International Journal of Social and Development Concerns

ISSN 2524-1478 (Online)

Vol. 19 | Post COVID-19 Recovery and Sustainable development
Vol. 19 Article 4 | May 2024

(An International Publisher for Academic and Scientific Resources)

Cultural beliefs and disclosure among People Living With HIV&AIDS (PLWHAs) in Msambweni County Referral Hospital, Kwale County, Kenya

Author: Pamela Mbuya Otieno
Day Star University. Website: www.daystar.ac.ke
P.O. Box 44400-00100, Nairobi-Kenya
Correspondence: Otieno Pamela Mbuya **Email:** pamelaogodo17@gmail.com

Cite as: *Pamela, M. O. (2024). Cultural beliefs and disclosure among People Living With HIV&AIDS (PLWHAs) in Msambweni County Referral Hospital, Kwale County, Kenya. International Journal of Social and Development Concerns, 19(Post COVID-19 Recovery and Sustainable development), 41–55. https://doi.org/10.5281/zenodo.11525617*

Abstract: *Kenya is projected to have 1.5 million people living with HIV, with 42,000 new adult infections occurring each year. Anticipated prevalence of HIV in Kenya, namely in the areas of Kwale and Msambweni, are said to be 4.9%, 4.2%, and 5.7%, correspondingly. Based on current empirical investigations about the disclosure of HIV status among adult sexual partners, it has been shown that the worldwide prevalence of HIV disclosure varies considerably, spanning from 16.7% to 100%. The main objective of this study was to examine the influence of cultural belief systems on HIV&AIDS disclosure status at Msambweni County Referral Hospital in Kwale County, Kenya. Cross-sectional research design and mixed methods approach were employed in this study as a methodological basis. From a target population of 881 PLHIV, a sample size of 253 PLHIV receiving care at the facility was calculated using the Israel, 1992 sample size calculation formula. There were also 12 nurses attending to the PLHIV. Simple random sample method was utilised to recruit PLHIVs into the study, whereas purposive sampling was employed for nurses. Before consenting, the subjects were informed about the research's objective, risks, rights, confidentiality, and benefits. To collect data, structured questionnaires and interview guides were used. From the findings, 55.1% of the 253 primary subjects in the study were female, while 45.1% were male. Majority (49.4%) had lived with HIV for 2–5 years. Key statements that positively encouraged disclosure were: "I believe that revealing my HIV serostatus within my cultural group can contribute to greater awareness and education regarding my HIV serostatus" (M=3.39, SD=1.37), attitude statements: "I believe that medical professionals should play a role in encouraging and promoting HIV serostatus disclosure" (M=4.31, SD=0.88); "I believe people who come forward about their HIV serostatus should be encouraged and offered resources to improve their health." (M= 4.11, SD = 1.10). The study recommended supporting HIV counselling and testing programs and fostering community perspectives on disclosure is crucial.*

Key words: *Cultural beliefs, Disclosure, People living with HIV&AIDS, HIV Status*

1.1 Background of the Study

The Human Immunodeficiency Virus (HIV) is an extremely dangerous virus, primarily responsible for causing AIDS in humans (Bigna et al., 2018). Its ongoing global spread remains a significant and persistent challenge for healthcare systems (UNAIDS, 2020). As of the end of 2020, the global number

of individuals living with HIV/AIDS had reached approximately 37.7 million, with around 25.4 million of these cases located in Sub-Saharan Africa (WHO, 2021). In the same year, an approximate 680,000 fatalities were attributed to HIV-related causes, with a projected 1.5 million individuals acquiring HIV (WHO, 2021). The region of Sub-Saharan Africa experiences the greatest effect from HIV, with over 70% of the global population infected by the virus residing in this area. This is noteworthy considering that Sub-Saharan Africa comprises just around 13% of the entire global population (Bigna et al., 2019). More specifically, the Eastern and Southern Africa sub-region bears the brunt of this crisis, housing over half (52%) of all individuals infected with HIV, along with a similar percentage of children who are HIV-positive (56%) (Bigna et al., 2019). As of 2020, approximately 1.5 million people in Kenya were living with HIV, with 42,000 new infections and 21,000 AIDS-related deaths reported (Okal et al., 2020). According to the 2018 Kenya Population-based HIV Impact Assessment (KENPHIA), the HIV prevalence rates are estimated at 4.9% at the national level and 4.2% for Kwale County (Wangara et al., 2022). The ascertainment of HIV status showed variations across the four sub-counties: Matuga, Lungalunga, Kinango, and Msambweni. The rates were 87.7%, 88.7%, 92.5%, and 96.4%, respectively. Among these sub-counties, Msambweni had the highest observed HIV prevalence (5.7%), whereas Kinango had the lowest (1.6%) (Wangara et al., 2022).

As of June 2021, a cumulative total of 28.2 million people worldwide living with HIV/AIDS were able to access Antiretroviral Therapy (ART) (Awaidy et al., 2023). However, despite extensive efforts to reduce HIV/AIDS transmission rates and achieve zero new infections by 2030, as detailed in the vision to strengthen healthcare services for marginalized and vulnerable populations, a significant proportion of those who are infected remain unaware of their HIV status (KNBS, 2018). Those who delay seeking medical care experience higher mortality rates compared to those who initiate treatment at an earlier stage. Timely detection of HIV not only leads to more effective interventions but also enhances the overall quality of life for those affected (Damian et al., 2019; Gachanja et al., 2014).

The key emphasis in addressing the HIV/AIDS epidemic is the execution of preventive strategies aimed at reducing the incidence of new infections (Karim et al., 2017). The disclosure of one's HIV status is a critical tactic that can provide benefits for persons who are affected by HIV/AIDS, their interpersonal connections, and the broader community (Saag et al., 2018). In a study conducted by Saag et al. (2018), various possible benefits linked to disclosure were identified. The benefits encompass better psychological and emotional welfare, timely commencement of antiretroviral medication, increased rates of HIV testing, enhanced adherence to therapy, and lowered risk of HIV transmission, particularly maternal to child vertical transmission. However, the act of revealing one's HIV status has the potential to result in negative outcomes. People who have been diagnosed with HIV may face a range of difficulties in their personal relationships. These challenges can include disruptions within their families and communities, feelings of isolation, criticism, and exclusion from family members, experiences of abuse and violence, potential separation or divorce from partners, rejection by friends, stigma and discrimination from healthcare providers and the wider society, as well as the possibility of losing their job if their HIV status becomes known (Karim et al., 2017).

The primary focus in treating the HIV/AIDS epidemic lies in the deployment of preventative measures aimed at diminishing the incidence of new infections (Karim et al., 2017). The act of revealing one's HIV status carries significant importance, as it has the potential to provide various advantages for individuals impacted by HIV/AIDS, their interpersonal relationships, and the wider community (Saag et al., 2018). In a study conducted by Saag et al. (2018), numerous studies have demonstrated that the act of revealing one's HIV-positive status can yield a range of advantages. The advantages encompass higher emotional and psychological well-being, prompt initiation of antiretroviral therapy, greater adherence to treatment, heightened rates of HIV testing, and a diminished risk of HIV transmission, including vertical transmission from mother to child. Nevertheless, the disclosure of an individual's HIV status has the potential to have adverse consequences. Individuals who have received a diagnosis of Human Immunodeficiency Virus (HIV) may encounter a variety of challenges within the context of their interpersonal connections. The challenges faced by individuals living with HIV/AIDS encompass various aspects, such as disturbances within their familial and communal environments, experiences of social isolation, critique and rejection from family members, instances of abuse and violence, the dissolution of marital or partnership relationships, the loss of friendships, the stigmatization and discrimination encountered from healthcare providers and the wider society, and the potential risk of employment termination upon disclosure of their HIV status (Karim et al., 2017).

The extent to which individuals worldwide disclose their HIV serostatus varies significantly, ranging from 16.7% to 100%. In industrialized nations, the disclosure rate surpasses 71%, with values ranging from 42% to 100%. Conversely, poor countries demonstrate a disclosure rate over 52%, with values ranging from 16.7% to 86% (Tessema et al., 2023). In a study conducted by Ojikutu et al. (2016), it was shown that the disclosure of HIV serostatus among partners in Thailand varied between 26% and 95%. This variation was observed to be influenced by factors such as participating in sexual activity with other men or having sexual contact with already HIV-positive known women. Multiple research studies conducted in Europe and America have documented HIV disclosure rates that vary between 75% and 85%(Bailey et al., 2017; Kim et al., 2014). There is considerable variability in the HIV rates of disclosure among partners in sub-Saharan Africa, with numbers ranging from 33% to 93%, depending on the specific nation being examined. For instance, a study done in Zimbabwe found that 78% of women have disclosed their HIV status to their current partners, and most of them (ranging from 85% to 98%) reported receiving a positive response (Cirelli et al., 2019). The study undertaken by Dessalegn et al. (2019), reveals that Tanzania demonstrates a diverse range of disclosure rates, spanning from 17% to 93%. The rates in Congo and Ethiopia are said to range from 70% to 82%, respectively. It is noteworthy to add that Mozambique, Uganda, and Kenya collectively own the distinction of hosting the fourth-largest HIV epidemic on a global scale (Sesay, 2010).

The disclosure of one's HIV status holds significant public health implications, as it contributes to the prevention of HIV transmission. The objective is accomplished by the implementation of strategies aimed at encouraging sexual partners to undergo testing, modify their behaviors, and ultimately reduce the transmission of HIV (Vergara-Ortega et al., 2021). Furthermore, it facilitates opportunities for social support and improved accessibility to essential healthcare services. The process of engaging in disclosure

allows patients to effectively confront and surmount a range of adverse outcomes, including discrimination, abandonment, abuse, blame, loss of financial aid, and disruption of familial relationships with their spouse (Arega et al., 2020; Asres et al., 2022). It is noteworthy to emphasize that the practice of disclosing one's HIV status to a sexual partner aligns with the standards outlined by the World Health Organization (WHO) and HIV National Control Programmes. The implementation of this technique yields numerous advantages for those impacted by HIV, the broader community, and the relatives of the patient (Dessalegn et al., 2019).

1.2 Statement of the Problem

HIV&AIDS remains significant public health challenge worldwide, with sub-Saharan Africa carrying the heaviest burden of the disease (UNAIDS, 2020). In Kenya, HIV prevalence remains a concern, and efforts to manage the epidemic include antiretroviral therapy (ART) and targeted interventions (NACC, 2021). One critical aspect of managing HIV/AIDS is serostatus disclosure, whereby individuals living with HIV (PLHIV) share their HIV status with sexual partners, family members, and friends. Serostatus disclosure is recognized as an essential strategy for preventing further transmission, ensuring access to support, and reducing stigma (WHO, 2021). Despite the potential benefits of serostatus disclosure, it remains a complex and multifaceted issue, influenced by socio-cultural factors. According to existing research, regional variations in cultural norms and healthcare access contribute to the nuances of serostatus disclosure dynamics (Antelman et al., 2001; Genberg et al., 2019). In the context of Kwale County, Kenya, where the Msambweni County Referral Hospital is located, limited studies have been conducted to comprehensively understand the influence of cultural beliefs on HIV serostatus disclosure among PLHIV. While some studies have explored aspects of HIV disclosure in Kenya, there is a dearth of research specifically focused on the influence of cultural beliefs on HIV serostatus disclosure in Kwale County. This gap in knowledge hinders the development of tailored interventions to enhance serostatus disclosure rates in the region. Hence, this study aimed to fill the existing research void by examining cultural factors that affect HIV serostatus disclosure among PLHIV at Msambweni County Referral Hospital in Kwale County, Kenya. These insights, in turn, would be used to guide interventions focused on promoting the sharing of serostatus, decreasing HIV transmission, and enhancing the overall quality of life for individuals living with HIV in that specific region.

1.3. Research Objectives

To explore the influence of cultural beliefs on disclosure among PLHIV in Msambweni County Referral Hospital, Kwale County.

1.4 Justification of the Study

HIV disclosure among PLHIV is significant in the prevention and control of the disease. Therefore, more knowledge is vital because of limited data in the previous studies done to establish the influence of cultural beliefs on disclosure levels among PLWHAs in Msambweni County Referral Hospital, Kwale County.

1.5 Significance of the Study

Serostatus disclosure may facilitate decreased HIV transmission either among infected or serodiscordant partners by raising risk awareness and heightening the need for prevention. There has not been enough research done on the rate of sexual partner disclosure at Msambweni County Referral Hospital in Kwale County. Kenya's plan for equitable growth, which aims to eliminate every new infection of HIV by 2030, will benefit from the findings of this study. When the obstacles to discussing one's HIV status have been removed, progress can be made. The awareness, beliefs, and practices of HIV-positive people, as well as their openness about their status, will also be studied. This will help inform the creation of plans to protect individuals of all ages from potential dangers. This research would be beneficial to researchers on the current disclosure tactics in relation to cultural belief systems among the South Coast people of Kenya.

1.6 Scope, Delimitation and limitations of the Study

The study considered only PLHIV as key respondents. Complimentary information for this study will come from the nurses taking care of PLWHAs. Other categories of sicknesses will not be considered. The study will not be carried beyond Msambweni County Referral Hospital, Kwale County. Msambweni County Referral Hospital, Kwale County is considered to be having the highest number of HIV patients attending clinic in Kwale County. The findings of this study could be affected by a number of limitations. The nature of data collection could be affected by non-response bias. Some PLHIV still have negative perceptions about HIV and AIDS and therefore are not free in giving out information, but rather felt we were disturbing them.

1.7 Conceptual Framework

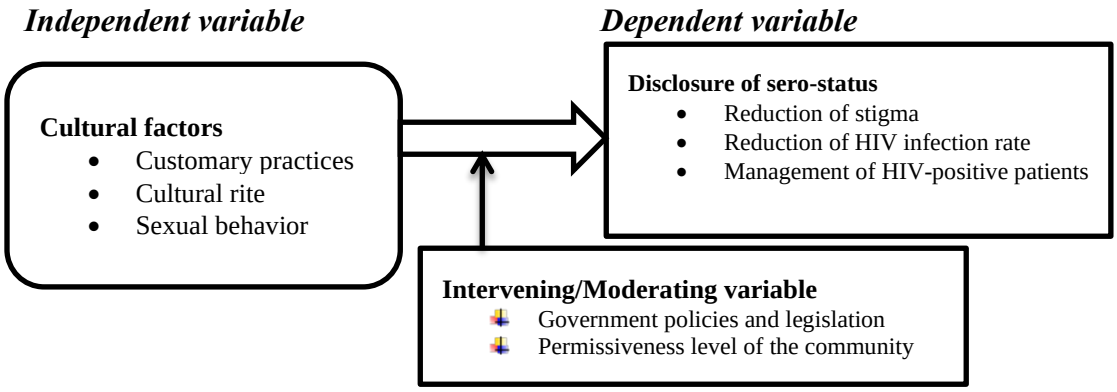

Figure 1: The conceptual framework
Source: Own conceptualization, 2024

1.8 Literature review

This section presents the theoretical framework and empirical review on the influence of cultural beliefs on disclosure of HIV Serostatus in Msambweni County Referral Hospital, Kwale County, Kenya.

1.8.1 Theoretical review

The logical model for behavioural and environmental factors diagnosis guided this study. This model suggests that socioenvironmental factors, including social influences, cultural norms, values and practice, determine or contribute to health problem among people within population groups and communities (Bartholomew et al, 2011 and Gielen et al, 2001). These aspects determine health problem through their influence on people's behaviours, such as Customary practices, Cultural rite, sexual behaviours and condom use practices. Therefore, health behavior interpretations should also be based on people's perceptions on behaviours and the influence of socioenvironmental factors that nurture HIV&AIDS status disclosure. The model suggests that, personal factors including cultural beliefs can also influence people's sexual behavior and avert prevention efforts.

1.8.2 Empirical review

HIV/AIDS remains a global health challenge and understanding the determinants of HIV serostatus disclosure is crucial for effective prevention and management efforts. This literature review explores previous research that sheds light on the complex interplay between cultural beliefs and the revelation of HIV status among HIV/AIDS patients. Doan (2017) Study investigated various factors, including age, education, income, and length of time spent acculturating, and their impact on cultural beliefs and social determinants of health. While the study was focused on the MSM (Men Who Have Sex with Men) and API (Asian and Pacific Islander) communities, it found no statistically significant results in their regression analyses. However, the study highlighted the need for further investigation into this area, emphasizing the importance of culturally competent counselling and legislative efforts to enhance HIV education and prevention.

Murei (2018) delved into the factors influencing HIV-positive individuals' decisions to disclose their status. This study employed a cross-sectional approach, gathering both quantitative and qualitative data. One notable finding was that the overall HIV-positive disclosure rate was 79.2%, but among spouses, it was significantly lower at 34.9%. HIV transmission, fidelity, and the use of preventive measures were identified as key factors influenced by HIV status disclosure, emphasizing its impact on sexual preparations and safe practices. Ndayala and Ngige (2020) research focused on the impact of cultural and social factors on HIV status disclosure to partners in crime among 232 HIV-positive persons in Nairobi, Kenya. Their findings revealed that marital status, immediate family disclosure, and certain risk factors such as gender inequality and a history of divorce after childbirth played significant roles in the disclosure decision-making process. Moreover, the study highlighted the potential role of social stigmatizations in reducing HIV transmission risk among widowed individuals, underscoring the importance of HIV status disclosure in preventing transmission.

These studies highlight the complexities of HIV status disclosure, especially in context of cultural attitudes and societal variables. While Doan's study highlights the need for further research in specific communities, Murei's work emphasizes the practical implications of disclosure for HIV prevention. Ndayala and Ngige's findings illuminate the role of various social and cultural factors in the disclosure process, highlighting the significance of addressing these determinants to reduce HIV transmission risk. While existing studies have highlighted the challenges and consequences faced by people living with HIV/AIDS (PLHIV) when disclosing their HIV serostatus, there is a notable research gap that needs to be addressed. Specifically, the current research landscape lacks a comprehensive understanding of the complex interplay between cultural factors and stigma in influencing PLHIV's decisions to revealed their HIV status to their wives and friends. Furthermore, the existing body of literature predominantly stems from industrialized countries, leaving a significant knowledge gap in understanding the unique challenges faced by PLHIV in low-resource settings like Msambweni County Referral Hospital. Therefore, it was imperative to conduct in-depth research within this specific cultural and social context to address the research gap and provide insights that can inform effective interventions and support mechanisms for PLHIV.

1.9 Research methods

To comprehensively investigate the cultural beliefs affecting disclosure decisions, a cross-sectional survey design and mixed methods of data collection were selected as the most appropriate approaches for this study. The study took place at Msambweni County Referral Hospital in Kwale County, Kenya. The HIV prevalence rates were assessed in the 2018 Kenya Population-based HIV Impact Assessment (KENPHIA) at 4.9% at the national level and 4.2% for Kwale County (Wangara et al., 2022). The ascertainment of HIV status showed variations across the four sub-counties: Matuga, Lungalunga, Kinango, and Msambweni. Among these sub-counties, Msambweni had the highest observed HIV prevalence (5.7%), whereas Kinango had the lowest (1.6%) (Wangara et al., 2022). A total of 881 People Living with HIV (PLHIV), aged 15 years and above, who were seeking care at Msambweni County Referral Hospital in Kwale County, constituted the primary focus for this research. The decision to include individuals aged 15 and above was based on their maturity level, ensuring their ability to effectively communicate and provide informed consent. Furthermore, to gather comprehensive insights not solely accessible from the clients, 12 nurses engaged in attending to HIV patients at the healthcare facility were also interviewed. These interviews with the nursing staff aimed to supplement the data collected from the clients and provide a more holistic understanding of the factors influencing disclosure behaviors among PLHIV within the hospital setting.

Sample size and Sampling Techniques

The Israel, 1992 calculation of sample size was employed to collect data that was statistically significant to the entire population (Israel, 1992). The following is the sample size calculated to maintain a 95% confidence interval and a 5% tolerance of error.

$$n_0 = \frac{Z^2 pq}{e^2} = \frac{Z^2 p(1-p)}{e^2}$$

Where:

- n_0 - is the predicted size of the sample;
- Z - is the matching 95%-certainty standard score; its value is 1.96.
- P- the range in the percentage, with 79.2% of PLHIV in Kenya disclosing their status (Murei, 2018)
- e- Is a 5% margin of error acceptable? (0.05)

So, plugging in the numbers into the formula yields;

$$no = \frac{1.96^2 \times 0.792 \times (1 - 0.792)}{0.05^2} = \textbf{253 respondents}$$

Table 1: Sampling Frame

Study population	Target population	Sampling method	Sample size	Data collection instruments
HIV clients	881	Random(Simple)	253	Questionnaire
Nurses	12	Purposive sampling	12	Interview guide

Source, Field data, 2022

The study used random sampling technique to select the PLWHAs respondents. Purposive technique was used to select the nurses participating in this study. Data collection involved two main methods: structured questionnaires and in-depth interviews. The study administered questionnaires to People Living with HIV (PLHIV) clients receiving care at Msambweni County Referral Hospital, while nurses were interviewed using interview guides. For enhanced efficiency and precision, both the questionnaire and interview guide were coded into the CommCare mobile app. To expedite data collection, the researcher, along with ten contracted enumerators, engaged in the process. This collaborative effort spanned five days, during which the data from PLHIV clients and nurses was gathered using the CommCare app, streamlining the process and ensuring accurate data acquisition. Quantitative data was analyzed using statistical techniques with the help of SPSS (Statistical Package for the Social Sciences) version 26. Descriptive statistical methods, including frequencies, percentages, mean, composite mean, and standard deviation, were employed in this study. These statistical techniques were chosen for analyzing Likert scale data, allowing for a comprehensive examination of participants' responses. For the qualitative text data, a thematic analysis approach was utilized. This involved systematically identifying and categorizing recurring themes within the textual information, providing insights into the qualitative aspects of the research findings. The research proposal and accompanying letter of introduction were submitted to the Ethics Evaluation Committee and NACOSTI after the researcher had obtained the necessary institutional endorsements from the relevant academic department. The director of the health department for Kwale County was provided with copies of all approval letters to grant permission for the study on 16th May 2023. On the same day, approval from Msambweni County was obtained. On July 17, 2023, the Msambweni County Referral Hospital's director received and reviewed all letters that had been approved by the health director.

1.10 Study findings and discussion

Response rates and demographic data

A total of 253 questionnaires were distributed to People Living with HIV (PLHIV) and 12 interview guides were conducted with nurses through face to face techniques. Remarkably, the return rate for the questionnaires was 100%, indicating that all the distributed questionnaires were successfully completed and submitted. This high return rate underscores the participants' willingness and commitment to the study, enhancing the robustness of the collected data. Demographically, among the PLHIVs participants, 55.1% were female, while 45.1% were male. Most (52.5%) fell within the age group of 25 to 34. Regarding educational background, a significant portion of patients had completed either primary education (36.8%) or secondary education (35.2%). Additionally, the largest proportion of individuals (49.4%) reported having lived with HIV for a duration of two to five years. A significant majority of the participating nurses were female, accounting for 66.7% of the sample. Among the age groups, the highest proportion fell within the range of 35 to 44 years, constituting 41.7% of the participants. All participating nurses had completed college-level education (100%). Regarding professional experience, a substantial portion (41.7%) reported having between 2 and 5 years of experience in the field.

Thematic findings

HIV Serostatus Disclosure and Cultural Belief

One of the study's original goals was to determine whether PLHIV's cultural attitudes affected their likelihood of disclosing their HIV serostatus. The study's results are summarized in Table 1; responses were scored on a 5-point Likert scale. The claims averaged out at 2.85, with a std dev of 0.794. For example, the means and standard deviations for the assertions are as follows: " My upbringing has prepared me to welcome and support those who come out about their HIV status" (M=2.96, SD = 1.37), “I believe that revealing my HIV serostatus within my cultural group can contribute to greater awareness and education regarding my HIV serostatus” (M=3.39, SD=1.37), " Because of the possible retaliation, I feel uneasy sharing my the serostatus openly with people of my cultural community " (M=3.39, SD=1.30), "Because of the stigma surrounding HIV in my culture, I do not feel comfortable reporting my serostatus" (M=3.31, SD=1.39). This provides supporting evidence for the useful effect that the previous remarks had on serostatus disclosure. The lowest item mean was "My cultural views positively impact my decision to disclose my HIV serostatus" (m=2.27, SD=1.31), while all other item means were lower than the composite mean. As a result, the openness of serostatus was hampered by these comments.

Table 1: Frequencies, standard deviation, mean, and percentages of cultural ideas on HIV serostatus disclosure (n=253)

Statement	1	2	3	4	5	Mean	SD
My cultural views impacted my decision to reveal my HIV serostatus.							
	85(33.6)	94(37.2)	19(7.5)	30(11.9)	25(9.9)	2.27	1.31
I fear stigma and isolation if my HIV status becomes public within my cultural community.							
	63(24.9)	76(30)	14(5.5)	51(20.2)	49(19.4)	2.79	1.50

My upbringing has prepared me to welcome and support those who come out about their HIV status.							
	51(20.2)	52(20.6)	45(17.8)	67(26.5)	38(15)	**2.96**	**1.37**
Because of my upbringing, I was taught to keep my HIV status a secret, and I don't feel comfortable talking openly about it.							
	74(29.2)	66(26.1)	42(16.6)	33(13)	38(15)	2.58	1.41
Because of the way people in my culture feel about serostatus disclosure, I feel comfortable telling others that I have HIV.							
	62(24.5)	95(37.5)	23(9.1)	43(17)	30(11.9)	2.54	1.34
When it comes to my HIV serostatus, I feel that open discussions are hindered by my cultural norms that place a premium on privacy and concealment.							
	65(25.7)	81(32)	27(10.7)	42(16.6)	38(15)	2.63	1.41
My cultural beliefs encourage solidarity and compassion for everyone regardless of their HIV serostatus, in my opinion.							
	55(21.7)	79(31.2)	41(16.2)	57(22.5)	21(8.3)	2.64	1.27
I feel that revealing HIV serostatus to my cultural group will increase the public's knowledge regarding HIV serostatus.							
	45(17.8)	16(6.3)	43(17)	93(36.8)	56(22.1)	**3.39**	**1.37**
Because of the possible retaliation, I feel uneasy sharing my the serostatus openly with people of my cultural community.							
	27(10.7)	43(17)	46(18.2)	78(30.8)	59(23.3)	**3.39**	**1.30**
Because of the stigma surrounding HIV in my culture, I do not feel comfortable reporting my serostatus.							
	36(14.2)	51(20.2)	22(8.7)	87(34.4)	57(22.5)	**3.31**	**1.39**
Composite Mean and Standard Deviation						**2.85**	**0.79**
Mean (SD), 1.50-2.49 Disagree (D), 2.40-3.49 Neutral (N), 3.50-4.49 Agree (A), 4.50-5.00 Strongly Agree (SA)							

Source: Field data, 2022

Insights gathered from theme examination of nurses and patients' responses illuminate the significant impact of cultural attitudes on the decision-making process surrounding HIV status disclosure among People Living with HIV (PLHIV). PLHIV perspectives emphasize the influential role of cultural norms in either fostering open dialogues or impeding them regarding HIV serostatus and the experiences associated with living with the virus. Emerging themes include dispelling misconceptions about HIV transmission, reducing stigma, fostering solidarity, and encouraging increased testing. However, patients expressed concerns about potential negative consequences of disclosure, such as social isolation and prejudice, necessitating strategies that empower individuals while addressing cultural expectations, particularly those related to gender roles. Some of the responses on cultural beliefs on disclosure from PLHIVs are highlighted below:

"creating awareness and education about HIV serostatus with promote unity and comparison towards individuals" "Through stigmatization myths and misconception which influence people health"

Nurses underscore the need for education and sensitivity training to counteract misguided assumptions rooted in culture and religion, hindering patients from coming forward. Empowering PLHIV through financial support and skill development is highlighted, along with the encouragement of introspection and a culture of openness around status sharing. Cultural competence emerges as pivotal in navigating these challenges, with nurses emphasizing patient privacy and trust-building for effective communication. Nurses and patients alike emphasize the urgency of collaborative efforts to combat HIV

stigma, enhance awareness, and create accepting communities where individuals can confidently disclose their HIV status. Some of the responses from the nurses are highlighted below:

"Economic support, Having Health Information Education materials and charts in every service delivery, Formulation of guidance and protocols, Coming out with policy and rules"

"Through addressing the myth and misconception, surrounding HIV disease, through community sensitization meetings on discordant living, using peer champions who share their experiences and act as role models, through educational materials with HIV information"

The research found that people living with HIV in Msambweni County Referral Hospital in Kwale County, Kenya, were less likely to reveal their HIV status because of cultural beliefs. The findings suggest that the probability of PLHIV disclosing their HIV serostatus within their cultural community is affected both positively and negatively by cultural views. In all, 85 respondents (33.6%) agreed that one's cultural norms affect one's likelihood of coming out as HIV positive. This finding is in line with the work of Ndayala and Ngige (2020), who found that factors including gender inequality in intimate relationships (AOR=4.129; p=0.011) and expectation of divorce after disclosure (AOR=2.5) are favourable predictors of coming forward. These cultural norms may help PLHIV feel more comfortable coming out about their serostatus. However, 63 people (24.9% of the total) said they were afraid to reveal their HIV serostatus to their cultural community for fear of being shunned. This reflects the cultural community's anxiety and stigma surrounding coming out. Fear of being excluded from cultural ceremonies associated with widowhood was found to be a negative predictor of disclosure in a study Ndayala and Ngige (2020) (AOR=0.351; p=0.002). People living with HIV may be reluctant to disclose their serostatus out of fear of social stigma. But 51 people out of 100 (20.2%) felt that their customs create a welcoming and supportive community for those who come out about their HIV status. Zanoni et al. (2021) study, which found that acceptability and social support were major determinants promoting disclosure, is consistent with these observations. According to Boateng and Okafor (2018), acceptability is a major factor in disclosure because it explains 27.4 percent of the variation.

In addition, 74 people (29.2% of the total) said they avoided talking about their HIV serostatus because of cultural norms that emphasize privacy and secrecy. This research suggests that certain cultural practices highlight the significance of keeping one's HIV serostatus private and secret. These misconceptions can prevent honest dialogue about HIV, which can reduce disclosure. Factors like fear of spreading an illness (AOR 21.125; 95% CI 6.942-64.286) and fear of infidelity in partnerships (AOR 7.133; 95% CI 3.713-13.628) were adversely linked with disclosure in the study by Murei (2018). In addition, 62 individuals (24.5%) felt that the acceptance of serostatus disclosure within their cultural community made it a secure place to disclose their HIV status. This shows that a welcoming cultural group can play a significant role in facilitating openness. However, the studies did not go into detail about the attitudes of the cultural community.

The thematic results expand our knowledge of how PLHIV's cultural beliefs affect their decision to come forward with their status. Patients understood the contradictory nature of cultural beliefs, with some promoting openness and dialogue and others fostering fear and stigma. The thematic analysis revealed

the critical role that HIV education and awareness efforts have in combating harmful stereotypes and discrimination. This is consistent with the findings of the Murei (2018) study, which found that being aware of one's partner's HIV status and being emotionally and mentally ready to disclose were significant predictors of doing so. To effectively overcome cultural obstacles, nurses have stressed the significance of cultural awareness in healthcare delivery. They emphasized the importance of providing PLHIV with financial aid and strengthening their abilities. These findings corroborate with a study by Zanoni et al. (2021) that found social support to be a substantial influence on disclosure, contributing to 24.3% of the variance in that process.

1.11 Conclusion

The purpose of the research was to examine the influence of cultural beliefs on disclosing one's HIV-positive status among persons seeking care at Kwale County's Msambweni County Referral Hospital.
One significant determinant in the decision to disclose one's HIV status was identified as cultural norms. Disclosure was more likely to occur when individuals held positive cultural attitudes, while it was less likely when negative attitudes prevailed.
It was evident that counselling services played a crucial role in assisting individuals through the disclosure process. While all participants acknowledged that counselling could offer valuable emotional support and guidance, they also expressed the need for more comprehensive and culturally sensitive therapeutic approaches. Enhancing counselling services and tailoring them to the unique needs of PLHIV can help individuals navigate the challenges of disclosing their status with dignity and resilience.

1.12 Recommendations

Considering the results of the research and the Kenyan government's and Kwale County the government's goals of achieving full health coverage (UHC), the subsequent recommendations should be considered.

a) Both local and National governments to involve local leaders in the fight against HIV&AIDS
b) The government to better inform the public about HIV and how it can be prevented, spread, and treated. To address HIV-related stigma, disinformation, and prejudice, widespread awareness programs must be launched. Support the health and well-being of all people, regardless of gender, with a special emphasis on those living with HIV and other marginalized groups.
c) The Kenyan government to offer low-cost, high-quality health care to all people, especially those living with HIV/AIDS. Promptly push for universal health care that includes HIV prevention, diagnosis, and treatment. Goal 3 of the Sustainable Development Agenda aims to ensure healthy lives and promote well-being for all people across the world.
d) The county government and National government should advocate for and enacting legislation to prevent discrimination against people because of their HIV status is crucial. Reduce discrimination and stigma by removing legal barriers that prevent disclosure. Goal 16 of the Sustainable Development Charter aims to foster progressive societies characterized by widespread peace and mutual respect. Politicians can work toward this goal.
e) Both the National and County government of Kwale budget for Social Security and Medicare: Help get programs protecting people with HIV/AIDS and other vulnerable populations off the

ground. Income guarantee schemes, housing help programs, and service access programs are all examples. This is in line with the first SDG, which aims to end extreme poverty around the world.

f) The government to guarantee women have the same opportunities as men to get HIV care. Encourage women to take active roles in shaping HIV prevention and treatment policies and initiatives. The advancement of gender equality and the equal rights of all women and girls is the focus of Sustainable Development Goal 5.

g) Accurately track and assess data more effectively: To track HIV management and the goals of sustainable development, gathering information and monitoring methods must be improved. This will allow for more evidence-based decision making in the fight against AIDS, ensuring that no one is neglected. Supporting data-driven sustainable development techniques is a key part of SDG 17

h) Local and national policymakers can help move the needle on the AIDS strategy and the SDGs if they adopt the following suggestions. A more inclusive and equitable society, in which no one is left without in the fight against HIV/AIDS, will result from sustainable development efforts that give priority to the requirements of PLHIV and vulnerable populations.

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