

Perspectives on the Measurement, Correlates, Lived Experiences, and Effects of HIV-Related Stigma Among Perinatally HIV-Infected Adolescents and Adults at the Kenyan Coast

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Background

HIV/AIDS is a significant global public health concern affecting millions of individuals worldwide and ranking among the top 20 leading causes of death. Despite increased awareness, the stigma associated with HIV remains a significant issue, particularly in sub-Saharan Africa. This stigma has wide-ranging consequences, impacting mental health, delaying the initiation of antiretroviral therapy, and reducing testing rates, thereby posing significant obstacles in combating the HIV/AIDS pandemic. With a stigma index of 48%, Kilifi County has one of the highest rates in the country. Thus, addressing HIV-related stigma in Kenya is vital for reaching the UNAIDS 95-95-95 targets. Understanding the correlates of HIV-related stigma and enhancing its measurement using culturally adapted and validated measurement tools is imperative.

Methods

A systematic review of the psychometric properties of the Berger HIV stigma scale was conducted to systematically summarize the available data on its psychometric properties. Further, two empirical studies were conducted to adapt and psychometrically evaluate the 12-item HIV Stigma Scale (HSS-12) for use among adults and Adolescents living with perinatal HIV infection. The HSS-12 was originally developed and

validated in Sweden. The aim was to establish the correlates of HIV-related stigma and assess the psychometric properties and measurement invariance of the HSS-12 among PLWHA from rural Coastal Kenya. Further, qualitative work was undertaken to provide an in-depth understanding of the lived experiences of PLWHA and understand the effects of HIV-related stigma on disclosure, ART adherence, mental health, and social interactions among PLWHA in Kilifi.

Findings and Recommendations

The 12-item HIV stigma scale is a valid and reliable instrument for measuring HIV stigma among adults. Being female, HIV status non-disclosure and the co-occurrence of anxiety and depression were significant correlates of increased HIV-related stigma among adults. This highlights the need for targeted interventions to support women, individuals who have not disclosed their status, and those grappling with mental health challenges to improve their quality of life. Though varied in context and life stage, adults and adolescents with perinatal HIV infection share common experiences of stigma and the deleterious effects it has on their mental health, social interactions, and ART adherence. The overlap in experiences across age groups suggests that intervention programmes designed to address these challenges could be effective

across the lifespan of PLWHA. For example, interventions that nurture a positive self-concept and foster healthy relationships can be used to tackle concerns associated with being HIV-positive and engaging in risky behaviours. Moreover, interventions focused on skills development and increased adherence to counselling services can be used to tackle concerns related to HIV status disclosure and ART adherence. Moreover, interventions focused on skills development and increased adherence to counselling services can be used to tackle concerns related to HIV status disclosure and ART adherence.

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Stanley Wechuli Wanjala holds a Bachelor's degree in sociology and a Master's degree in Sociology. His research focuses on the social determinants of health, aiming to improve healthcare systems through evidence-based insights. With a strong background in both qualitative and quantitative research, Stanley is dedicated to advancing public health by addressing inequities and advocating for patient-centered care. His current research focuses on measurement and effect of HIV stigma to improve the quality of life of people living with HIV/AIDS.

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