### Rural-urban differences in HIV-related stigma in Zambia

**Justification for the Study:**
HIV related stigma is widely recognized as a barrier to accessing HIV prevention, treatment and care services, and yet little is known about the extent of this problem in Zambia.

**Context:**
This analysis was done from data from a much larger study conducted in Zambia – The implementation of the PLHIV Stigma Index. The People Living with HIV Stigma Index is a participative research tool (questionnaire) intended to be administered by trained PLHIV researchers to members of their community. It has several sections dealing with different aspects of stigma:

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<th>Experience of Stigma &amp; discrimination from others</th>
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<td>Access to work and services</td>
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<td>Internal stigma and fears</td>
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<td>Rights, laws and policies</td>
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<td>Treatment</td>
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<td>Having children</td>
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<td>10</td>
<td>Self-assessment of stigma &amp; discrimination</td>
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In Zambia the PLHIV Stigma Index was implemented by a partnership lead by the Zambian network of PLHIV (NZP+), a PLHIV organisation, alongside other NGO’s and civil society partners and GNP+. This analysis is one of many made possible through the rich data gained through the participative PLHIV led research process.

Analysis that has been done of the data in Zambia has included the main issues or challenges as they relate to:
- Testing and Diagnosis
- Disclosure and confidentiality of your HIV-positive Status
- Antiretroviral Treatment issues
- Having Children when you are HIV-positive
- The specific layered stigma experienced by “key populations” within the epidemic in Zambia who are marginalised in the response by factors such as their sexuality, drug use, or occupation.

**Results:**
In this study the proportion of the respondents who experienced any external stigma was significantly (p<0.001) higher in rural (85.3%) than urban (74.8%) areas. After adjusting for education level, respondents from urban areas were 32% (AOR=0.68, 95%CI [0.56, 0.82]) less likely to experience any external stigma. Meanwhile, 95.1% of respondents in rural and 88.2% in urban areas experienced internal stigma (p<0.001). Upon adjusting for education level, respondents from urban areas were 43% (AOR=0.57, 95%CI [0.43, 0.77]) less likely to experience internal stigma.

This study showed that there may be a case to look further at specific reasons why there is the difference and tailor community based stigma reduction programmes accordingly.

**Next steps:**
This work is already being used to inform the national networks’ advocacy and programmatic responses.

**Acknowledgements:**
- This work was supported by GNP+ as part of the HIV Leadership through Accountability Programme funded by UKaid from the Department for International Development. Additional support has come from AIDS Fonds (Netherlands) and from UNAIDS at country level.
- In Zambia the Index was implemented by a partnership led by a PLHIV organisation, the Zambian network of PLHIV (NZP+), the School of Medicine, University of Zambia alongside other NGO’s and civil society partners. This analysis is one of many made possible through the rich data gained through the participative PLHIV led research process.
- The People Living with HIV Stigma Index is a tool to measure stigma and discrimination experienced by people living with HIV; a joint initiative of the Global Network of People Living with HIV/AIDS (GNP+), the International Community of Women Living with HIV/AIDS (ICW); the International Planned Parenthood Federation (IPPF); and the Joint United Nations Program on HIV/AIDS (UNAIDS).

1-Network of Zambian People Living with HIV, Lusaka, Zambia
2-School of Medicine, University of Zambia, Lusaka, Zambia
3-The Global Network of People Living with HIV (GNP+), Amsterdam, The Netherlands
4-International Planned Parenthood Federation (IPPF), London UK

*Do people living with HIV also have rights? We didn’t know that PLWHIV also have rights. I wish I had known that sooner instead of being mistreated all the time by people*  
Female respondent, Lusaka

*After (administering) the stigma index, I’ll never be the same person again. We have been suffering in silence because of stigma and now we have hope that someone is listening to our problems*  
Female interviewer Mkushi

**Methods for this analysis:**
A cross sectional analysis of the data was conducted among PLHIV who had been on ART for a period of less than 3 months, and attending health facilities for ART in Lusaka urban district (527) and in Mkushi rural district (327) who took part in the study. Stigma index indicators were estimated using percent, and compared between sites using the Yates’ corrected Chi-square. The cut off point for statistical significance was set at 5%.