Tujuane Tujiamini: Community perspectives of stigma and recommendations from people living with HIV in Obunga, Kenya

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TUJUANE TUJIAMINI

LET’S KNOW EACH OTHER
LET’S BELIEVE IN OURSELVES
Background

• The 2030 UNAIDS ending the AIDS epidemic is off track

• Where you reside and seek services for HIV matters, for both prevention and treatment

• Not only where, but what one’s experience is in treatment settings matters (e.g., stigma)
Background

• **Stigma** has been highlighted as problematic in achieving equity in health and well-being
  – Research in Kenya has similarly highlighted the disruptive effects of stigma on progress towards Kenya’s HIV strategy

• Stigma in its various forms contribute to poor mental health, avoidance of health care, and compromises self-care efforts:
  – Internalized stigma
  – Enacted stigma
  – Anticipated stigma
Background

- **Intersectional stigma**, the compounded impact of multiple stigmatized identities, has increased relevance in efforts to mitigate barriers to care in HIV.
- Intersectional stigma was assessed in rural Kenya and Uganda to understand implications for care outcomes.
  - Stigmas took the form of HIV, gender, poverty, and other marginalized identities.
- Research has captured the impact of anti-LGBTQ+ Kenyan legislation on health outcomes and public safety.
  - Recent news...
Objective of current research:

*Community-driven conceptualizations on how intersectional stigma is experienced by LGBTQ+ members who belong to other stigmatized communities*  
*AND*  
*how these compounded stigmas impact critical health outcomes…*  

*Today’s focus being on LGBTQ+ PLWHIV*
Method

- Community consultations with 5 key population groups
  - Abstract focus is on PLWH group
- Facilitated by CBO staff using semi-structured guide
- Field notes included direct quotes recorded and thematically analyzed
- Adapted group concept mapping

Inclusion criteria:
- Age 18 or older
- Resident of Obunga, Kisumu, Kenya
- PLWH – self report
- LGBTQ+ community member

Demographics:
- 13 participants
- Sex
  - 7 men (5 cisgender, 2 transgender)
  - 6 women (4 cisgender, 2 transgender)
Community Map of Stigma Experienced by PLWH in Obunga, Kenya

**Recommendations**

- Expanded resources for PLWH
  - Self-awareness sessions
  - Guidance around practice of self-disclosure
- Sensitization and training offered to:
  - Tracers
  - Chief Barazas
  - Health care workers
  - Community members
- Increased visibility of PLWH
  - Put on educational skits/dramas
  - Participation in community events

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- **I am stigmatized and discriminated by people because they believe I acquired HIV due to multiple frequent sexual activities.**
  - Misinformation
  - Exclusion
  - Rejection
  - Abusive language
  - Disenfranchisement
- **I am stigmatized and discriminated because of my HIV status; my peers say I should not waste my time having fun because I am almost heading to the grave just like our other friends we have buried.**
- **Some people still believe in myths about HIV and AIDS. They don’t believe that HIV exists and so, they see us as bewitched.**
- **Stigma promotes poor adherence of ARVs**
  - Adherence issues
  - Lost to follow-up
- **Stigma leads to drug abuse and addiction in order to cope with challenges**
- **It leads to drug abuse and addiction because they are not in the right state of mind due to depression**
- **Stigma leads to one getting abused and harassed because they are not in the right state of mind due to depression**
- **It prevents us from being free at our resident areas because our neighbors stigmatize us a lot especially when our HIV status is known**
- **I engage in sex work for a living and one time my work mate disclosed my status to one of my clients, this ended up so bad because my client panicked and got stressed up a lot even though we used a condom.**
- **I get stigmatized a lot where I stay because of my sexual identity and again because I am HIV positive... We share one washroom with all my neighbors so they don’t always like sharing the washrooms because they believe I will transmit the virus to them and sometimes they end up telling the landlord to vacate me because I am a threat to them.”**
- **Disclosure to friends who have not been sensitized about HIV go ahead to use my status against me when we have misunderstandings.”**

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- **Prevalence of HIV/AIDS myths**
  - Lack of information / Sensitization in community
- **Results in**
  - Mental Health Challenges
  - Residential Challenges
  - Privacy Challenges
  - Sex work
  - Impact on clients
  - Loss of clients
  - Sensitization of clients
  - Chronic anxiety around disclosure
  - Eviction threats
  - Relocation to escape stigma

- **Use of nonconsensual HIV status disclosure as a threat in relationships**
- **Social Networks**
  - Drug abuse / addiction
  - Depression
  - Suicidal thoughts
  - Cycle of vulnerability

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- **Community Map of Stigma Experienced by PLWH in Obunga, Kenya**
“I am stigmatized and discriminated by people because they believe I acquired HIV due to multiple frequent sexual activities.”

“I am stigmatized and discriminated because of my HIV status; my peers say I should not waste my time having fun because I am almost heading to the grave just like our other friends we have buried.”

“I cannot share utensils with my family members because they believe I will transmit the virus to them.”

HIV stigma is experienced as…
“Some people still believe in myths about HIV and AIDS. They don’t believe that HIV exists and so, they see us as bewitched”

“Lack of information and sensitization on HIV and AIDS to members of the public”

HIV stigma is promoted and caused by...
“Stigma promotes poor adherence of ARVs”

“Some decide to be lost to follow ups because of the continuous stigma faced when they go for medication.”

“It leads to drug abuse and addiction in order to cope with challenges”

“Stigma leads to one getting abused and harassed because they are not in the right state of mind due to depression”

“It prevents us from being free at our resident areas because our neighbors stigmatize us a lot especially when our HIV status is known”

“ Disclosure to friends who have not been sensitized about HIV go ahead to use my status against me when we have misunderstandings”

“I engage in sex work for a living and one time my work mate disclosed my status to one of my clients, this ended up so bad because my client panicked and got stressed up a lot even though we used a condom.”

“I get stigmatized a lot where I stay because of my sexual identity and again because I am HIV positive... We share one washroom with all my neighbors so they don’t always like sharing the washrooms because they believe I will transmit the virus to them and sometimes they end up telling the landlord to vacate me because I am a threat to them”
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Next Steps

• Creation of self-empowerment tools for those entering health care settings
• Group therapies
• Integrate findings internally – peer educators
• Target sources of stigma (e.g., sensitization of religious leaders, surveying Boda Boda drivers)
Gratitude
References


References

Questions?