS.

Scope of the Study

Geographical Scope:

The study was bound to take place in Kawempe Division which is one of the five divisions of Kampala District. Kawempe Division is the largest division in Kampala, with an estimated population 388,665. Kawempe Division has a high mortality and morbidity burden compared to the other four divisions in the city. A survey in 2013, ranked it highest in HIV/AIDS transmission out of the five divisions within Kampala.

Content Scope:

HIV stigma refers to irrational or negative attitudes, behaviors, and judgments towards people living with or at risk of HIV. It can negatively affect the health and well-being of people living with HIV by discouraging some individuals from learning their HIV status, accessing treatment, or staying in care. HIV stigma can also affect those at risk of HIV by discouraging them from seeking HIV prevention tools and testing, and from talking openly with their sex partners about safer sex options.

According to Rosenberg (1965a), self-esteem is one's positive or negative attitude toward oneself and one's evaluation of one's own thoughts and feelings overall in relation to oneself. Self-esteem is regarded as a personal psychological characteristic relating to self-judgment based on one's

values about humans (Alesi et al., 2012). Self-esteem implies an awareness of one's value system and one's emotional evaluation of one's self-worth (Schunk, 1985).

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development. Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes. Human immunodeficiency virus (HIV) is an infection that attacks the body's immune system, specifically the white blood cells called CD4 cells.

Time scope:

The study will take 6 months (From July to December, 2022).

Significance

The findings of the research study supported the relevance of an active approach towards recognition and treatment of emotional dysfunction such as self-esteem and anxiety as it is prevalent and constitutes a major additional burden for patients with HIV/AIDS. As higher level of social anxiety and low self-esteem are associated with poorer quality of life. HIV treatment has improved people who are on treatment and maintain an undetectable viral load can feel secure that they won't pass HIV to their sex partner, and people with HIV now live long and healthy lives. To

live as healthily as possible with HIV, it is important to take care not only of your mental and physical health but of your mental and emotional health as well something the study is striving to address.

Policy makers may use these study findings to help adolescents improve their self-esteem through framing programs.

The study may also benefit the government of Uganda and other researchers, who are interested in the topic to use this information in understanding the nature of adolescents' self-esteem, before bring up new policies and implementing them for the youths.

The study may benefit the students and scholars of Community Psychology and other disciplines, as a resource for them to carry out further research on adolescents' self-esteem and anxiety being affected by HIV/AIDS.

Conceptual framework

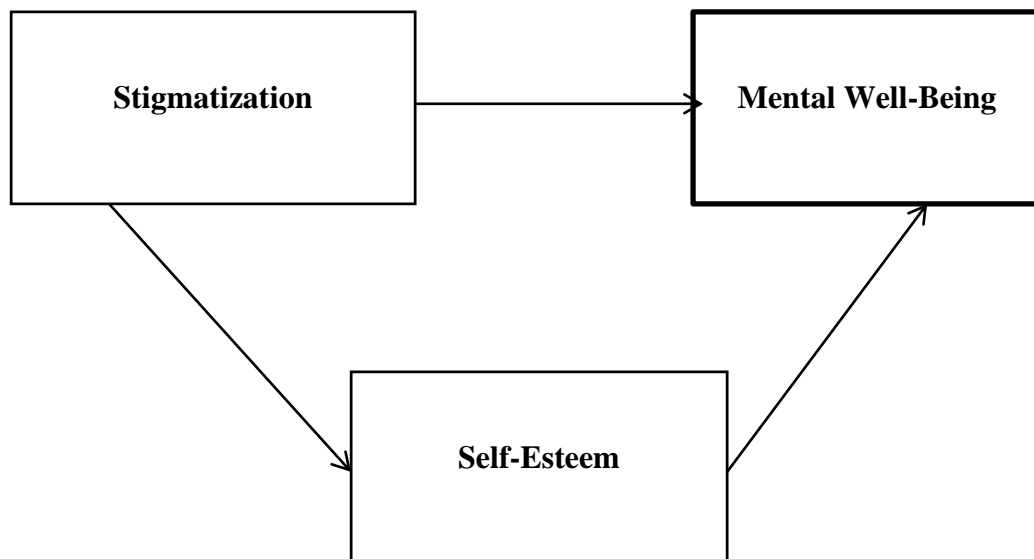


Figure 1: Shows the relationship between Stigmatization, Self-Esteem and Mental Well-Being among People Living with HIV/AIDS.

In the recent time, AIDS has become a threatening disease especially to many Ugandans who are unaware of the myth behind HIV and AIDS. This makes them avoid or stigmatize the victims believing that one contracts it by associating with or having close contact with the victim. Stigma and discrimination according to are social constraints which have significant impact on the life experiences of people. HIV and AIDS stigma seems to isolate people from the community and affect the overall quality of life of PLHIV. Stigma oftentimes is applied to low self-esteem. It was found that participants who reported high levels of stigma were over four times more likely to report lower self-esteem. Low self-esteem has an equally damaging effect on the mental wellbeing of PLHIV. HIV and AIDS-related stigma can directly lead to challenges with mental wellbeing, for example, when PLHIV are prohibited from travelling, using healthcare facilities or seeking employment, associating with people.

Chapter Two

Literature Review

Stigmatization and self-esteem of the people living with HIV/AIDS

Despite the belief that the power of stigma affects the self-concept, there is surprisingly little evidence that supports the idea that stigmatized individuals have low self-esteem (Kalemi et al., 2017). It is argued that within a wide range of low status or stigmatized groups, people have levels equal to, or higher than, non-stigmatized groups (Kalemi et al., 2017). A number of reasons have been advanced for these findings, such as the existence of strategies that protect self-esteem, including the use of selective social comparisons, the attributions of prejudice to the higher status group, and the selection of different values on which to base evaluations.

In Namibia, a study done to investigate the association between HIV-related stigma and self-esteem among 124 men and women living with HIV/AIDS in the Katima Mulilo region found that there was correlation between HIV-related stigma and self-esteem. This study further reported that Ordinary Least Squares (OLS) regression analysis indicated that HIV-related stigma was the largest risk factor and self-esteem was the largest protective factor with respect to depressive symptoms (Kalomo, 2018).

In Nigeria, a study done to investigate the influence of stigma and discrimination on self-esteem of people living with HIV and AIDS (PLHIV) found that stigmatization have significant influence on self-esteem of PLHIV (Adimora et al., 2019).

In another report, there have been numerous reports of involuntary sterilization, by health care providers, of women living with HIV, including instances that resulted in legal action in several

countries, such as Chile, Kenya, and Namibia (UNAIDS, 2013). These experience are more likely to cause stigma to these patients and also lead to low self-esteem of the patients.

In South Africa, a study done to find the association between self-Esteem and stigma, among youth living with HIV found that HIV stigmatization affect victims' self-esteem (Small et al., 2022).

Stigmatization and mental well-being of people living with HIV/AIDS.

Previous research has demonstrated that HIV-related stigma is also linked with many mental health conditions and symptoms. For example, HIV-related stigma has been reported to be associated with anxiety in a study done to find the perceptions of HIV-positive men (Courtenay-Quirk, Wolitski, Parsons, & Gomez, 2006). According to Meyer's minority stress theory (Meyer, 1995), exposure to stigma related stress triggers a cascade of physiological and psychological responses, which in turn, increase the risk for depression and anxiety.

In India, PLWHA who perceived more frequent and greater HIV-related stigma were 2.1 times more likely to experience severe depression, a clear link between HIV stigma and the mental well being of these paatients (Charles et al., 2012).

In a nationally representative survey of HIV-care clinics in the USA, 36% of PLWH were diagnosed with major depression compared to 7.6% in the general population during a study done to assess perceived discrimination and mental health symptoms among black men with HIV (Bogart et al., 2011).

Findings from another national study in the USA which was aimed to assess psychiatric disorders among human immunodeficiency virus-infected adults in the United States, found that PLWH were nearly eight times more likely to report anxiety symptoms than those without HIV (Bing et al., 2001).

In china, it was concluded that perceived HIV stigma could directly and indirectly impact depressive symptoms in HIV-positive (Yan et al., 2019).

In a study done to investigate the impact of HIV-related stigma on health behaviors and psychological adjustments among HIV-positive men and women, it was reported that having HIV causes chronic stress among the victims (Vanable, Carey, Blair, & Littlewood, 2006). This indicates clearly how HIV stigma affect the mental well-being of the victims.

A study reported that HIV-related stigma exacts profound psychological costs, resulting in feelings of guilt, shame, and suicidal thoughts (UNAIDS, 2013).

In a study done in New Orleans to examine associations of an overall HIV-related stigma measure and mental wellbeing, it was found that HIV stigma results into on depression and anxiety among the individuals living with HIV (Felker et al., 2019).

According to Katz & Wood (2005) in their study to determine the risk factors associated with posttraumatic stress disorder symptomatology in HIV-infected women, they found that stigma among the HIV positive was the most significant. They concluded that there was a link between stigma and mental well-being of PLWHA.

A study by Wright, Naar-King, Lam, Templin, & Frey, (2007) which was aimed to determine the reliability and validity of a brief measure of stigma for HIV plus youth reported that stigmatized HIV positive youths.

According to UNAIDS (2013), HIV-related stigma reports a range of negative effects, including loss of income, isolation from communities and inability to participate as a productive member of society, which in turn cause stress, depression thus affecting their mental wellbeing (UNAIDS, 2013).

Previous research has demonstrated that disclosing one's HIV-positive status to family, friends, and health care professionals often worsens stigma and has the very real potential of exacerbating marginalization, social isolation, and exclusion from familial networks thereby resulting into poor mental wellbeing (Chenard, 2007).

Additionally, HIV-related stigma has been found to be a significant risk factor for the development of mental health problems, especially depressive symptoms (Cluver & Orkin, 2009; Wang et al., 2012). These findings were also supported by several studies that concluded that people who are infected with HIV are more likely than the general population to develop depressive symptoms (Li, Lee, Thammawijaya, Jiraphongsa, & Rotheram-Borus, 2009).

In Iran, a cross-sectional study examined a sample of 450 HIV positive patients from the Infectious Diseases and Behavioral Health Clinic of Imam Khomeini Hospital in the city of Tehran, and found that stigma was significantly correlated with psychological disorders, hence concluding that HIV stigma affect mental wellbeing (Rasoolinajad et al., 2018).

Self-esteem and mental well-being of the people living with HIV/AIDS.

Self-esteem refers to one's general feelings of self-worth or self-value and is an affective evaluation of the self (Rosenberg, 2015). The relationship between self-esteem and depressive symptoms has been documented in numerous studies with clinical (patients) and non-clinical populations. Findings suggest that those with low self-esteem are more susceptible to depression.

In a meta-analysis of 77 longitudinal studies, low self-esteem predicted depressive symptoms across gender and age group, which can easily be an evidence of relationship between these two variables (Sowislow & Orth, 2013).

In a study done to determine the psychosocial and cultural correlates of depression among Hispanic men with HIV infection, it was found that self-esteem was significantly associated with depressive symptoms in diverse samples of PLHIV (DeSantis, GonzalezGuarda, & Vasquez, 2012).

In a study done among African men and women living with HIV to determine the mediating role of self-esteem and mastery towards mental well-being, it was reported that self-esteem was significantly associated with depressive symptoms (poor mental well-being) thus indicating the mediating effect of self-stigma on mental well-being (Simoni et al., 2006).

Herek et al., (2013) in their recent study to determine the relationship between self-esteem mental well-being found that self-esteem was significantly associated with depressive symptoms (poor mental well-being).

In another study aimed to determine the mental wellbeing of PLWHIV and its relationship with self-esteem, reported that low self-esteem was highly associated with poor mental well-being (Varni et al., 2012).

Van Dyk (2008) suggested that low self-esteem in PLHIV is due to rejection, loss of social identity, and the physical consequences of HIV disease, and he reported that there is a very strong association between self-esteem and mental well-being.

In a recent study, it was found that the strongest predictor of depressive symptoms (poor mental well-being) was self-judgment/ having low self-esteem. This finding supported Beck's theory that those with negative self-schemas are more vulnerable to depression and suggest that clinicians should evaluate PLHIV for negative self-schemas (Sanzero et al., 2013).

Hypothesis of the study

First null hypothesis: There is no significant relationship between stigmatization and self-esteem among People Living with HIV/AIDS.

Second null hypothesis: There is no significant relationship between stigmatization and mental well-being among People Living with HIV/AIDS.

Third null hypothesis: There is no significant relationship between self-esteem and mental well-being among People Living with HIV/AIDS.

Chapter Three

Methodology

Study design

This was a cross-sectional survey involving collection of data from the participants between September and October 2022.

Study area

The study area was Kampala, specifically the different ART clinic was visited. These clinics offer comprehensive antiretroviral therapy (ART) to adults and children. This research chose Kampala because it is the capital city of Uganda, and it's one of the regions in the country with a high HIV prevalence rate (Bukirwa et al., 2021).

Study population

The study population was obtained following the Krejcie & Morgan (1970) chart (Appendix). Since the total number of HIV patients in this study area is hard to determine, the maximum total sample size of 384 was used following the chart.

Sampling technique

Purposive sampling was used during selection of the patients for data collection. This was because accurate lists of people with HIV infection are rare and difficult to access hence the available HIV patients found was recruited in the study (Kalomo, 2017). For the sampling sites, random sampling was used when choosing the facilities.

Eligibility criteria

Inclusion criteria

- Eligibility criteria for inclusion in this study was that the participant must be:
- HIV-positive
- 18 years old or older
- Fluent in English or Luganda (the local language into which the study instruments are translated)
- Not too physically and emotional incapacitated (as determined by the attending clinician) to undertake face-to-face interviews.

Exclusion criteria

- Unwilling to provide informed consent.
- Children (less than 18 years).

Data collection

Three hundred and eighty-four (N=384) participants from some Anti-retroviral treatment clinics (ART clinic) in Kampala District will participate in the study. Participants were recruited as they come for their routine follow-up for HIV care. Potential participants were approached in the waiting rooms at the ART clinic and the informed consent forms were completed and collected prior to the survey through interviewing. The process of collecting data from all the participants is expected to take 7 days.

Variable measuring

HIV-related stigma

The simplified version of HIV-related stigma instrument for people PLWHA was used (Reinius et al., 2017). This is a 12-item scale that measures experiences of stigma in the past three months, with three items from each of the four stigma subscales: personalised stigma, disclosure concerns, concerns with public attitudes and negative self-image. The items use four-point Likert-type responses ranging from never to most of the time, with greater frequency reflecting higher levels of HIV-related stigma. All the responses were summed to create a composite score, and conclusions was drawn.

Self-esteem

The Rosenberg Self-Esteem (RSE; Rosenberg, 2015) scale was used to measure self-esteem. This scale is made up of 10 items and is rated on a four-point Likert-type scale, ranging from strongly disagree to strongly agree. All responses were summed to create a composite score, with higher scores indicating higher levels of self-esteem.

Mental wellbeing

The mental well-being was measured using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). This tool comprises of 14 items that relate to an individual's state of mental well-being (thoughts and feelings) in the previous two weeks. Responses are made on a 5-point scale ranging from 'none of the time' to 'all of the time'. Each item was worded positively and together they covered most, but not all, attributes of mental well-being (Tennant et al., 2007).

Data quality control

Pre-testing data collection tool

The data collection tool (questionnaire) was discussed with the supervisor for approval and advise. Pretesting of the tool was done among patients at Infectious Disease Institute who have come for their HIV follow-up, so as to ensure clarity and suitability before using it for this study. The responses from the pretesting was not reported in the final analysis of this study, but was used for making necessary corrections and adjustments to the data collection tool.

Validity

To ensure the validity of the instrument, the content validity for the instrument was determined by calculating a content validity index using responses from the pre-testing. A value more than 0.07 was deemed as good for data collection.

Data management and analysis

Data management

The collected data was entered, cleaned and coded in Microsoft excel 2016 and exported to STATA software (version 14) for all data analysis.

Data analysis

Descriptive statistics was done to explore the demographic characteristics of PLWHA. The findings were reported in form of frequencies and proportion. The relationship between stigmatization and self-esteem among People Living with HIV/AIDS was assessed using Pearson's correlation test. The relationship between stigmatization and mental well-being among People Living with HIV/AIDs will also be assessed using Pearson's correlation test. Even the relationship between self-esteem and mental well-Being among People Living with HIV/AIDS was assessed by conducting Pearson's correlation test. The correlation coefficient was obtained and the significance was established at $P < 0.05$ (Kalomo, 2017).

Ethical consideration

Privacy and confidentiality of the respondents was ensured and the participation was completely voluntary with no compensation. No real name was recorded for confidentiality purpose and to ensure anonymity.

Chapter Four

Results and Interpretation

Introduction

This chapter presents the results of the study in line with the study objectives and hypotheses. Results are presented in a following manner, first highlighting respondent's background information. Lastly Pearson Product Moment Correlation Coefficient (PPMCC) results are presented in accordance with stated hypotheses

Personal data of the participants

This study interviewed a total of 384 people living with HIV/AIDS police officers from Bugiri police station. Among these, 69.13% of them were males, and 47.91% of the participants of them were aged between 31-40 years. The married participants were 239/384 (76.85%) and 27.86% of the participants were illiterate. In terms of religion, 88.3% of the participants were Christians and 86.7% of the participants were employed in one way or another. 81.25% of the participants had a support group, and all the participants (100%) never had any disability.

All the participants (100%) had worked for at least 10 years.

Table 1: Personal data of the participants.

Variable	Frequency (N)	Proportion (%)
Gender		
Female	96	30.87
Male	215	69.13
Age group		
20-30	42	13.50
31-40	149	47.97
41-50	96	30.87
> 50	24	7.72
Marital status		
Single	42	13.50
Married	239	76.85
Widowed	30	9.65
Education level		
Bachelors	42	10.94
Certificate	67	17.45
Diploma	108	28.15
Illiterate	107	27.63
Primary	60	15.63
Religion		
Christian	339	88.28
Muslim	45	11.72
Employment status		
Employed	333	86.72
Unemployed	51	13.28
Support group		
No	72	18.75
Yes	312	81.25

Source: Collected data

Inferential Statistics

This section comprises of results analysis carried out on the relationships between Stigmatization, Self-Esteem and Mental Health Well-Being among out study participants.

Hypothesis Testing

Hypothesis One: Relationship between stigmatization and self-esteem among People Living with HIV/AIDS.

The first null hypothesis stated that, there is significant relationship between stigmatization and self-esteem among People Living with HIV/AIDS. Pearson's Product Moment Correlation Coefficient was used to test the hypothesis and the results are shown in Table 2.

Table 2: Correlation between stigmatization and self-esteem

		Stigmatization	Self-esteem
Stigmatization	Pearson Correlation	1	-0.471
	Sig.(2-tailed)		0.00*
	N	384	384
Self-esteem	Pearson Correlation	-0.471	1
	Sig.(2-tailed)	0.00*	
	N	384	384

* Significant at 95% C.I

The results in Table 2 indicate that there was significant relationship between stigmatization and self-esteem, and the relationship had a negative moderate ($r = -0.471$, $p = 0.00$).

Therefore, the null hypothesis was rejected and it's concluded that there is significant relationship between stigmatization and self-esteem among people living with HIV.

Hypothesis Two: Relationship between stigmatization and mental well-being

The second null hypothesis stated that there is significant relationship between stigmatization and mental well-being among People Living with HIV/AIDS. Pearson's Product Moment Correlation Coefficient was used to test the hypothesis and the results are shown in Table 3.

Table 3 : Correlation between stigmatization and mental well-being

		Stigmatization	Mental well-being
Stigmatization	Pearson Correlation	1	-0.106
	Sig.(2-tailed)		0.038*
	N	384	384
Mental wellbeing	Pearson Correlation	-0.106	1
	Sig.(2-tailed)	0.038*	
	N	384	384

* Significant at 95% C.I

The results in Table 3 above shows that there was significant relationship between stigmatization and mental well-being, and this correlation was negative but moderately correlated ($r = -0.106$, $p = 0.038$). Therefore, the null hypothesis was rejected and it's concluded that there is significant relationship between stigmatization and mental well-being among people living with HIV.

Hypothesis Three: Relationship between self-esteem and mental well-being

The third null hypothesis stated that there is significant relationship between self-esteem and mental well-being among People Living with HIV/AIDS. Pearson's Product Moment Correlation Coefficient was used to test the hypothesis and the results are shown in Table 4.

Table 4: Correlation between stigmatization and mental well-being

		Stigmatization	Mental well-being
Stigmatization	Pearson Correlation	1	0.247
	Sig.(2-tailed)		0.00*
	N	384	384
Mental wellbeing	Pearson Correlation	0.247	1
	Sig.(2-tailed)	0.00*	
	N	384	384

* Significant at 95% C.I

The results in Table 4 above shows that there was significant relationship between self-esteem and mental well-being, and this correlation was positive and weakly correlated ($r = 0.247$, $p = 0.00$). Therefore, the null hypothesis was rejected and it's concluded that there is significant relationship between stigmatization and mental well-being among people living with HIV.

Discussion

Stigmatization and self-esteem

This study found a significant relationship between stigmatization and self-esteem among people living with HIV/AIDS. Our finding was similar the finding of Kalomo, (2018) in a study done in Namibia that reported correlation between HIV-related stigma and self-esteem. Our study was also in agreement with a study done in Nigeria that found that stigmatization have significant influence on self-esteem of PLHIV (Adimora et al., 2019).

The reasons for feeling can be have been advanced for these findings, such as the existence of strategies that protect self-esteem, including the use of selective social comparisons, the attributions of prejudice to the higher status group, and the selection of different values on which to base evaluations (Kalemi et al., 2017). Therefore, it can be agreed that HIV stigmatization indeed is linked with self-esteem of persons living with HIV /AIDS.

Stigmatization and mental well-being

This study also found a significant relationship between self-esteem and mental well-being among people living with HIV. The link between self-esteem and mental well-being has ever been established by other scholars, which only prove our findings (Charles et al., 2012; Bing et al., 2001). Some of our participants experienced some mental wellbeing challenges.

HIV-related stigma has been reported to be associated with anxiety in a study done to find the perceptions of HIV-positive men (Courtenay-Quirk, Wolitski, Parsons, & Gomez, 2006). According to Meyer's minority stress theory (Meyer, 1995), exposure to stigma related stress triggers a cascade of physiological and psychological responses, which in turn, increase the risk for depression and anxiety.

A number of other studies also reported findings similar to ours. In china, it was concluded that perceived HIV stigma could directly and indirectly impact depressive symptoms in HIV-positive (Yan et al., 2019). In a study done in New Orleans to examine associations of an overall HIV-related stigma measure and mental wellbeing, it was found that HIV stigma results into on depression and anxiety among the individuals living with HIV (Felker et al., 2019). Therefore, it can be agreed that HIV stigmatization indeed is linked with mental-wellbeing.

Elf-esteem and mental well-being

We also found that there was a significant relationship between self-esteem and mental well-being among our participants. This could be because low self-esteem predicted depressive symptoms across gender and age group, which can easily be an evidence of relationship between these two variables (Sowislow & Orth, 2013). It has also been reported by Van Dyk (2008) that low self-esteem in PLHIV is due to rejection, loss of social identity, and the physical consequences of HIV disease, hence they suggested that low self-esteem in PLHIV is due to rejection, loss of social identity, and the physical consequences of HIV disease.

Our finding was also in agreement to another study that reported that reported that low self-esteem was highly associated with poor mental well-being (Varni et al., 2012). Therefore, it can be agreed that self-esteem indeed is linked with mental-wellbeing of people living with HIV/AIDs.

Chapter Five

Conclusion and Recommendations

Conclusion

Stigmatization, self-esteem and mental well-being are important and are significantly related to each other among people living with HIV. We found a significant relationship between stigmatization and self-esteem, and also a significant relationship between self-esteem and mental well-being among people living with HIV. And also found that there was a significant relationship between self-esteem and mental well-being among our participants.

Recommendations

Given the findings, we recommend the following:

To the government of Uganda: The study recommends the government of Uganda to use this information in understanding the nature of self-esteem, stigmatization and mental well-being of people living with HIV before bringing up new policies and implementing them for the HIV positive people.

To policy makers: We recommend the use of these findings in ensuring an active approach towards recognition and treatment of emotional dysfunction such as self-esteem which is prevalent and constitutes a major additional burden for patients with HIV/AIDS.

To other researchers: We recommend that the information from this study should be used to enrich their literature and there is need for similar studies to be done in other areas to aid in generalization.

Limitations to the Study

Due to dearth of time and resource limitations, it was not possible to conduct a large scale study in very many study sites. Therefore, results might vary in case the study is conducted in other areas too.

We also believe some respondents gave false information since the responses were self-administered and we had no way of judging the responses.

Areas for Further Research

There is need to conduct further studies so that the literature base is enriched to help other scholars in systematic review.

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Appendix 1:

Questionnaire

Instruction

Dear respondent,

I am Namuli Tracy Kisaakye, a student of Community Psychology at Makerere University. In partial fulfillment of the requirements for the degree, I am required to conduct a research in an area of my interest. My interest in this study is to examine relationship between Stigmatization, Self-Esteem and Mental Well-Being among People Living with HIV/AIDS. You have been sampled to participate in this study and the information you give was used strictly for academic purposes and will never be used against you or your office. The information got from you was kept confidential. You are also requested not to write your name on this questionnaire. After filling out the questionnaire, put in the provided envelop, seal it and return to me. Your participation in this study is entirely voluntary. Your consent to participate is implied by your decision to complete this questionnaire. I greatly appreciate your assistance in this exercise.

Thank you for your cooperation.

Section A: Personal data (Fill in or Tick the choice from the categories below).

Please tick in the column below the specified variable.

Item	Coding category	Responses (till or fill in)
1. Gender	Male	
	Female	

2. Age group of respondent (years)	18-30	
	31-40	
	41-50	
	≥ 51	
3. Marital status	Single	
	Married	
	Divorced	
	Widowed	
4. Highest Education Level	None	
	Primary	
	Secondary	
	Tertiary	
5. Religion	Christian	
	Muslim	
6. Employment status	Employed	
	Unemployed	
7. Support group	No	
	Yes	
8. Any disability	No	
	Yes	

Section B: Stigmatization

7. For the following questions, tick the number that best indicates your opinion on the questions

a)	I feel ashamed about my health condition	1	2	3	4	5
b)	I feel guilty about my health condition	1	2	3	4	5
c)	I blame myself for my condition	1	2	3	4	5
d)	I blame other people for my condition	1	2	3	4	5
e)	I decided not to get married	1	2	3	4	5
f)	I decided not to attend social activities	1	2	3	4	5
g)	I isolated myself from my family and friends	1	2	3	4	5
h)	I decided to stop working	1	2	3	4	5
i)	I decided to stop working/studying	1	2	3	4	5
j)	I am afraid that someone would not want to become my sexual partner	1	2	3	4	5

using the following scale. Rate how you feel about your health.

Scale	1	2	3	4	5
	Strongly disagree	Disagree	Not sure	Agree	Strongly agree

Section C: Self-Esteem

8. For the following questions, tick the number that best indicates how you feel about your self-esteem. Rate how you feel.

Scale	1	2	3	4	5
	Strongly disagree	Disagree	Not sure	Agree	Strongly agree

a)	I feel that I am a person of worth, at least on an equal plane with others	1	2	3	4	5
b)	I feel that I have a number of good qualities					
c)	I am inclined to feel that I am a failure	1	2	3	4	5
d)	I am able to do things as well as most other people	1	2	3	4	5
e)	I do not have much to be proud of	1	2	3	4	5
f)	I make a positive attitude toward myself	1	2	3	4	5
g)	I certainly feel useless at times	1	2	3	4	5
h)	I wish I had more respect for myself	1	2	3	4	5
i)	At times I think I am not good at all	1	2	3	4	5

Section D: Mental well-being

9. For the following questions, tick the number that best describe your mental situation using the following scale.

Scale	1	2	3	4	5
	Strongly disagree	Disagree	Not sure	Agree	Strongly agree

a)	I have felt cheerful and in good spirits	1	2	3	4	5
b)	I have felt calm and relaxed					
c)	I have felt active and vigorous					
d)	I woke up feeling fresh and rested					
e)	My daily life has been filled with things that interest me					
f)	I have trouble in attention and concentration always					
g)	I have been having thoughts of better off dead or hurting myself in some way	1	2	3	4	5
h)	I hear voices that are not heard by others	1	2	3	4	5
i)	I have poor eating appetite or overeating	1	2	3	4	5
j)	I feel guilty about myself or feel worthless.	1	2	3	4	5

Appendix 2:

Work Plan

Activity	Time frame
1. Topic selection and problem identification	Mar 2022-May 2022
2. Writing research report	Jun 2022-Aug 2022
3. Final report submission	Sep 2022
4. Data Collection	Oct 2022-Nov 2022
5. Data analysis and report writing	Nov 2022-Dec 2022
6. Submission of research report	Dec 2022

Appendix 3:

Expenses

No	Item	Quantity	Unit Cost	Amount (Ugx)
1	Flash disk	1	30,000	30,000
2	Printing paper	1 ream	15,000	15,000
3	Spring file	1	2,500	2,500
4	Research assistant	1	50,000	50,000
5	Printing	Uncertain	Uncertain	20,000
6	Binding	4	10,000	40,000
	GRAND TOTAL			257,500 /=