# 'If and how' groups can contribute towards HIV & AIDS Stigma Reduction in Zimbabwe?
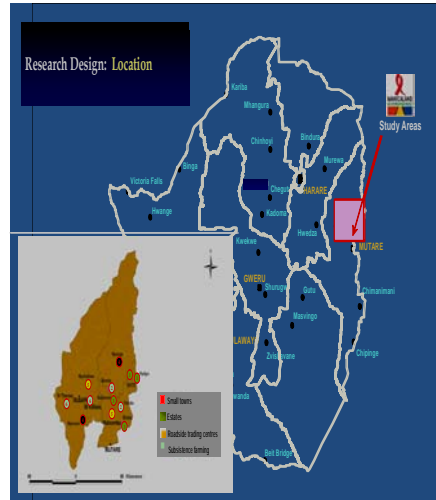Mercy N. Nhamo
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Figure 1: Map of Manicaland in Zimbabwe



**Background:** Stigma has been identified as a primary barrier to effective HIV prevention and the provision of care and support to People with HIV & AIDS. Much has Been written about the need to Involve communities in efforts to reduce HIV/AIDS stigma. However, in Zimbabwe little is Known about the role of church groups in reducing HIV/AIDS stigma.

Drawing on social capital and the notion of an 'AIDS competent community', this study explores i) the process of how church groups manage HIV/AIDS stigma, ii) the potential for using the 'community conversations' approach to develop more effective responses to stigma amongst church members, iii) the process of how group participation can be used to support the health of HIV sufferers in Churches and iv) the impact of group participation on HIV & AIDS stigma reduction

**Methodology**: A mixed method was employed, a quantitative approach involved a cross sectional study of 10 000 people in 12 sites. A qualitative study of 24 community conversations (3 sets of community conversations with 8 church groups) involving 198 participants and 54 In depth Interviews were conducted. A total o f 10 252 people participated in the study. Data were collected throughout 2008.

**Findings:** In the qualitative study there was a clear need for social spaces and dialogue in these communities in order to reduce HIV & AIDS stigma. Community Conversations provided the space in which church members begun to tackle AIDS stigma. The quantitative study also noted that social group membership is highly associated with high sexual behaviour and the pathway of stigma reduction is currently being explored.

**Conclusion:** From the findings it may be necessary to provide social space to communities which in turn provides them with a sense of ownership to tackle AIDS Stigma. Community Conversations encourage critical dialogue and responsibility for change and draws on local capacities and resources – allowing communities to identify the social capital evident within their localities to address HIV & AIDS stigma.

Theoretical Framework on Impact of group membership on AIDS stigma

External factors

**Group membership**
•Church members
•Other groups

**Psychosocial attributes**
•Knowledge
•Attitudes

**Social Capital**
•Trust
•Cooperation
• Local Identity
•Community groups

**Group Structure**

**Characteristics**
•Gender
•Education

**Culture**
•Social norms
•Religious norms

**Behaviour**
•Delayed onset of sexual relations
•STD treatment
•Condom use
•Access to health service

**Community Competence**
•Community relations
•Self efficacy/empowerment
•Contentment
•Social Spaces to talk about AIDS
•Social Space for HIV sufferers

**Stigma reduction**