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Effect of Financial Incentives on Internalized HIV Stigma for New ART initiates in Tanzania

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BACKGROUND

Retention in care remains a significant challenge for People Living with HIV (PLHIV) in Tanzania. Suboptimal retention in HIV care may be worsened by internalized HIV stigma, among other factors, leading to treatment failure despite highly active antiretroviral therapy (ART).

Financial incentives can increase engagement in care, but they may also partially address some social determinants of health. For example, they have the potential to mitigate internalized HIV stigma by improving financial stability, increasing autonomy, and enhancing behavior change.

METHODS

This was a secondary data analysis of a cluster-randomized controlled trial conducted from May 2021 to March 2023 across 32 Care and Treatment Centers (CTCs). New ART initiates were randomized 1:1 to receive standard of care services plus 22,500 Tsh (~10 USD) for up to six months conditional on clinic attendance, or to the standard of care group (Njau *et al*., 2024). We examined the intervention's effect on the validated HIV/AIDS Stigma Instrument for People Living with HIV/AIDS (HASI-P) at six and twelve months since ART initiation using chi square tests and logistic regression adjusting for region, age, and sex.

RESULTS

Overall, this analysis included 1,795 study participants [983 (54.76%) intervention participants, overall median age of 35 (IQR: 27-43) and 1,081 (60.22%) female] within 32 CTCs.

Internalized HIV stigma prevalence varied within the two arms. Six months after ART initiation, 47% of control arm participants and 58% of intervention arm participants reported stigma compared to 33% and 42%, respectively, at 12 months, 6 months after incentives were stopped (Figure1).

Internalized HIV stigma is still prevalent.

Financial incentive interventions may modestly reduce internalized HIV stigma, benefiting long term stigma reduction goals.

Removal of incentives did not cause harm as stigma level decreased on wards.

There is a need to re-evaluate HIV stigma and its effects on meeting the 2030 UNAIDS goals.

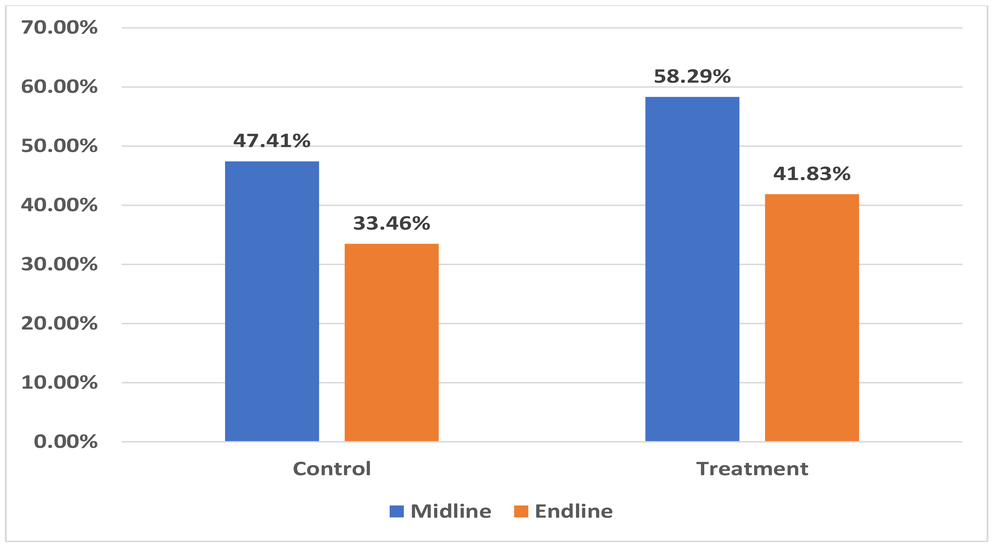


Figure 1: Internalized HIV stigma levels in the control and intervention arms at midline and endline time points (6 and 12 months post ART initiation).

RESULTS (CONTINUED)

There were statistically significant decreases in stigma between 6 months and 12 months in both the control arm [chi-square=32.79; P-value <0.001] and the intervention arm [chi-square=51.81; P-value <0.001]. The intervention arm had a superior and statistically significant stigma reduction compared to the control arm ((ACOEF) of 0.58 (95% CI: 0.38-0.78, p < 0.001).

CONCLUSIONS

Internalized HIV stigma is prevalent among PLHIV starting ART in Tanzania. However, internalized stigma declined in the first months of care, with small, additional declines seen in the financial incentive group. For this reason, financial incentives may have additional, small benefits over their primary use for promoting engagement in care.

However, internalized HIV stigma did not disappear in this population, even after a year of care. This calls for a multidimensional approach to address internalized HIV stigma including other forms of stigma (e.g. enacted and anticipated HIV stigma) and the need to include and capitalize on HIV stigma awareness and knowledge during adherence classes for PLHIV initiating ART.

Despite being 40 years into the HIV epidemic, internalized HIV stigma persists among PLHIV possibly impacting patient health and the targets towards 2030 UNAIDS goals.

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