**Background**
- HIV-related stigma impedes access to the entire spectrum of HIV prevention/treatment services. 
- Poor knowledge about HIV
- Testing and disclosure of HIV status
- Access to HIV care
- Less is known about its effects on other indicators of well-being
- HIV stigma may contribute directly to poor economic status of people living with HIV/AIDS
- Workplaces discriminate against people living with HIV/AIDS in developed countries has been shown to contribute to employment loss.
- In developing countries, HIV stigma may reduce employment or other opportunities for income generation in the informal market
- Unclear what forms of HIV-related stigma are most damaging.
- Antenatal care attended by society can become internalized and accepted as valid by people living with HIV/AIDS (internalized stigma).
- Other people may engage in overt acts of discrimination and hostility against a person because of her perceived stigmatized status ( enacted stigma).
- Food insecurity deserves special attention as an outcome for people living with HIV/AIDS
- Marker of poor economic status.
- Attributes discredited by society can become internalized and accepted as valid by people living with HIV/AIDS (internalized stigma).
- Poor knowledge about HIV
- HIV-related stigma impedes access to the entire spectrum of HIV prevention/treatment services.
- Marked by low self-esteem, discrimination, and reduced access to health services.
- Stigma has an amplifying effect on health behaviors, such as reductions in ART adherence and preventive behaviors.
- HIV stigma may negatively affect HIV treatment outcomes, including increased ART discontinuation rates.
- HIV-related stigma is associated with higher levels of depressive symptoms and lower levels of perceived social support.
- HIV-related stigma is associated with lower levels of health-related quality of life.

**Study Aim**
- To determine whether HIV stigma is associated with worsened food insecurity among persons living with HIV

**Methods**
- Uganda Antiretroviral Rural Treatment Outcomes (UARTO) study
- Prospective cohort study of 500 HIV-infected adults enrolled just prior to initiating ART.
- In Mbarara, a rural setting 5 hours by automobile from Kampala.
- Food insecurity was a sub-study in 2007.
- Uganda Antiretroviral Rural Treatment Outcomes (UARTO) study.
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**Statistical Analysis**
- Fit a linear regression model to the data, with parameters estimated using the method of generalized estimating equations (GEE) and an exchangeable correlation structure.
- Study participants assessed quarterly.
- The Ugandan Antiretroviral Rural Treatment Outcomes (UARTO) study investigated further in order to identify potential interventions.
- Stigma events experienced over the past 3 months.