

## Scaling up stigma? The effects of antiretroviral treatment on stigma - early evidence from rural Tanzania

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**Issues:** There is insufficient evidence for the common assumption that ART provision automatically leads to reduction of stigma and increased HIV test uptake.

**Description:** A qualitative study investigated the new dynamics between AIDS stigmas, antiretroviral provision and HIV test uptake two years after the introduction of free antiretroviral therapy (ART) in a rural ward of North Tanzania: 88 in-depth interviews and 14 group activities were conducted with community leaders, ART clients and health workers. Participants were purposively selected and a thematic content approach was applied to data analysis, using the NVIVO-SP3 software.

Many of the ART clients interviewed reported returning to productive activities and felt comforted because the disease had become "just like malaria" and could "infect anyone". Some were successfully encouraging others to undergo HIV testing.

However in the community, attitudes remained highly heterogeneous and blame-related stigma persisted. Most village leaders interviewed, expressed concerns about a potential increase in HIV incidence as a consequence of ART. The general perception was that as ART clients regained health they increasingly engaged in sexual relations and "spread the disease". These fears were exacerbated because they "looked attractive", were very mobile and were difficult to identify physically. A few leaders suggested public disclosure of HIV test results, giving ART recipients drugs "to make them impotent" and putting them "in isolation camps".

**Lessons learned:** The persistence of blaming attitudes and emergence of new sources of stigma feed into stubbornly high levels of HIV denial and counter-balance the potential positive impact of HIV normalization on HIV test uptake. The availability of ART provides a unique opportunity to maximize synergies between HIV treatment and prevention. This opportunity might be lost without vigorous grass-root interventions to ensure the local acceptability of therapy.

**Next steps:** Community engagement strategies in rural Africa need to be further researched and debated.

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