

ABSTRACT

This study sought to discover the extent to which stigma influences HIV and AIDS treatment-seeking behavior among youths aged 18-24 in Kampala city, Uganda. It also considers recent literature from this country which discusses how HIV-related stigma affects health-seeking behavior, as well as experiences of HIV-related stigma in healthcare settings. The study employed qualitative approaches involving purposive selection of study participants who included youths living with HIV. Data for this study were collected through individual interviews, focus group discussions; key informant interviews and desk review, and analyzed using thematic and content methods. This study was guided by cognitive behavioral theory and supplemented with sustainable theory of Deacons. All the youths in this study suffered self-stigma the first time they were diagnosed with HIV. They further felt other forms of stigma—internal, social, and discrimination. Being HIV positive was associated with punishment for bad behavior. Apportioning blame to HIV positive youths as self-inflicted by the community was common, thus, affecting youths' motivation to seek treatment. Youths' fear of rejection and discrimination pervaded all spheres of life; from home to clinics, and community. Seeking treatment was not a common practice among HIV positive youths. Fear of rejection, lack of disclosure, denial and being asymptomatic, belief in witchcraft and spiritual beliefs were key barriers to seeking treatment. Interactions and negative experiences in government healthcare settings have contributed to a reduced engagement around seeking healthcare. In coping with stigma, the youth adopted several responses including change of residence, joining Positive Living groups, and quest for a conducive environment. The study revealed some evidence on what works to reduce HIV-related stigma and discrimination through key programs targeting to reduce stigma and discrimination. More research is required on HIV-stigma in healthcare settings in Uganda. Evidence suggests that interventions at the policy, environmental and individual levels are needed to address stigma and protect the health and rights of people living with HIV and AIDS.