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Impact of HIV-Related Stigma and Discrimination Against HIV Victims-A Narrative Inquiry

Constance Chifamba

Solusi University

ABSTRACT

***PURPOSE**: This study aimed to determine the impact of HIV related stigma on PEOPLE LIVING WITH HIV & AIDS (PLWHA).*

***METHODS**. A qualitative narrative inquiry was carried out to investigate the life experiences of 7 purposively sampled victims of HIV and AIDS. The sample comprised 5 females (ages ranging from 28-55 years) and 2 male participants who are HIV positive. The ages of the 2 male participants are 35 and 57 years Two of the women are divorced, one is married, and the 2 youngest females are single. Each of these participants was interviewed privately, so they were free to open up and narrate their life story. Thematic data analysis was used to interpret the narrative findings.*

***FINDINGS:** Five themes emerged from the study. These are; bitterness, social isolation, resilience networking through support groups and Posttraumatic growth. All of the seven participants indicated that the first major impact of HIV related Stigma is that it pulls down a person's self-esteem to the extent that a person develops bitterness towards anyone assumed to be prejudiced or judgmental about their condition. Counselling helped many of these HIV positive individuals to navigate through the stages of shock, denial, anger, depression, and finally accepting reality thereafter, building resilience, rising to live a productive life thereby strengthening others in a similar journey.*

CONCLUSION & RECOMMENDATION

HIV related stigma can have devastating & detrimental impacts on the victims. Most victims pass through the phases of grief. If not properly counselled, they can be suicidal. On the other hand, when properly counselled, some develop resilience and come out stronger after the post-traumatic stress. The study recommends that PLWHA need counselling and acceptance so they may participate freely in day-to-day activities.

Key words: *Discrimination; stigma, HIV, resilience, coping strategies*

I. Introduction

The early discovery of HIV in humans and the associated Acquired Immune Deficiency Syndrome was enshrouded in some misconceptions. Many people believed that HIV could be transmitted through a handshake or even sharing beddings or clothes with someone who is HIV positive. Hence, anyone who was tested HIV positive was discriminated against in his own family and society. This stigma hung around the person at school, at play and even in the workplace. Some HIV positive people suffered so much discrimination to the extent that some were bitter to the extent that they determined to live a vengeful life. So they became more promiscuous than before, desiring to infect as many people as possible. On the other hand, others experienced so much discrimination that they dropped out of school. Others felt the discrimination at the hospitals that they had to travel a long distance of many kilometers to be treated at a hospital where they are least known. Others lost

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their jobs once their bosses and colleagues got to know that they are HIV positive. This was such a painful experience, for a person to lose a job at a time when someone desperately needed to earn enough to support oneself (to meet the medical bills well as buy adequate nutritious). Some were abandoned by their family members and ended up living in destitution (Mwareka, 2023). Although governments established closed communities where such people could be cared for, still suffered a lot of loneliness and hopelessness to the extent that some gave up on life, committed suicide or decided not to adhere to the prescribed medications (Mwareka, 2023). It is against this backdrop that the author sought to investigate the experiences of those who have lived with HIV for more than 10 years. The sole purpose of this narrative inquiry is to see how the family and community may collaborate to reduce stigma, support people living with HIV and help youth to develop life skills that foster resilience and coping skills.

This study is guided by the following research questions

1. What are the negative impacts of HIV related stigma on PLWHA?
2. What are the possible positive impacts of HIV related stigma on PLWHA?

II. Literature Review

A few decades ago, during the inception of HIV &AIDS, People living with HIV (PLWHA) experienced a lot of discrimination, be it at school, at play, at the workplace or sometimes even at some churches. This was due to some misconceptions that the common person developed about HIV and AIDS. Although most of these misconceptions have been clarified and demystified, a number of people worldwide still hold on to these misconceptions. Despite interventions aimed at increasing public knowledge and awareness, there are still some people who continue to hold on to some of these unfounded misconceptions to the extent that respect for the rights of PLWHA has been compromised (Sauntra, 2025). As some of these misconceptions about HIV and AIDS still prevail in some communities, it leads to stigmatisation, discrimination and other devastating negative impacts on PLWHA (Ho, & Holloway 2016). It has been observed that people avoid visiting HIV health care facilities for testing services because they fear the HIV related stigma and discrimination. Surprisingly, some of the health care workers who are supposed to enhance stigma reduction act as the key perpetrators and drivers of some of these discriminations (Fauk, et al, 2021). It has also observed that there are different queues for people accessing HIV services and those accessing general services, and some of these PLWHA are given nicknames such as " those sick ones" or "those on special plan" so that it raises everyone's eyebrows (Mwareka, 2023). With this kind of practice, PLWHA avoid accessing these services from the nearest health care facility for fear of judgement and exclusion from their community. They would rather travel long distances to a hospital where they are least known that visit the nearest health care facility for HIV and AIDS services.

According to the Cambridge Dictionary, Stigma is defined as a strong feeling of disapproval or a bad opinion society has about something or someone (Cambridge Dictionary). The word stigma comes from … where it is used to describe the part of a flower that stands out taller than others. In the case of HIV, the stigma associated with HIV & AIDS is prejudices or negative attitudes and beliefs about people with HIV. These can be developed by anyone the PLWHA interacts with. This stigmatising of people leads to labelling an individual as part of a group that is believed to be socially unacceptable as illustrated in the examples below.

a. The belief that only certain groups of people can get HIV.
b. Making moral judgments about people who test HIV positive
c. HIV is considered a disease of the poor. Poverty increases risky behavior (Sauntira, 2021)
c. Assuming that anyone who advocates for the prevention of HIV transmission must be guilty of its transmission.
d. Feeling that people deserve to get HIV because of their choices.

This impact of HIV related stigma can take 2 trajectories. Either the PLWHA as victims of stigma can choose to be optimistic or pessimistic. Taking the optimistic trajectory may help PLWHA to ignore this stigma, accept the new reality, move on with life and even become functionally productive. On the other hand, the pessimistic trajectory involves choosing to internalise the stigma". This is called internalized stigma or "self-stigma" happens when a person takes in the negative ideas and stereotypes about people living with HIV and start to apply them to themselves (Sorsdahl, et al, 2011; Peltzer & Pengpid 2019; Tadesse, et al, 2024). When this happens the PLWHA develops self-pity, feelings of shame, fear of disclosure, isolation, hopelessness and despair. This destroys the person's self-image and self-esteem. This in turn leads a person to live a secluded or withdrawn life, not to eat well, neglect self-care, become less adherent to taking prescribed ART and even abandon further treatment for HIV associated opportunistic infections.

Effects of HIV HIV-related Stigma and discrimination

Certain factors act as drivers of HIV stigma and discrimination. These include the lack of knowledge about HIV, fear of contracting HIV, social and moral perceptions about HIV and PLHIV were perceived facilitators or drivers of stigma and discrimination towards PLHIV. HIV stigma and discrimination were also identified as a process linked to the whole groups of people within families or communities, which occurred within social context in Yogyakarta and Belu. The findings indicate the need for HIV education for family and community members, and healthcare providers to enhance their knowledge of HIV and improve acceptance of PLHIV within families, communities and healthcare settings (Feyissa, et al. 2019; Fauk et al. 2021). Nurturing this prejudice of stereotyping or stigmatizing people usually leads to discrimination. While stigma refers to an attitude or belief, discrimination is the behaviours that result from those attitudes or beliefs. HIV discrimination is the act of treating people living with HIV differently than those without HIV. Typical discrimination behaviours include the following

a. Refusing casual contact with someone living with HIV at school, at play, at work or in healthcare facilities b. Socially isolating a member of a community because they are HIV positive.
c. The language used in reference to PLWHA, or labelling or referring to people living with HIV as HIVers or Positives, the "terminally sick "
d. A health care professional refusing to provide care or services to a person living with HIV.
e. The separation of PLWHA from the rest of the patients as practised in some clinics, where there are different queues for people accessing HIV services and those accessing general services, makes them stigmatised (Than, et al., 2019)

HIV stigma and discrimination affect the emotional well-being and mental health of people living with HIV. People living with HIV often internalize the stigma they experience and begin to develop a negative self-image. They may fear that they will be discriminated against or judged negatively if their HIV status is revealed. Hence, they may not openly disclose their HIV status even to their family member. Studies indicate that stigmatization has a negative effect on both males and females. However, It seems to affect females more than females(Bagchi,2019), Vakilian, 2021)**.** Internalized stigma" or "self-stigma" happens when a person takes in the negative ideas and stereotypes about people living with HIV and start to apply them to themselves. HIV related internalized stigma can lead to feelings of shame, fear of disclosure, isolation, and despair. (Sorsdahl, et al., 2011). These feelings can keep people from getting tested and treated for HIV (Sambisa, et al. 2010).

This study is undergirded by the Post Traumatic Growth theory (PTG theory) that postulates that- people can experience significant positive psychological changes after surviving a major trauma or crisis. As propounded by the founders, Tedesche and Calhoun put it, Post Traumatic Growth does not simply mean just returning to normal, but that after a traumatic event a person may come out stronger and resilient than before. It means coping and coexisting with distress without developing a negative attitude or drowning, not just floating but managing to develop one's better side. This involves growing beyond the usual in areas such as a deeper appreciation for life, stronger relationships, increased personal strength, new possibilities, and spiritual shifts. Developed by In brief, the victim develops positive changes beyond pre-trauma functioning, as a result of having passed through struggles with adversity. According to Psyhologists Tedesche and Calhoun, PTG results in growth in personal strength, exploring possible opportunities, navigating new career paths, developing new skills and competencies. In addition, PTG results in gaining new appreciation for life's gifts that are sometimes taken for granted, developing stronger relationships through networking and support groups and even the spiritual domain resulting in developing new worldview that leads to living a fulfilling life of service to humanity (APA, 2016).

Based on the PTG theory, it has been observed that there are some PLWHA who have passed through the grief stages fast, accepted reality and become more than simply resilient, but have grown through the phases of trauma and grief so that consequently, they have now been working as advocates for the successful and productive living with HIV. Some have explored new career paths so they can serve in health care ministries to help others struggling with HIV related stigma and discrimination. Such people have become leaders in HIV related support groups, and have been volunteering as advocates for HIV stigma reduction in schools, hospitals and church communities. Having walked in that journey has made them understand that PLWHA need a lot of support in terms of social support, financial support, moral support as well as spiritual support. Supporting people living with HIV makes it easier for them to be optimistic, develop a sense of belonging and lead healthy lives.

Advocating for the prevention of HIV helps correct misconceptions and helps others develop a better awareness of HIV. Talking openly about HIV can help normalise the subject. It also inspires hope for PLWHA, providing opportunities for people living with HIV. Adolescents living with HIV make efforts to hide their disease and conditions from friends, family, doctors, and even themselves, basically as a way to manage HIV-related stigma (Vakilian, 2021; Rao, et al. 2007). There is a bible verse that says, he who waters will also be watered (Proverbs 11:25). This means a person who extends kindness to others will also the benefits, especially feelings of satisfaction and positive mental health

Those PLWHA who engage themselves as advocates feel happier and more satisfied with their lives as they serve others in need. They tend to experience less Less perceived stigma, better social relationships, health, physical well-being, coping mechanisms, prosocial activity involvement, problem-solving abilities, and creativity across multiple life domains are associated with patients who reveal their seropositive status to others (Vakilian, 2021; Intervention strategies for stigma reduction should involve collaboration of different stakeholders, this includes the community at large, schools, churches, health care workers, social workers and PLWHA (Xie & Kim, 2022).

III. Research Methodology

The study followed a Qualitative Narrative research approach focusing on the stories of six research participants who are HIV patients. The primary purpose of a narrative inquiry study is participants provide the researcher with their life experiences through thick, rich descriptions of personal stories. (Kim, 2017). Narrative inquiry was first used by Connelly and Clandinin as a research design to explore the perceptions and personal stories (Connelly & Clandinin, 1990) According to Spranger, (2020) a Narrative research has seven major charateristics that are essential. These are;

1. Individual Experiences

Understanding an individual’s history or past experiences will help explain the impact on their present and future experiences.

2. Chronology of the Experiences

A time sequence or chronology of events helps readers understand and follow the research.

3. Collecting Individual Stories

Stories can be acquired throughout various means including interviews, informal observations, conversations, journals, letters, or memory boxes. All are examples of field texts.

4. Restorying

This is also known as retelling or remapping. Process of gathering stories, reviewing them for key elements (time, place, plot, and scene), and rewriting the story in a chronological sequence. Other key elements also include the setting, characters, actions, problem, and resolution; they provide the reader background information.

5. Coding for Themes

Data can be coded into themes or categories. About five to seven themes are identified and can be incorporated into passages of the story or in a separate section.

6. Context or Setting

A narrative Inquiry involves collaborative interaction between the researcher and the participants. Throughout the research process, the participant and the researcher work together to lessen the gap between the narrative told and the narrative reported, hence, a narrative research is considered to be relational (Haydon, & van der Riet, 2017).

IV. Presentation of Findings

The findings of the study are presented as narrated by each participant. The female Participants are coded as F1- F5 while the male Participants are coded as M1-M2.

What are the negative impacts of HIV related stigma on PLWHA?

Participant F1 is a young lady in her early 20s. She was very remorseful when she suffered from flu and incessant coughing that she had to be hospitalized. She lost weight. When medical tests revealed that she weas HIV positive she became withdrawn. She decided to go and work outside the country where she was least known. How did you feel when you learnt that you were now HIV positive? *"I was mad, I was bitter, I had been faithfully keeping myself for marriage to my original boyfriend working in a neighbouring country, until I met this middle-aged, married businessman who lured me into illicit sexual relationship. I thought this was just a temporary relationship because I knew I have a boyfriend working abroad. We had promised each other to be faithful until marriage. But I am so ashamed I broke the promise. The married man withdrew from me once he suspected I now have the virus, He no longer answers my phone calls, he blocked my number because he knows he cannot marry me. I could not tell any of my relatives except my sister that this is my new status. When I recovered from the shock I went to live outside the country.* Out of curiosity, I asked her how she gets regular ART medications. *"I have to travel back to Zimbabwe to get my regular ART medications. Even, right now, I have not disclosed my true HIV status to my boss and workmates*. *For fear of stigma and discrimination* "This is how she narrated her story feeling very remorseful.

F2

The impact of Stigma and discrimination can be very devastating, especially on younger people than the older ones. Having worked in a health care facility in a remote town, a young female participant had witnessed how some of the health care officers treated the PLWHA. "The medical personnel at the local clinic have a habit of using nicknames that refer to people who are HIV positive as {those on special medical plan, "*our sick friends" as if the other patients at the clinic are not also sick" she said with a tearful voice and watery eyes. The moment the test results came out I felt chills all over my body. I could not believe it. I did not want to talk to anyone. had to change my residential area, went to stay in a quiet residential area where no one knows me, not even my mum or siblings." "When my relatives requested to visit me I always gave excuses. Either, I am not available or its "not easy to give the directions, I will arrange to pick you up". After living in isolation for almost a year then an old friend met me and invited me to church. I disclosed my status to her, and she did not treat me with prejudice. She accepted me as I am. This brought a world of difference as I began participating in senior youth programs. I now enjoy attending church services and teaching young adolescents on the importance of chastity.* In brief, when PLWHA are accepted and receive the necessary support they navigate the transition process successfully and live productive lives.

Participant M1 is a male PLWHA. He was married for 10 years and the first wife died. He is now in the 5th year of his second marriage. His second wife has had 2 miscarriages and l still birth. That's when they both became worried. Although M1 had 2 children (ages 8 and 6 years old) with his first wife (who is late) these, these two children have been in and out of hospital. His narrative is reported as follows; "*Although I have read and heard* *about HIV and AIDS, it's the last thing I ever thought could happen to me since I always try to be health conscious. Realizing how people at my work place have misconceptions about the transmission of HIV made me think twice about continuing at the same workstation. When I disclosed my status to my boss he organized for my transfer without even consulting me. He said; "This is serious; you have been transferred with immediate effect. Do you know we can lose our clientele because of this, this is serious?" I was tongue-tied, my boss valued clientele that much that he did not care about my feelings. I found it difficult to explain to my family that we needed to relocate to another city 500km away. That meant transferring my children from their school to a school in the town where we relocated*."

M2 was once married and is now divorced when he suspected that the recurring illnesses could be associated with HIV. Having observed how PLWHA are treated at his workplace, he decided not to disclose his status to his colleagues and relatives. He says "*I have seen my colleagues being stigmatized in the workplace. I also used to attend a church where the church leaders would look scornfully on PLWHA as if to say: Shame on you: So I changed my church membership to another church a little further down the road. I even travel 45 kilometres from my home area, where I am known, to go across town to collect my regular supplies of medication,"* he is quick to add; *" I dare not make it known to parents because some of the parents with traditional misconceptions may withdraw their children from the school". I try to stay as healthy as possible to avoid suspicion or I would lose my respect in the workplace and the whole community. You know teachers are respected in most communities. I hope one day I will gain the courage to disclose my status without shame.*

The stigma associated with HIV seems very contagious. Once one person knows, it is gossiped all over and goes viral. It spreads like wild fire. However, when communities embrace awareness they become accepting and supportive.

What are some possible positive impacts of HIV related stigma on PLWHA?

Stigmatisation and discrimination can sometimes be experienced as a bitter sweet experience depending on how one looks at it.

Participant F3 is a middle-aged, female formerly married, but recently separated from her husband. She has 3 children. Having grown up in different homes as an orphan, she experienced abuse in various forms. When she got married, she thought, finally she could now have a stable family of her own. Unfortunately, she only realised that she was now a PLWHA when she was expecting her third child. She had been feeling unwell for some months during her 3rd pregnancy and when eventually tested she realized that both her and their toddler child were HIV positive. When she came and discussed this with her partner, he blatantly refused to go for tests. *"He wanted to blame the wife and insisted that it is you my wife who has not been faithful". The wife later realized the husband was on ART treatment unbeknown to the wife. They had protracted squabbles over who brought the virus into their marriage. Eventually, he was no longer providing the basic needs for the family. The wife got the other two older children tested and realized they are all positive. It took lots of courage for me to disclose to her 12-year-old that "medical the tests I took you for are for HIV. and the results indicate that you are both HIV Positive" , it took lots of courage to disclose the results to the children, I had lots of questions such as these; "How are the children going to be treated at play, at church, and at school? How are they going to be treated by their peers? So I transferred them to a school much further from away home of fear of stigma. "How did your children accept this? "Initially my oldest child did not want to continue going to church since my children were segregated at play and sometimes at church. I had to take them for Counselling, I also confided with some teachers at church and requested that they teach lesson of inclusiveness to all the children at church. Eventually, the husband abandoned the family and went to start a new relationship. I had to be bold to open up even to our relatives so they can be my network of support. I also joined the support group and the hospital where I collect our ART medications from a hospital across town for fear of meeting those from my neighbourhood.*

From the day she disclosed her status to her husband, her journey was rough and the marriage became turbulent that she says, *"I never thought my HIV status would result in the loss of my marriage. My children faced discrimination at school and at play and my spouse moved out leaving us with not much money for food. I greatly* *appreciate the support groups, for they helped me embark on some projects to raise some income that helped me sustain my family. In addition, they assisted the children to get financial assistance to continue in school. I eventually trained in a career path as a social worker and resolved to be an advocate, helping families with PLWHA. I lost my marriage but have made strides in my career as a social worker. This has helped me care for my children and provide counselling to couples and children who are navigating their way as PLWHA, I am much happier than before as I help other HIV victims and caregivers".*

Participant F4 is recovering from the shock of realizing that she and her spouse are HIV positive. There is the shock of the discovery followed by financial and social challenges. Her experience more or less follows the Kubler Ross stages of grief (Zeligman, & Wood, 2017). Initially. she was in denial; *I could not come to terms with reality to accept the outcome of the HIV test results. It was an almost sleepless night as I reflected and anticipated my friends and family's reaction, as well as a loss of the life I had previously pictured for me and my family.* She narrated her story as follows; *"To me, being HIV positive meant a sudden loss, I imagined physical loss of weight, loss of social acquaintances, How will I tell my family? Moreover, being a PLWHA meant emotional loss, whereby there is less sympathy from loved ones or even the community at large. I did not want to accept the sudden change of life. I introspected on a few sad realities and some doubts crossed my mind, maybe they mixed up my results with someone else, maybe I should go for a second opinion in another health facility. After a confirmatory test from another health facility, reality dawned and I had to accept it. But, instead of simply accepting it, I was angry. I also asked myself the following questions, how did I get HIV? Who is the culprit? Why did I even go for the test in the first place" Should I tell my boss at work about this? What if…? Can I still sit and chat freely with my workmates, could I still go for parties and eat out with my friends? If I excuse myself, what would they think? Should I disclose my status to them? Many unanswered questions raced in my mind those first few days after I collected the results. I could hardly eat, I was withdrawn from all social life until my husband confronted me".* The journey becomes manageable when families support each other. She said*, "My husband He told me about his status that he too had tested positive last year and was privately taking medication. He indicated that he had received counselling from a counsellor referred to by a colleague. Initially I was angry with him too until he calmed me down and we went together for counselling" Just when she had begun to accept it she went (accompanied by her husband) to tell her widowed mother. That's when all hell broke loose. Her mother was so angry that she started to openly blame my husband. She shouted at him and scolded and chased her from her home. I remained behind and tried to explain to my own mother but she denied me to spend even one night in her house after breaking the news, after such treatment I could not take it so I also shortly travelled back home and arrived home at almost midnight. Desiring to keep my status a secret, I had used my parents address so I could collect my medication away from my hometown. I tried to persuade my aunt who lived with my mom to allow me to come for a day visit and collect medication from the nearest hospital. However, as soon as my mother got to know about it she went to the extent of stopping her own sister from communicating with me. For almost 5 years, my mom could not communicate with me, not even by phone call.* "She added that "*After counselling sessions I had reconciliation with my mother and now I no longer have to travel long distances to collect regale ART medications. I have accepted reality. My parents and my siblings have accepted me and are very supportive."* The impacts of stigma may take time to overcome. However, with adequate support from family and friends, the stigma vanishes and PLWHA can eventually live fulfilling happy lives.

Participant F 5 Is a middle aged female, unmarried, but has been out with different partners. When asked about her background she says; " *I started having multiple boyfriends when I was in secondary school. I had sexual relationships with several of them that I cannot pinpoint exactly how I got the virus. When I went for HIV testing and discovered that I was positive, I immediately left home, fearing that everyone would shun interacting with me. I now live in a quiet neighborhood where very few people know me because once people get to know my status, they have distanced themselves, and call me "Bombshell".*

When asked why she does not decide to settle down and stick to one partner and get married, she insisted that this would not work out for her good; "*Once I disclose my status, most partners do not want to commit* *themselves for fear of stigma that they married someone who is HIV positive. But I cannot continue to cheat and hide my status. I once disclosed my status to a partner, and that was the end of the relationship with him. I try my best to avoid interactions with those I used to be close to for I dare not disclose my status to them."* In a nutshell, fear of stigma and discrimination has drastically influenced PLWHA's social life making them social isolates and even suicidal (Tamirat, et al. 2020)

V. Discussion

The impact of HIV related stigma has a potential to destroy someone physically, emotionally and psychologically. It destroys the victim's self-image and they feel the loss they pass through most of the stages of grief (Seligman & Wood, 2017). When this stigma is internalized, it becomes deep rooted, especially when it is fuelled by psychosocial misconceptions and cultural myths associated with HIV. Despite the efforts to demystify HIV and correct the misconceptions, PLWHA still experience different forms of discrimination in the workplace, at health care centres and even at some churches~~.~~ (Mwareka, 2023; Bogart, et al. 2021, Fauk, et al, 2021; Than, et al, 2019)

However, if given proper counselling, PLWHA can live a satisfying and productive life. While some may consider this viral disease as devastating and traumatic, there may be post traumatic growth if PLWHA are given proper counselling, love and acceptance. It is best to ensure community HIV awareness education goes beyond mere awareness of how it is transmitted, but helps the society to be more accepting and caring for PLWHA. This reduces the stigma associated with HIV. Indeed, some of the PLWHA experience Post traumatic growth through their grieving journey (Amos, 2024; Piętz & Rzeszutek, 2022).

VI. Conclusion

This narrative inquiry indicates that HIV related stigma can have devastating & detrimental impacts on the victims. Most victims pass through the phases of grief. If not properly counselled, they can be suicidal (Tamirat, et al. 2020). On the other hand, when properly counselled, some develop resilience and come out stronger after the post-traumatic stress. Five themes emerged from the study. These are; bitterness, social isolation, resilience and networking through support groups and Posttraumatic growth. Initially. the shock of HIV related stigma is that it pulls down a person's self-esteem to the extent that a person develops bitterness towards anyone assumed to be prejudiced or judgmental about their condition. Counselling helped many of these HIV positive individuals to navigate through the stages of shock, denial, anger, and finally accepting reality thereafter, building resilience, rising to live a productive life thereby strengthening others in a similar journey.

The study recommends that key stakeholders should be proactive in implementing stigma reduction strategies such as counselling, showing love and acceptance to PLWHA. This helps them navigate the rough terrain and participate freely in day-to-day activities and live productive and fulfilling lives. Without being shown love and acceptance, PLWHA easily lose hope. This negatively affects their immune system, this in turn shortens their life span.

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