

ABSTRACT

Stigma and discrimination is a major obstacle and significant challenge to the success of achieving universal access to HIV prevention, treatment, care and support. The study examined how perceived HIV-related stigma tends to create a “hidden epidemic” of the disease based on socially-shared ignorance, fear, misinformation, and denial.

The purpose of this research was to establish the effect of stigma on health seeking behaviour, adherence to ART and disclosure of HIV serostatus. The objectives of the study were 1) to understand the types of stigma that people living with HIV face in Kaloleni district at the Coast Province of Kenya, 2) to determine the effects of stigma on health-seeking behaviour, 3) to establish the effects of stigma on adherence to ART and 4) to identify the effects of stigma on disclosure of HIV serostatus. The null hypotheses’ were: H0₁: HIV positive-related stigma has no significant effect on adherence to ART and H0₂: HIV positive-related stigma has no significant effect on disclosure of HIV among PLWHIV.

Study design & Methodology: A combination of a cross-sectional study design and a prospective case-series design was used. In this study, 40% of participants were randomly selected from clients accessing some intervention. The research introduced scales that quantify individuals’ reasons for HIV disclosure and adherence. The instruments used were questionnaires and an observation checklist. Quantitative data collected was cleaned coded and entered into an SPSS programme for analysis. Qualitative data was put under themes consistent with the research objectives. The statistical analysis (chi-square) was used to compare socio-demographic characteristics and selected variables between the groups, and to test the hypotheses of the study.

Results/Findings: The study established the existence of AIDS-related stigma. In this study majority of respondents had high levels of internal stigma as compared to external stigma. The study established that the People Living with HIV who had high internal and external levels of stigma did not adhere to ARTs. The chi-square test revealed that stigma had an effect on ART adherence and disclosure of serostatus and *p-value was =0.05* which was statistically significant. Therefore, the null hypothesis was rejected and the alternate hypothesis accepted.

Conclusion: The study findings revealed that stigma negatively affects PLWHIV health-seeking behaviour where the majority did not adhere to ARTs. The findings explored types of stigma and endorsement of various reasons against disclosing. It can be concluded that people living with HIV/AIDS suffer internal and external discrimination. As a result, they do not seek proper medical attention in time despite free drugs availability.

Recommendations: Although stigma is considered a major barrier to effective responses to the HIV/AIDS epidemic the complexity of HIV/AIDS related stigma is often cited as a primary reason for the limited response to this pervasive phenomenon. Relevant recommendations have been given to policy makers and health facilities administrators. This study therefore recommends. The media and medics should strive to educate the public on how to treat people with HIV/AIDS and to stop discrimination and stigmatization of such people. PLWHIVs should be counseled sufficiently after knowing their status and should also be followed up on to see how they are progressing with their condition.