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Manifestations of Stigma among HIV Infected Adolescents in Samia Sub-County, Busia, Kenya

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Abstract:
Human immunodeficiency virus (HIV) is a leading cause of global burden of disease. Recently, significant progress has been made in increasing access to antiretroviral therapy (ART) for people living with HIV to suppress the replication of the virus. Suppressed viral replication facilitates restoration of the immune function and significantly reduces the risk of onward HIV transmission. Despite the increasing access to ART, compelling evidence indicate suboptimal levels of viral suppression among adolescents in many low-resource settings. This has been associated with failure of adolescents to adhere to medication due to stigma. The purpose of this study was to examine the manifestations of enacted stigma among adolescents living with HIV in Samia Sub County, Busia County, Kenya. The study was guided by the theory of planned behavior and the Social cognitive theory. The study adopted the mixed method research design. The study population comprised 4 peer educators,740 caregivers, 1580 adolescent HIV+ boys and girls, and 1 Sub County Aids and Sexually Transmitted Infections Coordinator (SCASCO). The sample size was 4 Peer educators, each drawn from the four wards, 74 caregivers for HIV + adolescents, 158 HIV+ adolescents and the I SCASCO. The stratified and simple random sampling techniques were used to select the 158 HIV+ adolescents and 74 caregivers, while saturated sampling was employed to select 4 peer educators and one health officer. Questionnaires, Focus Group Discussion and interview schedule were used to collect data from the respondents. All the instruments were piloted before administration in order to determine their validity and reliability. The test-retest method was used and a reliability coefficient of 0.70 was accepted. Data wasanalysed using descriptive statistics such as the frequency counts and percentages. Qualitative data was organized in terms of relevant themes and sub-themes and interpreted. Data analysis was performed using the Statistical Package for the Social Sciences (SPSS) Version 23.0. The study established that enacted stigma mainly manifests itself in the form of discrimination towards infected adolescents in Samia Sub-County. They experience discrimination in health care settings, including being denied health services because of their HIV status and health care professionals disclosing their HIV status without their consent. In addition, these adolescents experienced negative stereotypes such as sexual promiscuity, deviant sexual behaviors and discrimination, all of which create social barriers including access to healthcare. It is recommended that there is need to address enactment of stigma in community, homes and schools in Samia Sub County which are significant settings for the safety and welfare of HIV infected adolescents.

Keywords: *Manifestation, Enacted stigma, HIV infected adolescents*

1. Background

For over twenty years, Human Immunodeficiency Virus (HIV) infection and acquired immunodeficiency syndrome (AIDS) have been major public health epidemics that continue to ravage communities (Weinberg&Kavarik, 2010).The World Health Organization Global Summary of AIDS shows that 33.4 million people worldwide are living with HIV/AIDS, with 2.1 million of those being children under the age of 15, and 1.8 million of these children live in the global South (WHO, 2015). The disease burden of HIV occurs within low and middle income counties within the Global South (Bendavid, Young &Katzenstein, 2008). Approximately 29% of all new HIV infections in Kenya are among adolescents and youth. Thirty percent of new HIV infections in adults are among youth below 24 years. Young women aged 15 – 24 years post the highest number of HIV infections and contribute 21% of all new infections in Kenya (UNAIDS, 2021).

Most inequalities that facilitated the spread of the AIDS pandemic are getting worse and, continue to fan the spread of HIV in many parts of the world (UNAIDS, 2021). COVID-19 has brought these inequalities to the forefront and exposed the fragility of the gains made. The inequalities that underpin stigma, discrimination and HIV-related

criminalization that enhance people's vulnerability to acquire HIV make adolescents living with HIV more likely to die of AIDS-related illnesses. A range of social, economic, racial and gender inequalities, social and legal environments that impede rather than enable the HIV response, and the infringement of human rights are slowing progress in the HIV response and across other health and development areas.

To improve health and HIV outcomes, the Global AIDS Strategy 2021-2026 is a bold strategy that calls for all policies and future practice to be assessed to determine whether they do not further stigmatize HIV diagnosis, perpetuate discrimination and exacerbate health inequalities. It further outlines a comprehensive framework for transformative actions to confront these inequalities and, more broadly, respect, protect and fulfil human rights in the HIV response (UNAIDS, 2021). The Strategy sets out evidence-based priority actions and bold targets to get every country and every community on-track to end AIDS as a public health threat by 2030 (Ibid). The Strategy outlines the strategic priorities and actions to be implemented by global, regional, country and community partners to get on track to ending AIDS. It leverages four decades of experience of the HIV response, supporting governments, partners and communities to 'build back better', supporting systems for health to be more resilient and place people at the centre. The Strategy is being adopted during the Decade of Action to accelerate progress towards the Agenda Four and Sustainable Development Goals (SDGs), and makes explicit contributions to advance goals and targets across the SDGs (UNAIDS, 2020). The big 4 Agenda on universal health coverage goal seeks to provide affordable health care for all. For UHC to be achieved there is need for equitable health access and improved quality of health services. Universal Health Coverage means much more than just health care. It means ensuring that all Kenyans can get quality health services, where and when they need them, without suffering financial hardship (Kenya Health Forum, 2019).

Although several studies have elaborated how HIV-related stigma undermines the HIV management cascade for youth (Bernays, Paparini, Seeley & Rhodes 2017), little attention has been devoted to the lived experiences of adolescents with HIV-related stigma and its effects on their daily life. The other fundamental challenge in mitigation of HIV/ AIDS among adolescents is stigma. Kipp, Audet, Earnshaw, Owens, McGowan, &Wallston(2015) indicate that high level of HIV stigma among infected adolescents can result in non-adherence with their medications compared to those with low HIV stigma concerns.

The focus of this study was to examine the manifestations of enacted stigma among adolescents living with HIV in Samia Sub County, Busia County, Kenya. Now more than ever, in the fight against HIV in Kenya, the focus needs to shift to adolescents who bear the brunt of the scourge. Youth aged between 15 and 24 years now account for 40% of all new HIV infections in the country each year. In Busia County, it is estimated that about 44,326 are living with HIV. According to DHIS (2016) data, Kenya had an estimated 12,940 new HIV infections among children with Busia County ranked 21st in the country with 58 new infections in Samia sub-county. HIV prevalence among adolescence rose from 6.7 in 2017 to 7.7 in 2019 (Kenya HIV and AIDS Profile, 2014).

For the purpose of this study, enacted stigma refers to negative public attitudes towards adolescents who are HIV positive and may result in feelings of shame, guilt, isolation, and loss of hope in life. To this end, therefore there is need to contextualizean understanding of how enacted stigma manifests itself among HIV infected adolescents in Samia Sub-County. Manifestations of stigma and discrimination range from: exclusion from social events in school and communities; exclusion from participation in curriculum related activities; verbal abuse and/or threats and physical harassment. These external actions may promote enacted stigma especially among adolescents and young people who also experience identity crisis and self-esteem challenges during teenage and young adult hood (NACC, 2014).

2. Literature Review

Pulerwitz J., Michaelis, A.P., Weiss, E., Brown, L., &Mahendra,S .V.(2010) carried out a study on reducing HIV related stigma. Results showed that stigma manifested in different ways forms inter alia withdrawal, mockery, physical and verbal aggression, and rebuttal of services and employment. There are gender differentials in the experiences of stigma. For instance, women are more likely to be accused for bringing HIV into the family than men.

Kimera*et al*., (2020) conducted a study on experience and effects of HIV related stigma among 11 Youths Living with HIV in Uganda. The results show that the youths in the study felt devalued, experienced fear, injustices, felt lonely and lacked future perspectives. According to Mellins, Elkington, Bauermeister, Brackis, Dolezal& McKay (2009) HIV/AIDS-related stigma experienced by adolescents leads to poor quality of life. However, intervention strategies aimed at stigma-reduction targeting ALWH in the Global South are scarce. This assertion is supported by Stangl, Lloyd, Brady, Holland &Baral (2013). Bennett, Traub, Mace, Juarascio&O'Hayer (2016) aver that HIV stigma is tied to public ridicule and moral damnation for contracting the disease. Further, stigma can also be exhibited externally via defeatist stereotypes, preconceptions and discrimination which are precursors of social barriers and access to healthcare (Karim, Meyer, Mboyi, Carrara, Mahlase, Frohlich, 2008).

Inasmuch as stigma impacts on every aspect of HIV prevention and treatment, there is a dearth of data on how enacted stigma manifests itself among HIV positive adolescents in the Global South (Song, Nyandiko, Scanlon, Lydia, Fischer, Mcateer, Akumu, Naanyu&Vreeman, 2016). Indeed, as in any new area of investigation, everyone has an interpretation and more than a few express their views on the manifestation of enacted stigma concept. In the current literature most of the articles vehemently decry the manifestation of enacted stigma and very few studies cite data specifically relevant to the variable under study. Therefore, the study was justifiedin terms of providing needed information about the manifestation of enacted stigma among HIV infected adolescentsin Samia Sub-County, Busia County, Kenya.

3. Research Methodology

The current study combined both quantitative and qualitative designs. Basically, adolescents were selected for the study because they are placed more at risk of HIV through early sexual debut, multiple partners, lack of condom use, transactional or coerced sex, inter-generational sex, sex under the influence of alcohol or drugs, and injecting drug use (NACC, 2015).

In this study the researcher adopted descriptive survey research design. Samia Sub-County was chosen for the study because the prevalence of HIV/AIDS is at an all-time high. For example, it rose from 6.7% to 7.7% in 2019. This shows that new infections especially among adolescents and above are on the rise hence, the need to investigate the prevalence of HIV related stigma among the youth in Samia Sub-County.

The study population comprised 4 peer educators, 740 caregivers, 1580 adolescent HIV+ boys and girls, and 1 health officer (SCASCO). The HIV infected adolescents participated in the study since this is the group which is assumed to have challenge in achieving the UNAIDS goal of 90% viral suppression (UNAIDS 2021). The peer educators were selected because they deal directly with clients, for example they monitor their drug adherence. On the other hand, the caregivers were selected as key respondents because they are the stewards of adherence at the household level and assist the adolescents with both medical and /or preventive care. The health Officer was selected because they coordinate all the HIV related activities in the Sub County. The sample size will be 4 Peer educators, 74 caregivers for HIV + adolescents, 158 HIV+ adolescents and I health officer.

Stratified sampling techniques were used to select the HIV infected adolescents and the caregivers. The respondents were classified into male and female categories. Using the simple random sampling 158(79Male and 79Female) HIV + adolescents were selected. The simple random sampling technique was used to select 74 (37Male and 37Female) caregivers. Saturated sampling was employed to select the 4 peer educators who are assigned to each of the four wards and the only health officer.

From the sampled four wards, all the 158HIV + adolescents, 74 caregivers, 4 peer educators and the only health officer completed the questionnaires, Focus Group Discussion (FGD), Key Informant Interview (KII) and an Interview Schedule (IS) respectively. The final study sample comprised 237 respondents. The Adolescent Stigma Scale (ASS) adapted from Westbrook and Bauman, (1996) was used to assess stigma as perceived by infected adolescents. ASS is a self-report 43-item questionnaire with 2 subscales. The perceived stigma (self) consists of 21 items which describe feelings of negative attitudes associated with HIV and accepted by the adolescents. The enacted stigma subscale contained 22 items that described negative public attitudes or discrimination towards adolescents living with HIV. The subscales were scored on a four-point response scale from 1(strongly Agree) to 4 (strongly Disagree). The questionnaire was administered on individual basis and completed in 15minutes. It was piloted to ascertain its validity and reliability in the Kenyan context.

Data analysis was mainly quantitative and less qualitative. The analysis of qualitative data involved immersion, categorization, phenomenological reduction and interpretation. To analyze quantitative data, different methods were used. First and foremost, frequency distribution tables were generated from data collected. Histograms were generated from the frequency distribution tables. These two methods of data presentation assisted in data interpretation and analysis.

After scoring the three questionnaires, the data was coded and data files prepared for computer analysis. The analysis was performed using the Statistical Package for the Social Sciences (SPSS) Version 25.0. Content analysis of the written free responses of the respondents was also carried out.

4. Results and Discussion

The study sought to examine the manifestations of enacted stigma among HIV infected adolescents in Samia Sub County, Busia County, Kenya. Analyses were conducted for each of the naturally occurring groups, namely- level of education, gender and age.

4.1. Level of Education

The distribution of HIV infected adolescents in terms of levels of education is presented inTable 1.

Level	Frequency	Percentage (%)
KCPE	72	45.6
KCSE	67	42.4
Artisan	9	5.7
Certificate	10	6.3
Total	158	100

Table 1: Education Level

Data in Table 1 shows that most of the HIV infected adolescents, accounting for 45.6% were in class 8, while those with from four level of education were at 42.4%. Those with certificate and artisan qualifications accounted for 6.3 % and 5.7% respectively. This means that most of the HIV infected adolescents in Samia Sub County are within the school going age bracket.

4.1.1. Gender

The distribution of the HIV infected adolescents by gender is presented in Table 2.

Gender	Frequency	Percentage (%)
Male	69	43.7
Female	89	56.3
Total	158	100

Table 2: Gender of Respondents

In terms of gender, results in Table 2 shows that most of HIV infected adolescents accounting for 56.3% were females, while 43.7% were male. The results show that the girl child in Samia Sub-County is at risk of contracting HIV/AIDS. This finding corresponds with that of Gomez & Meacham (1998) who established that the girl child is more at risk of contracting HIV/AIDs compared to the boy child with respect to access to information about HIV/ AIDS prevention, the ability to negotiate safe sexual encounters and access to treatment for HIV/AIDS once infected. They further posit that throughout the world, the unequal social status of women places them at higher risk for contracting HIV/ AIDS.

4.1.2. Age

The distribution of the HIV infected adolescents by age is presented in Figure 1.

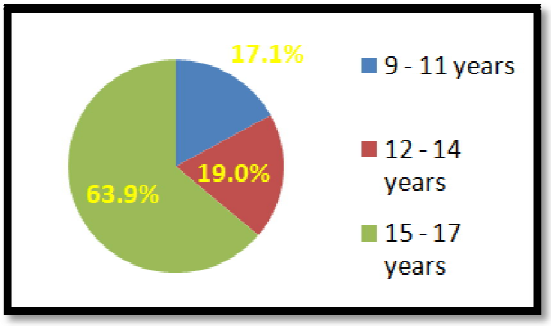

Figure 1: Age of Respondents

Results in Figure 1 shows that most of the HIV infected adolescents accounting for 63.9% were in the (15-17) age bracket, while 19.0% were in the (12-14) age bracket and 17.1 % were in the (9-11) age bracket .The High prevalence of HIV among adolescents between 15-17 can be attributed to early sexual debut in Samia Sub-County. This finding is similar to that of UNICEF (2020) which established that it is common for youths become sexually active by late adolescence.

4.2. Manifestation of Enacted Stigma among HIV Infected Adolescents in Samia Sub- County

The objective of this study was to examine the manifestation of enacted stigma among HIV infected adolescents in Samia Sub-County. The manifestations of enacted stigma among HIV infected adolescents in Samia Sub-County are presented in this section.

4.2.1. People Believe Those with HIV Did Something to Deserve It

The respondents were asked if most people believe that if you have HIV, you must have done something to deserve it. The results are presented in Figure 2.

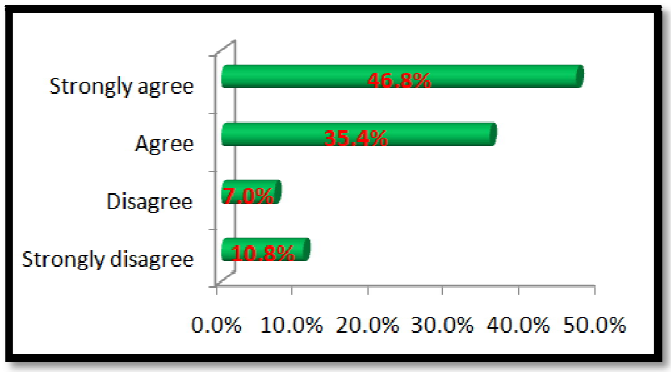

Figure 2: Believing That Those with HIV Deserve It

Results in Figure 2 show that most HIV infected adolescents accounting for 82.2% (46.8% strongly agreed, 35.4% agreed) approved the statement that most people believe that if you have HIV, you must have done something to deserve it. Only 17.8% (10.8% strongly disagreed, 7% disagreed) of them did not agree with the statement.

This belief largely arises from the fact that many people hold the myth that it is mainly through sexual intercourse that the adolescents contract HIV. Hence, they link HIV infection to irresponsible sexual behaviors like prostitution and unprotected sex.

During KII, one peer Educator mentioned that HIV infected adolescents are perceived by the Samia society as a promiscuous person. This finding is also supported by Nyandiko*et al*.(2016) who noted that negative beliefs and misinformation about HIV were still common in the community. Particularly sexual immorality was often associated with a diagnosis of HIV. Community members were described to be using religion to explain HIV infection. One caretaker said, 'In the church, they know that the disease gets those who have sinned. As a result, they take the disease as a punishment.'

4.2.2. Fear Being Around a Person with HIV

Respondents were asked if most people are afraid to be around a person with HIV. Figure 3 presents the results.

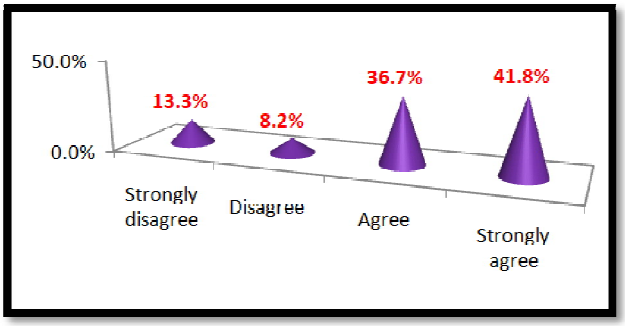

Figure 3: People Fear Being Around People with HIV

Results in Figure 3 reveal that most of the HIV infected adolescents accounting for 78.5% (41.8% strongly agreed, 36.7% agreed) agreed that most people are afraid to be around a person with HIV. On the contrary, 21.5% (13.3% strongly agreed, 8.2% agreed) of the respondents disapproved the statement. Given this high response ratio, it is clear that this stereotype is real. The finding is similar to that of Nyandiko*et, al* (2016) who noted that HIV-infected adolescents were often isolated at mealtimes, as others 'do not want to take food [with them].'They were not allowed to play with uninfected children out of fear that transmission would occur.

4.2.3. Being Uncomfortable Around People with HIV

The respondents were asked if most people are uncomfortable around those who have HIV. The results are presented in Table 3.

Response	Frequency	Percentage (%)
Strongly agree	47	29.7
Agree	84	53.2
Disagree	15	9.5
Strongly disagree	12	7.6
Total	158	100

Table 3: People Are Uncomfortable Around People with HIV

Data in Table 3 reveals that most of the HIV infected adolescents accounting for 82.9% (29.7% strongly agreed, 53.2% agreed) agreed with the statement that most people are uncomfortable around those who have HIV. On the contrary, 17.1% (7.6% strongly disagreed, 9.5% disagreed) disagreed with the statement. From the huge ratio of prevalence, it is evident that there exists enacted stigma among HIV infected adolescents.

This finding is revealed by KAIS (2019) who noted that HIV infected adolescents and young people are often marginalized and therefore more likely to be stigmatized and discriminated in the school and community system thus impacting more severely on efforts to promote HIV prevention and treatment in these populations.

4.2.4. Lack of Regard for a Person Who Has HIV

The study sought to establish if most people think less of a person who has HIV. The results are presented in Figure 4.

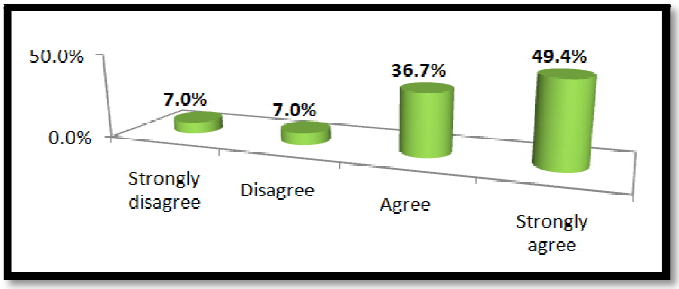

Figure 4: People Think Less of a Person with HIV

From the results presented in Figure 4, most of the HIV infected adolescents accounting for 86.1% (49.4% strongly agreed, 36.7% agreed) agreed with the statement that most people think less of a person who has HIV, while 14% (7% strongly disagreed, 7% disagreed) of them did not agree. This finding proves that enacted stigma towards the HIV infected adolescents in Samia Sub-County is high. It further corresponds with that of UNAIDS (2018), which indicated that people would avoid buying vegetables from a vendor living with HIV, suggesting that many people still lack basic HIV knowledge and showing the level of stigma associated with HIV/AIDS. In addition, adolescents living with HIV (ALWH) reported being denied health services because of their HIV status and health care professionals disclosing their HIV status without their consent

4.2.5. Society View about Moral Character of People with HIV

The respondents were asked if most people think that people with HIV are of good moral character. Table 4 presents the results.

Response	Frequency	Percentage (%)
Strongly agree	33	20.9
Agree	42	26.6
Disagree	31	19.6
Strongly disagree	52	32.9
Total	158	100

Table 4: Peoples Feeling about HIV Infected Adolescents' Morals

Results presented in Table 4 show that most of the HIV infected adolescents accounting for 52.5% (32.9% strongly disagreed, 19.6% disagreed) did not agree with the statement. On the other hand, 47.5% (20.9% strongly agreed, 26.6% agreed) of the respondents agreed with the statement. From the results, there is near equal proportion of responses for and against the statement. However, on the strength of majority of the responses to this question, a good number of people do not think that those with HIV are of moral character.

The SCASCO confirmed this finding by saying that 'Having HIV makes the adolescents to be perceived as immoral people. This makes some of them shy off, develop self-stigma and poor self-esteem, denial and depression.'

4.2.6. View That Someone with HIV Should Not Take Care of Other People's Children

The respondents were asked if they were of the opinion that most people think that someone with HIV should not take care of other people's children. The results are presented in Figure 5.

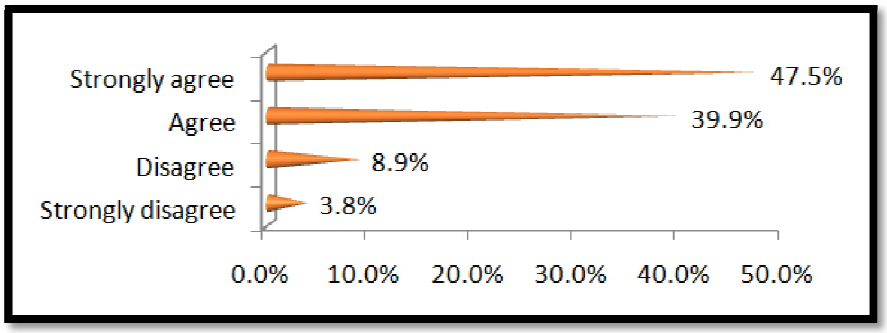

Figure 5: Someone with HIV Should Not Take Care of Other People's Children

4.3. People Think Someone with HIV Should Not Take Care of Children

The results presented in Figure 5 reveals that most of the HIV infected adolescents accounting for 87.4% (47.5% strongly agreed, 39.9% agreed) agreed with the statement that most people think that someone with HIV should not take care of other people's children. Only about 12.7% (3.8% strongly disagreed, 8.9% disagreed) disagreed and so the prevalence of this enacted stigma was 138 out of 158 sample respondents.

This opinion was shared by one of the caregivers who mentioned that 'She was denied a house help job by a neighbour because of her HIV status and the status of the infected adolescent she was living with.'

4.3.1. People with HIV Deserve Respect

Respondents were asked if they felt that most people think that people with HIV deserve respect as much as anyone else. Table 5 presents the results.

Response	Frequency	Percentage (%)
Strongly agree	47	29.7
Agree	47	29.7
Disagree	22	13.9
Strongly disagree	42	26.7
Total	158	100

Table 5: Responses about Respect for People with HIV

Results presented in Table 5 show that most of the HIV infected adolescents accounting for 59.4% (29.7% strongly agreed, 29.7% agreed) approved the statement that most people think that people with HIV deserve respect as much as anyone else. On the contrary, 40.6% (26.7% strongly disagreed, 13.9% disagreed) did not agree with the statement. The close tie in responses, probably mean that HIV infected adolescents deserving or lacking respect as much as anyone else is not much of an enacted stigma, despite having prevalence rate of 94 out of 158 sample respondents.

This opinion was also supported by the SCASCO during the interview who mentioned that 'The existing support systems in Samia have promoted peer to peer interaction and self-respect.'

4.3.2. Having HIV Is Your Own Fault

Respondents were asked if they were of the opinion that most people feel that if you have HIV, it is your own fault. The results are presented in Figure 6.

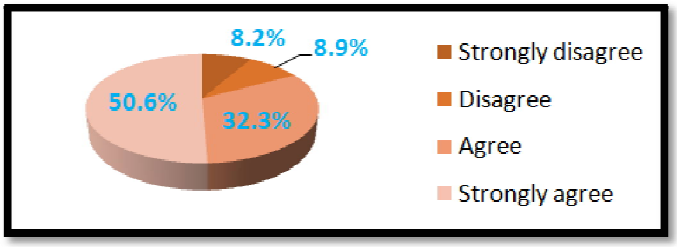

Figure6: Feeling That Having HIV Is Someone's Fault

From the results presented in Figure 6, most of the HIV infected adolescents accounting for 82.9% (50.6% strongly agreed, 32.3% agreed) affirmed in their responses that most people feel that if you have HIV, it is your own fault. On the contrary, 17.1% (8.2% strongly disagreed, 8.9% disagreed) with the statement. The results show that most people in Samia Sub-County believe that HIV is contracted as a result of carelessness. This opinion is supported by Bennett e*t al.* (2016) who aver that HIV stigma is associated with public blame and moral condemnation for contracting the disease.

4.3.3. People Rejecting Friendship with a Person with HIV

Respondents were asked if they felt that most people would reject the friendship of a person with HIV. The results are presented in Table 6.

Response	Frequency	Percentage (%)
Strongly Agree	84	53.2
Agree	39	24.7
Disagree	16	10.1
Strongly Disagree	19	12
Total	158	100

Table 6: Responses about Rejecting Friendships with People Who Have HIV

Data in Table 6 shows that most of the HIV infected adolescents accounting for 77.9% (53.2% strongly agreed, 24.7% agreed) of the sample respondents affirmed that most people would reject the friendship of a person with HIV, while only 22.1% (12% strongly disagreed, 10.1% disagreed) did not agree with the statement, presenting a prevalence of 123 out of 158 for this enacted stigma. The finding is supported by Kneze, *et al*. (2017) who noted that many ALWH cannot count on the 'normal' transition to adolescence due to stigma where community and family members ostracize them for being HIV positive.

4.3.4. People with HIV Are Not as Good as Everyone Else

Respondents were asked if most people think that if you have HIV, you are not as good as everyone else. Figure 7 presents the results.

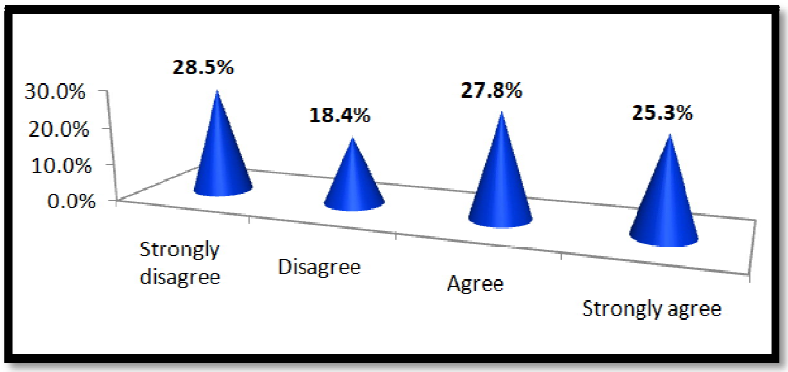

Figure7: Feeling Those with HIV Are Not Good People

The results presented in Figure 7 show that most of the HIV infected adolescents accounting for 53.1% (25.3% strongly agreed, 27.8% agreed) affirmed the statement that most people think that if you have HIV, you are not as good as everyone else. On the contrary, 46.9% (28.5% strongly disagreed, 18.4% disagreed) did not agree with the statement.

During KII, this finding was affirmed by one of the peer educators who said that'HIV infected adolescents are perceived as walking carcass, promiscuous and immoral people in the community that are not only bewitched but cursed.'

4.3.5. Being Embarrassed About Having HIV

Respondents were asked if they were of the opinion that most people think you should be embarrassed about having HIV. The results are presented in Table 7.

Response	Frequency	Percentage (%)
Strongly agree	28	17.7
Agree	103	65.2
Disagree	16	10.1
Strongly disagree	11	7
Total	158	100

Table 7: Feeling That You Should Be Embarrassed If You Have HIV

The results presented in Table 7 reveal that most of the HIV infected adolescents accounting for 82.9% (17.7% strongly agreed, 65.2% agreed) approved the statement that most people think you should be embarrassed about having HIV. Only 17.1% (7% strongly disagreed, 10.1% disagreed) of the respondents did not agree. With a prevalence rate of 131 out of 158, it appears that having HIV is a crime and therefore those, who get it, should be embarrassed.

The finding corresponds with Nyandiko*et al*.,(2016) who reported that many people in the community still viewed HIV as a death sentence. One adolescent stated, 'Others will say it is the end of life.'

In addition, the SCASCO revealed this opinion when she observed that 'HIV infected adolescents in Samia -Sub County are perceived as immoral and promiscuous people making them shy away from seeking HIV treatment and care.'

4.4. People Fear Sharing Items with Those Having HIV

The respondents were asked if they felt that most people would not share dishes or glasses with someone who has HIV because they are afraid, they will catch it. The results are presented in Figure 8.

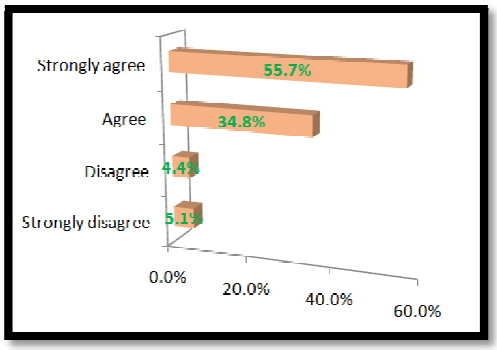

Figure 8: People Fear Sharing Items with People with HIV

From the results presented in Figure 8, it is evident that most of the HIV infected adolescents accounting for 90.5% (55.7% strongly agreed, 34.8% agreed) of the respondents affirmed that most people would not share dishes or glasses with someone who has HIV because they are afraid they will catch it. A paltry 9.5% (5.1% strongly disagreed, 4.4% disagreed) did not approve of this statement. The results show that enacted stigma is very common in Samia Sub-County with a commonness rate of 143 out of 158 respondents affirming the statement.

The finding is similar to Nyandiko*etal.* (2016) who established that HIV infected adolescents reported casual contact, such as 'using the same plate' or 'sharing a cup ', was still thought to transmit HIV. They noted that HIV-infected adolescents are often isolated at mealtimes, as others 'do not want to take food [with them].'

4.3.6. Being Upset When a Person with HIV Transfers to Their School

Respondents were asked if most people would be upset if someone with HIV moved in their school. Figure 9 presents the results.

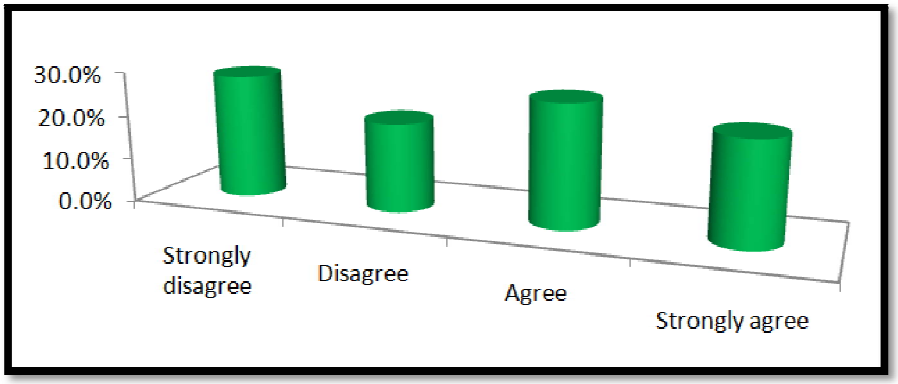

Figure 9: Responses about Fearing That Friends Will Be Upset

The results presented in Figure 9 reveal that most of the adolescents accounting for 51.2% (23.4% strongly agreed, 27.8% agreed) agree with the statement that most people would be upset if someone with HIV moved in their school. On the other hand, 48.8% (28.5% strongly disagreed, 20.3% disagreed) with the statement.

This finding corresponds with Mahati*et al.*(2006) who noted that HIV-infected adolescents highlight experiences of HIV/AID stigma from peers at school in the form of taunting, gossiping, or bullying, because of either their own status or the status of a family member, which may lead to problems in school attendance or accessing peer support networks.

4.3.7.Having HIV Is Worth Being Ashamed

The respondents were asked if they felt that most people believe that having HIV is something to be ashamed about. The results are presented in Table 8.

Response	Frequency	Percentage (%)
Strongly agree	23	14.6
Agree	113	71.5
Disagree	14	8.8
Strongly disagree	8	5.1
Total	158	100

Table 8: Feeling That Having HIV Is Worth Being Ashamed

Data in Table 8 reveal that most of the HIV infected adolescents accounting for 86.1% (14.6% strongly agreed, 71.5% agreed) of the respondents affirmed the statement that most people believe that having HIV is something to be ashamed about. On the contrary, 13.9% (5.1% strongly disagreed, 8.8% disagreed) with the statement. This finding shows that enacted stigma among the adolescents in Samia Sub-County is real.

The finding corresponds with Nyandiko*et al.* (2016) who established that Community described HIV infection using religion to explain it. They further explain that the disease gets those who have sinned. As a result, they take the disease as a punishment.

4.3.8. Views on Admiring Bravery in the Face of HIV

The respondents were asked if they believed that most people think that people with HIV should be admired for their bravery in the face of the illness. The results are presented in Figure 10.

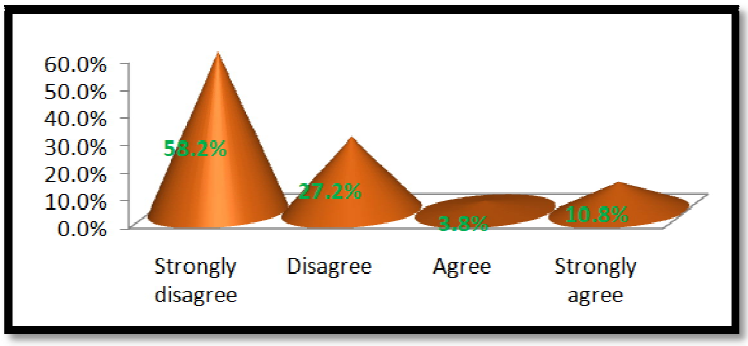

Figure 10: Responses on Bravery in the Face of HIV

As shown in Figure 10, most of the HIV infected adolescents accounting for 85.4% (58.2% strongly disagreed, 27.2% disagreed) disagreed with the statement that most people think that people with HIV should be admired for their bravery in the face of the illness. Only 14.6% (10.8% strongly agreed, 3.8% agreed) with the statement. The result still points to the fact that enacted stigma towards the HIV infected adolescents is prevalent in Samia Sub-County.

This finding corresponds with Nyandiko (2016) who reported that many people in the community still viewed HIV as a death sentence. One adolescent stated, 'Others will say it is the end of life.' A caregiver also noted, 'When you have the disease, you no longer have life; they look at you as someone who is already dead.' Interestingly, several caregivers noted that some community members resented the availability of HIV treatment, as it allows HIV-infected individuals to appear healthy and hide their infection status. One caregiver said, "If you grow fat, they will still say, 'One will kill a lot of men.' Even the women will talk and gossip [about] you a lot, saying, 'One has lost the appearance and has the look of an HIV-positive person'—we have to take care of our husbands."

4.3.9. View that People Having HIV should be Guilty

Respondents were asked if they felt that most people think that people with HIV should feel guilty about it. The results are presented in Table 9.

Response	Frequency	Percentage (%)
Strongly agree	86	54.4
Agree	49	31
Disagree	9	5.7
Strongly disagree	14	8.9
Total	158	100

Table 9: The People Feeling That Having HIV Should Make You Guilty

The results presented in Table 9 show that most of the HIV infected adolescents accounting for 85.4% (54.4% strongly agreed, 31% agreed) affirmed the statement that most people think that people with HIV should feel guilty about it, while only 14.6% (8.9% strongly disagreed, 5.7% disagreed) did not agree with the statement. Evidently, this enacted stigma had a high prevalence rate of 135 out of 158 sample respondents.

This finding is supported by Stangl, Lloyd, Brady, Holland &Baral(2013). Bennett, Traub, Mace, Juarascio&O'Hayer (2016) aver that HIV stigma is associated with public blame and moral condemnation for contracting the disease.

4.3.10. Attraction to Someone with HIV

Respondents were asked if they felt that most people feel less attracted (as a date) to someone with HIV. Figure 11 presents the results.

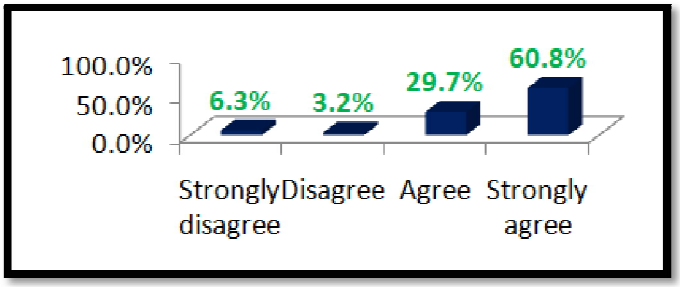

Figure11: Responses about People Fear Dating People with HIV

Data in Figure 11 reveals that most of the HIV infected adolescents accounting for 90.5% (60.8% strongly agreed, 29.7% agreed) affirmed that most people feel less attracted (as a date) to someone with HIV. However, only 9.5% (6.3% strongly disagreed, 3.2% disagreed) of them did not agree with the statement.

During the FGDs with the caregivers it was observed that most people believe that when one is HIV positive, they are not attractive as marriage partners because they may infect the partner. One of the caregivers aptly stated that 'Anybody who is HIV positive is a carcass not worth marring.'

This finding was supported by one of the Peer Educators during KII who said that 'If somebody has HIV, they will never marry.'

The SCASCO, on the other hand, had a different opinion about this statement. She said that 'Whereas in the past it was believed that those with HIV condition could not date or marry. The myth is demystified when they are taken through psycho-social support. In fact, there are even discordant couples who are living positive with HIV negative children.'

4.3.11. People with HIV Deserve Credit for How They Cope with the Disease

Respondents were asked if they felt that most people believe that people with HIV deserve a lot of credit for how well they cope with the disease. The results are presented in Table 10.

Response	Frequency	Percentage (%)
Strongly agree	36	22.8
Agree	24	15.2
Disagree	50	31.6
Strongly disagree	48	30.4
Total	158	100

Table 10: Feeling About Whether HIV Patients Should Be Praised on They Cope with the Disease

From results presented in Table 10, it is evident that most of the HIV infected adolescents accounting for 62% (30.4% strongly disagreed, 31.6% disagreed) disapproved the statement that most people believe that people with HIV deserve a lot of credit for how well they cope with the disease. On the other hand, 38% (22.8% strongly agreed, 15.2% agreed) of the respondents agreed with the statement.

4.3.12. How You Get HIV Is Something to Be Ashamed About

Respondents were asked if they felt that most people feel that how you get HIV is something to be ashamed about. Table 11 presents the results.

Response	Frequency	Percentage (%)
Strongly agree	42	26.6
Agree	97	61.4
Disagree	8	5.1
Strongly disagree	11	7
Total	158	100

Table 11: How You Get HIV Is Something to Be Ashamed About

Results in Table 11 shows that most of the HIV infected adolescents accounting for 88% (26.6% strongly agreed, 61.4% agreed) agreed with the statement that most people feel that how you get HIV is something to be ashamed about, while 12.1% (7% strongly disagreed, 5.1% disagreed) disagreed. The finding is supported by SCASCO who noted that 'Some infected adolescent would hide and not disclose their status since they feared being perceived as sex workers and this made them shy off from coming for drugs and engaging with peers.'

4.3.13. Getting HIV is a matter of Bad Luck

Respondents were asked if they felt that most people think that getting HIV is just a matter of bad luck. The results are presented in Figure 12.

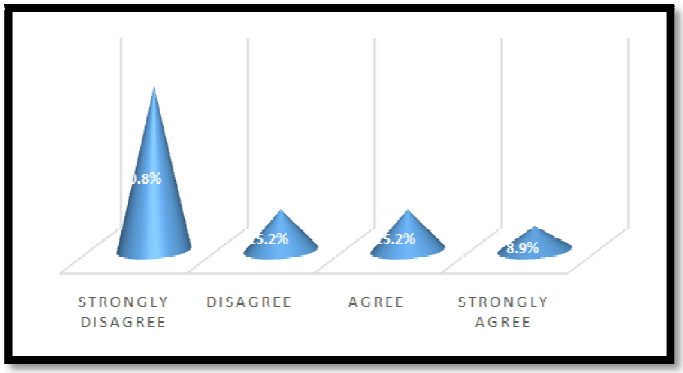

Figure12: Getting HIV Is a Matter of Bad Luck

Results in Figure 12 shows that most of the HIV infected adolescents accounting for 76% (60.8% strongly disagreed, 15.2% disagreed) disapproved the statement that most people think that getting HIV is just a matter of bad luck. On the contrary, only 24.1% (8.9% strongly agreed, 15.2% agreed) affirmed it so. This means that most of the adolescents in Samia believe that having HIV is a consequence of one's actions.

This opinion is affirmed by SCASCO who stated that 'HIV is considered a curse and witchcraft in Samia Sub-County.'

4.3.14. Employers Hire Someone with HIV

Respondents were asked if they felt that most employers would hire someone with HIV to work for them. The results are presented in Table 12.

Response	Frequency	Percentage (%)
Strongly agree	44	27.8
Agree	40	25.3
Disagree	40	25.3
Strongly disagree	34	21.5
Total	158	100

Table 12: Employers Hire Someone with HIV

Results in Table 12 show that most of the adolescents accounting for 53.1% (27.8% strongly agreed, 25.3% agreed) affirmed that most employers would hire someone with HIV to work for them, while another 46.8% (21.5% strongly disagreed, 25.3% disagreed) disagreed with the statement, This means that most of the infected adolescentsin SamiaSub-County believe that employers would discriminate against individuals infected with HIV for Job consideration.

This finding also corresponds with Mahati*et al* (2006) who noted that HIV-infected adolescents highlight experiences of HIV/AIDS stigma from peers at school in the form of taunting, gossiping, or bullying, because of either their own status or the status of a family member, which may lead to problems in school attendance or accessing peer support networks.

4.4. People with HIV Can Teach Others a Lot about Life

Respondents were asked if they felt that most people think that people with HIV can teach them a lot about life. The results are presented in Figure 13.

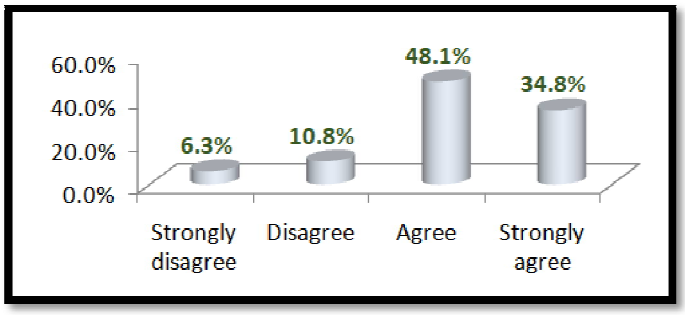

Figure13: Responses on Whether People with HIV Can Teach Others a Lot about Life

From Figure 13, results show that most of the HIV infected adolescents accounting for 82.9% (34.8% strongly agreed, 48.1% agreed) agreed with the statement that most people think that people with HIV can teach them a lot about life, while only 17.1% (6.3% strongly disagreed, 10.8% disagreed) disagreed. This means that having HIV seems not to lower the dignity and confidence of the adolescent in trying to speak out and share HIV experiences with the world.

5. Conclusion

The manifestations of enacted stigma among HIV infected adolescents in SamiaSub-County, as one of the objectives of this study, had 22 factors upon which its influence or effect on their medication adherence was evaluated. Individually or collectively, these factors, to some extent, contributed on the overall significance of stigma predictor in influencing or affecting medication adherence among HIV infected adolescents. 22 questions in the form of statements measured on Likert scale were framed and asked to a sample of 158adolescents living with HIV.

The descriptive statistics results presented in form of frequency tables, percentages, bar graphs, column graphs and pie charts, to a large extent, revealed high prevalence ratios for 15 enacted stigma related factors, namely: people fear dating them (90.5%), fear sharing dishes and glasses (90.5%), ashamed ofhow they got HIV (88%), they should not care for other people's children (87.4%), lack of respect for people with HIV (86.1%), people think having HIV is worth being ashamed (86.1%), people think having HIV should make one feel guilty (85.4%), those with HIV should not be admired for being brave in the face of it (85.4%), feeling uncomfortable around people with HIV (82.9%), having HIV is your own fault (82.9%), people with HIV should be embarrassed (82.9%), those with the disease did something to deserve it (82.2%),

people are afraid being around people with HIV (78.5%), people rejecting friendship with those having the disease, and people not feeling that having the disease could be due to bad luck (76%). From the finding, it is evident that adolescents, who are HIV positive, are largely discriminated against given the very high percentages established. This shows that the strategies already put in place are not very effective in mitigating the prevailing situation in Samia Sub-County.

The other 7 factors, namely: people with HIV do not deserve praise on how they cope with the disease (62%), people think those with HIV are not good (53.1%), thinking that those with HIV are not of good moral character (52.5%), getting upset because a person with HIV has transferred to their school (51.2%), employers not giving jobs to those with HIV (46.8%), people with HIV do not deserve respect (40.6%), and feeling low about people with HIV and that they cannot teach people about life (17.1%), all registered a prevalence of slightly above average or below.

From the foregoing discourse it is reasonable to conclude that enacted stigma manifests itself mainly through discrimination among HIV Infected Adolescents in SamiaSub-County. For example, it is evident that adolescents living with HIV (ALWH) reported experiencing discrimination in health care settings, including being denied health services because of their HIV status and health care professionals disclosing their HIV status without their consent.In addition, these adolescents experienced negative stereotypes such as sexual promiscuity, deviant sexual behaviours and discrimination, all of which create social barriers including access to healthcare.

This finding is similar to that of Wolf *et al*. (2014) who noted stigma as one of the greatest obstacles to slowing HIV spread by perpetuating the culture of fear, social isolation and poor drug adherence, and lost to follow up among ALWH. The finding also corroborates that of Peretti, Spire &Obadia (2007) who established that stigma-related experiences like social rejection, discrimination, and physical violence increase the risk for psychological problems among HIV-infected adolescents, which may also hamper treatment behaviours.

6. Recommendations

From the findings, the following recommendations are made:

- A more complete understanding on how HIV/AIDS stigma manifests and operates in a multifaceted way is integral to developing effective strategies to measure, assess the impact of, and reduce HIV/AIDS stigma.
- Consistent and widespread surveillance of stigma utilizing valid measures should also enable program implementers to identify and assist specific at-risk and HIV-positive subgroups who may be experiencing heightened perceived or enacted stigma while accessing prevention and treatment programs.

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- Respondents (HIV positive adolescents, Caregivers, Peer Educators and Sub County AIDS and Sexually Transmitted Infections Coordinator)

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