



Individual attitude and disclosure among People Living With HIV/AIDS in Msambweni County Referral Hospital, Kwale County, Kenya

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<p>Chief Editor Web: www.ijscd.org Email: info@ijscd.org</p> <p>Editing Oversight Impericals Consultants International Limited</p>	<p>Abstract: The objective of this research was to examine individual determinants that impact the disclosure of HIV/AIDS among those living with HIV/AIDS (PLHIV) at the Msambweni County Referral Hospital in Kwale County, Kenya. A sample size of 253 patients and 12 nurses were utilized in this study, encompassing qualitative and quantitative evaluations. Based on empirical findings, a notable fraction of individuals seeking medical treatment acknowledged the distinct significance of counselling services in facilitating the process of making informed choices regarding the disclosure of personal information. Specifically, 37.9% of respondents expressed a strong inclination towards this notion, while an additional 45.1% indicated agreement with this perspective. The presence of stigma has been identified as a notable obstacle to the revelation of information, as indicated by 45.8% of respondents agreeing and 15.8% firmly believing that therapy services alone are insufficient in addressing societal stigma and prejudice. The thesis offers valuable insights into individual factors contributing to the manifestation of People Living with HIV (PLHIV) within a distinct hospital setting, hence shedding light on the difficulties and opportunities for establishing sustainable HIV/AIDS management.</p> <p>Key words: <i>Individual attitude, disclosure, HIV/AIDS, People living with HIV/AIDS</i></p>
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1.1 Study background

The virus that causes human immunodeficiency virus (HIV) is a dangerous infection that can lead to AIDS, as stated by Bigna et al. (2018). Nearly 70% of the world's HIV-positive population was living in Sub-Saharan Africa as of 2020 (WHO, 2021) making it the region hardest afflicted by the pandemic. According to (Bigna et al., 2019) Eastern and Southern Africa are home to more than half (50%) of the world's HIV-positive adults and adolescents. More than half of the HIV-positive population in the country is unaware of their status, and the rate of transmission is increasing (Awaidy et al., 2023) despite the fact that 28.2 million persons living with

HIV/AIDS had the opportunity to receive ART as of June 2021. Effective therapies and an enhanced quality of life for persons living with HIV require prompt diagnosis (Damian et al., 2019; Gachanja et al., 2014).

Transparency of HIV status to relatives and acquaintances may assist those living with HIV/AIDS, resulting to increased support networks, better adherence to treatment, earlier enrollment in antiretroviral therapy, and fewer new infections being contracted as a result (Saag et al., 2018). Negative outcomes associated with HIV disclosure include social disruption, isolation, critiques, abuse, violence, divorce, and job loss (Karim et al., 2017). Among countries around the world, impoverished nations often have a lower rate of HIV disclosure than developed nations (Vergara-Ortega et al., 2021). Multiple studies have shown that demographic, economic, and knowledge-related factors all have a role in determining whether or not someone will come out about having HIV (Landovitz et al., 2021; Rhein et al., 2019). By offering social support and improved access to healthcare, as well as encouraging partners to be tested and adopt safer behaviors, disclosure is a key public health goal for reducing new HIV transmission (Arega et al., 2020; Asres et al., 2022). Dessalegn and colleagues (2019) For the sake of the individual's, their families, and the public's health, the World Health Assembly and HIV National Control Organizations stress the need of the disclosure of HIV status to sexual partners.

1.2 Statement of the Problem

All HIV-positive people face challenges when they disclose their status since it is a painstaking, emotionally taxing process with unpredictable outcomes (Rhein et al., 2019; Vergara-Ortega et al., 2021). People living with HIV may experience mental suffering, social stigma, and solitude if they are not open about their condition. There are risks associated with coming out as HIV positive, especially for women, such as being blamed, divorced, abandoned, physically or emotionally assaulted, discriminated against, stigmatized, and deprived of property or custody of one's children. There are approximately 1.5 million HIV-positive people in Kenya, with an expected 42,000 new infections and 21,000 AIDS-related deaths in 2020 (Okal et al., 2020). The national HIV prevalence rate is 4.8% (NACC, 2018), with a rate of 5.2% among women and a rate of 4.5% among males. There are 2.9% (16,692) persons living with HIV/AIDS and over 270 people dying each year from AIDS-related illnesses in Kwale County, according to the National AIDS Control Council (NACC, 2018). Due to characteristics like poverty, substance abuse, and a higher risk of non-disclosure, Msambweni sub-county has the greatest incidence of HIV (5.7%). According to the Kenyan government's sustainable development strategy, all new HIV infections would be eradicated by the year 2030 (Nordberg et al., 2020). Getting the word out is crucial for HIV prevention and treatment goals. Results of HIV tests must be disclosed upon request by healthcare professionals in Kenya in accordance with national guidelines (Ministry of Public Health & Sanitation, 2018). However, a patient's or doctor's permission is required before test results, including serostatus, are made public. Notwithstanding testing and counselling attempts, a lot of HIV-positive people are in partnerships in which they are clueless of their partner's HIV status due to conflicting views on disclosure (Okal et al., 2020). Several international researches have investigated what makes HIV-positive people come forward with their status. Non-disclosure was associated with more intimate partners and riskier sexual behavior, as found by (Hallberg et al., 2019). Other factors that affect disclosure include religious beliefs and the fear of social rejection (Zanoni et al., 2021). Family members are the most likely recipients of an individual's disclosure of their sexual orientation in India and Africa (Mkandawire et al., 2022) compared to casual acquaintances. Discrimination phobia prevents people from coming out and limits their contact with loved ones and friends. According to studies conducted by (MUREI, 2018), local HIV disclosure is significantly affected by spouse knowledge and preparedness for disclosure. It was found by Orago (2019) that the percentage of people who came forward varied greatly by demographic factors such as gender, age, profession, and marital status. Despite these studies, there is a lack of conceptual, contextual, and analytical study on disclosure in Kenya. To address these gaps, this research aimed to determine individual factors affect HIV/AIDS patients' willingness to disclose their status at Msambweni County Referral Hospital.

1.3 Study objective

To assess the effect of individual attitude towards 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 individual attitude on disclosure levels among sexual partners in Msambweni County Referral Hospital, Kwale County.

1.5 Significance of the Study

For the sake of disease prevention and management, PLHIV must disclose their HIV status. 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. Benefiting researchers on the current disclosure tactics at the individual level and the reduction of existing discrepancies on disclosure outcome. Patients living with HIV will have insight into the challenges they face when disclosing their status.

1.6 Scope and Delimitation of the Study

The study considered only PLHIV. 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

Independent variable

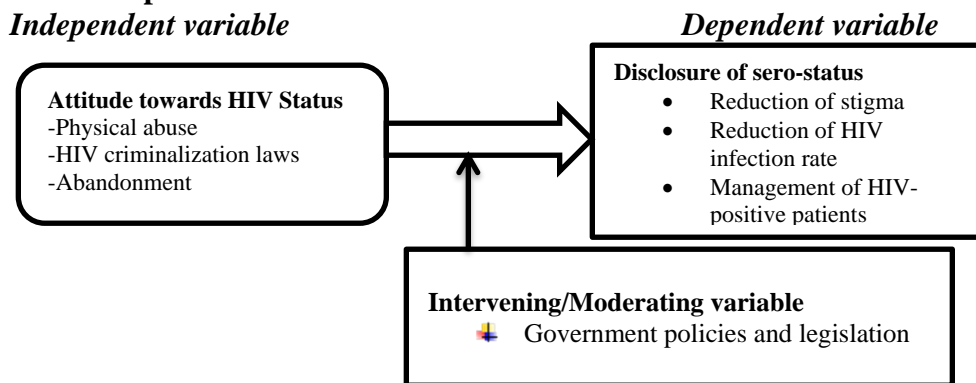


Figure 1: The conceptual framework

Source: Own conceptualization, 2022

1.8 Literature review

In this section, we present the theoretical review and empirical review which guided this study.

Theoretical review

Theory of self-determination

The goal of self-determination theory (SDT) is to better understand how an individual's motivations for acting and behaving are shaped by their experiences and interactions with others. Self-determination, as it pertains to HIV disclosure, represents disclosure practices that exist along a different continuum, along more or less internal fluid paths that foster a feeling of belonging. Ryan and Ryan (2019) Sufficiency, deliberate evaluation, and inner contentment are the rules of internal control. There are six types of dynamics that can be found anywhere throughout the SDT timeline. According to Ryan and Ryan (2019) in an effort to make it easier to evaluate SDT-related concepts, some researchers have divided the six types of inspiration into three broad groups. There are two types of motivation: intrinsic and extrinsic. If people don't care about the consequences of their actions or behaviors, they won't be motivated to change their behavior. In the setting of HIV disclosure, a lack of inspiration suggests a lack of desire or approach to revealing status, for whatever reason. Disclosure with consent-based pressure to accomplish something external to the person without such as an enhancement in relationship status, is an example of controlled motivation in the context of disclosure of HIV (Wong & Chow, 2021). When an individual takes part in an activity because it is inherently pleasurable, satisfying, and in line with their ideals, they are exhibiting autonomous motivation, which encompasses defining, integrative, and intrinsic motivation. Because HIV is an element of oneself and because disclosure supports the value and purpose of assisting others, autonomic motivation reflects HIV disclosure. In a recent study, Roberts et al. (2018) found that rather than being opposed to one another, autonomic and regulated dynamics are presented as two independent stances or frameworks. Disclosure planning for private identity and value reasons was reflected in this study by autonomous motivation, while the same was true for controlled motivation. The expectation is that sharing will take place within the context of the relationship, rather than as an end. Self-regulators control their actions because they recognize the link between their actions and their happiness. Self-disclosure was the focus of Ryan and Ryan (2019) SDT-based study of college students, the majority of whom were women. There is a negative link between self-concealment (defined as the "tendency to keep intimate information about the loss of a loved one secret") and happiness. And they found that the link between hiding your true self and being happy held true over a wide range of individual character traits. This study is primarily theoretical as it seeks to understand the origins of HIV infection. Find out what forms of assistance people, families, and neighborhoods need. This hypothesis will serve as a foundation for future studies of HIV advertising and will pave the way for the creation and execution of programs to lessen stigma and raise awareness. A person who reports being an HIV victim must feel compelled to come forward with that information. As a result, the second theory attempts to remedy the disclosure process's static nature.

Empirical review

Attitude and Disclosure of Sero-Status

Sexually active U=U-Aware persons and sexual minorities in the United States have their perspectives on HIV status disclosure (Sauermilch et al., 2023). Sauermilch et al's. (2023) study analyzed qualitative data regarding the necessity of sero-positive status disclosure from 62 sexual minority men as well as transgender and gender non-conforming individuals who have sex with men from 2020 to 2021. Most participants believed disclosure to be necessary and invoked several social and structural factors that informed their attitudes. Participants cited HIV criminalization laws, the ethics of non-disclosure, and disclosure as a means of educating sex partners when appraising the necessity of disclosure.

Participants also presented concerns regarding U=U efficacy and HIV stigma. Findings indicate that the disclosure of seropositive status to sex partners is still important to U=U-aware sexual and gender minority individuals. Most of the study sample, irrespective of HIV status, believed seropositive status disclosure was necessary in advance of sex.

During post-test consultation at a tertiary center in northeast Nigeria, Denué et al. (2012) aimed to collect data on patients' perspectives on HIV status disclosure. VCT (Voluntary Counselling and Testing) patients from the University Clinic HIV Clinic participated in the study. Patients' views, actions, and worries were documented and analyzed using a cross-sectional analytic technique during post-test counselling. The findings of this study highlight the need for appropriate patient care and HIV/AIDS prevention strategies to address the views and psychological reactions related with HIV status disclosure.

Hallberg et al. (2019) studied what factors in Morogoro, Tanzania, relationships led to HIV declaration. One hundred people were selected through a two-stage sampling process from patients at a care and treatment center in Morogoro. Only about a third of the people in the study knew their companion's HIV status, and most people were afraid to come out about their individual HIV status for the same reasons. Cultural elements, such as engrained conventions, might be an insurmountable barrier to the sharing of information. Interventions to counteract stigmatizing beliefs about HIV infection, encourage more participation in therapy, and lower HIV transmission rates between partners are highlighted.

A study carried out at the Muhimbili Health Information Centre in Dar es Salaam showed that 49% of the patients who did not disclose their status experienced physical violence, about 38% had a low level of anxiety symptoms, and 25% reported experiencing a high level of depressive symptoms (Mushi, 2012). In the same study, it was found that despite high encouragement of HIV sero-status disclosure during voluntary counseling and testing (VCT) services, two out of ten women did not share their HIV sero-status result due to fear of their partner's reaction. The majority mentioned that they feared physical abuse and abandonment (Mushi, 2012)

1.9 Methodology

The cross-sectional survey design was used in this study. This design was the most appropriate for this study as the data was to be collected one time. It allowed the researcher to collect data on the level of individual attitudes and HIV/AIDS disclosure, counseling services and stigma. This cross-sectional survey design compared to descriptive studies cannot be used to establish cause and effect relationships. Cross-sectional studies are observational studies that analyze data from a population at a single point in time. They are often used to measure the prevalence of health outcomes, understand determinants of health, and describe features of a population. Unlike other types of observational studies, cross-sectional studies do not follow individuals up over time. They are useful for establishing preliminary evidence in planning a future advanced study.

The study was carried at Msambweni County Referral Hospital in Kwale County. It is estimated that in Kwale County, Kenya, almost 55% of individuals had first sexual encounter before the age of 15. The HIV rate in Kwale County is approximately 8.1%, with women being more affected than men. Women have historically been at a higher risk of contracting HIV than men have. The study included only the patients with HIV/AIDS attending care at Msambweni Referral Hospital, Kwale county, Kenya. The National AIDS Control Council (NACC) reports that 2.9%, or 16,692 people, in Kwale County are infected with HIV. Approximately 270 people a year die from HIV or AIDS-related causes, according to the council's estimates. Twelve nurses and 881 PLHIV attending care at Msambweni County Referral Hospital in Kwale County were the focus of this research (KCADP Report, 2022). 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% margin of error.

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

Where:

- n_0 - is the predicted size of the sample;
- Z - is the matching 95%-certainty standard score; its value is 1.96;
- P- is the range in the percentage, with 79.2% (0.792) 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; **253 respondents**

Table 1: Sampling Frame

Study population	Target population	Sampling method	Sample size	Data collection instruments
HIV patients	881	Simple random	253	Questionnaire
Nurses	12	Purposive sampling	12	Interview guide
Total	893		265	

Source: Field data, 2023

The study used simple random sampling to select the respondent. The method was preferred as it gives all patients equal chance of being included in the study. To select the study participants, small pieces of paper, marked “yes” and “no” were sealed in a packet. After completing the clinic, patients were asked to choose one of many pieces of wrapped paper. Those who picked “yes” were consented and then interviewed after agreeing. As stated by Bullen and Brack (2014), pilot testing shows confusing questions and deficiencies in the survey or their legitimacy. This indicates how well the concept's empirical indicators can be measured. Pre-testing (or piloting) was done before the questionnaire was sent to the people being surveyed to make sure it was appropriate, informative, and easy to understand. The questionnaire's readability and usability were tested ahead of time, considering the phrasing, organization, and sequence of the questions. The instruments were calibrated in the pilot trial, which involved 25 (10% of the sample size) patients with HIV at Lungalunga Hospital.

Content validity was used to ensure the reliability of the instrument. According to Mugenda and Mugenda (2003), content validity refers to the degree to which information gathered with a given tool accurately reflects the nature of a certain indicator or idea. The researcher took a cross-sectional sample of metrics from the indicators domain of the concept and ran them by their supervisor for feedback. Because of this, the instrument might be updated and revised as needed, improving its legal standing. The researcher ran a pilot study to test the reliability of the instrument. The reliability of the instrument was determined by a retest technique in which the same instrument was given to the same sample of people twice at different times.

Nurses attending to PLHIV, and PLHIV clients who seek care at Msambweni County Referral Hospital were surveyed for this study. Data collection started 2nd June, after obtaining ethics permit. CommCare app was used to collect data by encoding the study's questionnaire and interview guide. Ten hired enumerators worked for five days to compile the information. With the help of a questionnaire, we were able to learn about the patients' demographics, cultural norms, attitudes, stigmas, and counselling experiences regarding HIV disclosure. The nurses' demographic information and their thoughts on the challenges and solutions surrounding HIV disclosure were gathered using an interview methodology. The information was exported from the app and cleaned up in Excel.

1.10 Study findings

Data was collected using the CommCare smartphone app. Interviews with all 253 patients and 12 nurses were completed.

Demographic Characteristics of Patients (n =253)

Respondent patients' demographic information is displayed in Table 2. The patients were approximately 55.1% female and 45.1% male. Most of the patients (52.5%), aged 25-34, had finished either elementary (36.8%) or secondary (35.2%) education. Most individuals (49.4%) had HIV for between two and five years.

Table 2: Demographic Characteristics of Respondents (Patients=253)

Variable	N	%
Sex		
Male	114	45.1
Female	139	54.9
Age		
15-24	27	10.7
25-29	56	22.1
30-34	77	30.4
35-44	55	21.7
45 and >	38	15.0
Education level		
Primary	93	36.8
Secondary	89	35.2
University	24	9.5
Other	47	18.6
Length of stay with HIV		
< 2yrs	36	14.2
2-5yrs	125	49.4
6-10yrs	52	20.6
>10yrs	40	15.8

Source: Field data, 2023

According to the table above, most of the Msambweni County Referral Hospital, Kwale County's PLHIV medicine recipients are female. The results also suggest that young adults (aged 25-44) are the facility's target demographic when it comes to medicine requests. That people with only a primary or secondary education were disproportionately affected by the pandemic is further evidence that education level mattered. The percentage of people who have had HIV/AIDS for less than two years dropped from 49.4 percent to 14.2 percent, which may indicate a decline in the overall infection rate or a refusal to seek treatment.

Individual Attitude and Disclosure of HIV Sero-status

The second purpose of this research was to determine the impact of PLHIV's personal attitudes toward disclosure at Msambweni County Referral Hospital in Kwale County, Kenya. Individuals' attitudes toward and willingness to discuss their HIV sero-status are summarized in Table 3. Statements like *"I believe that medical professionals should play a role in encouraging and promoting HIV sero-status disclosure"* had a favorable effect on disclosure of sero-status and contributed to a mean attitude score of 3.28(SD=0.46) towards disclosure. (M=4.31, SD=0.88); *"I believe people who come forward about their HIV sero-status should be encouraged and offered resources to improve their health."* (M= 4.11, SD = 1.10); *"I fear being humiliated or judged by others if I discuss my HIV sero-status openly."* *"I am comfortable discussing HIV sero-status with relatives and close friends without fear of judgment"* (M=3.62, SD=1.14); *"I feel nervous discussing HIV sero-status due to the fear of assessment and social rejection"* (M= 3.64, SD=1.19); and *"I believe that addressing HIV sero-status openly contributes to an accountable and informed approach to sexual health"* (M=4.05, SD=1.03). The means for the four statements *"I think that people who disclose their HIV sero-status should face legal repercussions or restrictions"* (M=2.06, SD=1.46), *"I feel that individuals who provide their HIV sero-status should be governed by stricter regulations and restrictions"* (M=1.82, SD=1.05), *"I believe that disclosing one's HIV sero-status can help reduce the spread of diseases within a community"*, and *"I believe that conversations about HIV sero-status should be."*

Table 3: Frequencies, Percentages, Mean and Standard Deviation of Individual Attitude on Disclosure of HIV Serostatus (n=253)

Statement	1	2	3	4	5	Mean	SD
It is my contention that healthcare practitioners ought to assume a role in enabling and supporting the declaration of HIV serostatus.	10(4)	2(0.8)	4(1.6)	120(47.4)	117(46.2)	4.31	0.88
There is a perception that implementing more stringent controls and limits on individuals who choose to reveal their HIV serostatus will be beneficial.	117(46.2)	102(40.3)	9(3.6)	13(5.1)	12(4.7)	1.82	1.05
It is posited that the act of revealing one's HIV serostatus has the potential to mitigate the transmission of epidemics within a given community.	50(19.8)	74(29.2)	18(7.1)	43(17)	68(26.9)	3.02	1.53
I think that individuals who disclose their HIV serostatus should face legal consequences or restrictions	134(53)	60(23.7)	7(2.8)	15(5.9)	37(14.6)	2.06	1.46
It is imperative to extend assistance and allocate resources to individuals who choose to reveal their HIV serostatus, in order to promote their overall well-being.	19(7.5)	4(1.6)	15(5.9)	107(42.3)	108(42.7)	4.11	1.10
I worry about being judged or ostracized if I talk honestly about my HIV serostatus.	24(9.5)	21(8.3)	33(13)	105(41.5)	70(27.7)	3.7	1.23
I think it's important for people to be honest about their HIV serostatus because it helps them make educated decisions about their sexual health.	11(4.3)	14(5.5)	19(7.5)	117(46.2)	92(36.4)	4.05	1.03
In my opinion, it is best not to bring up a person's HIV serostatus in conversation.	57(22.5)	109(43.1)	22(8.7)	28(11.1)	37(14.6)	2.52	1.34
I can tell close family and close friend members my HIV status without worrying about their reaction.	18(7.1)	17(6.7)	71(28.1)	83(32.8)	64(25.3)	3.62	1.14
Due to concerns about stigma and discrimination, I avoid talking openly about my HIV serostatus.	22(8.7)	24(9.5)	36(14.2)	112(44.3)	59(23.3)	3.64	1.19
Composite Mean and Standard Deviation						3.28	0.46

Note. Mean 1-1.49 Strongly Disagree (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, 2023

Individuals' perspectives on HIV disclosure among PLHIV are illuminated through a thematic examination of both patient and nurse answers. The replies from patients revealed several commonalities, such as the prevalence of prejudice and stigma, the fear of negative outcomes following release, and the absence of social support. Various factors were discovered to prevent people from coming forward, including cultural and religious views, gender roles, and polygamous relationships. Trust concerns with healthcare providers and false beliefs about HIV transmission further hindered the disclosure procedure. However, it was noted that alternatives such as raising public awareness, modifying existing policies, and providing legal recourse for disclosure could help. However, nurses' replies highlighted the importance of education and community sensitization, as well as assisted disclosure counselling. Important initiatives aimed at solving HIV-related disclosure difficulties were cited, including the creation of regulations and legal protection. It was advised that community partners and paralegal teams be included, as well as creating secure counselling environments and peer support groups. Overall, patients and nurses stressed the significance of eliminating stigma, enhancing education, and creating a secure and welcoming atmosphere for PLHIV to come forward.

Individual Attitude and Disclosure of Sero-status Discussion

The results of this study provide insight into the role that PLHIV's own beliefs and values play in shaping their decision to come out as HIV-positive at Msambweni County Referral Hospital in Kwale County, Kenya. The quantitative analysis showed that there were many different views on the topic of disclosure among the participants. To begin, over half of respondents (46.2%) believed that people who reveal their HIV sero-status should be subject to additional restrictions and prohibitions. While the current literature emphasizes the significance of legal safeguards for disclosure (Damar, 2014), this conclusion goes against that trend. As a result, others may be discouraged from coming forward about their own HIV status for fear of retaliation. As a result, others may be discouraged from coming forward about their own HIV status for fear of retaliation. However, over a third (31.2%) of those surveyed believed that telling others one's HIV status would help curb the disease's spread. This finding is in line with the findings of Sauermilch et al. (2023), who found that participants highlighted disclosure as a way to educate sexual partners. The view that disclosure has an advantageous effect on public health highlights the significance of fostering candid discussions regarding HIV sero-status. In addition, 42.3% of respondents agreed that those who reveal their HIV sero-status should be given help and tools to improve their lives. This finding is consistent with what has been said by (Damar, 2014), who stresses the need of addressing the worries and mental outlooks of newly identified HIV patients. It stresses the need to aid those who come out with their status emotionally and socially by providing them with support and resources. However, a sizeable minority of respondents (53%) thought that people who reveal their HIV sero-status should suffer legal repercussions or restrictions. The literature, which highlights the significance of legal safeguards for disclosure (Damar, 2014), is at odds with our finding. These findings implies that some people hold punitive views on disclosure, which may discourage others from coming out.

Individuals' perspectives on disclosure among PLHIV are further illuminated by the theme analysis of responses from patients and nurses. Reflecting the difficulties faced by PLHIV, themes such as stigma, fear of unfavourable consequences following disclosure, and a lack of social support appeared from patient replies. These ideas are consistent with prior research by Sauermilch et al. (2023) on the topic. Additional hurdles to disclosure were identified, including misconceptions regarding HIV transmission and a lack of trust in healthcare providers, highlighting the significance of education and awareness initiatives. Important variables that have identified as crucial in allowing successful and safe revelation for PLHIV include the need for modifications to policies and legal safeguards for disclosure. Sauermilch et al. (2023) research confirms these findings. The replies from nurses highlighted the importance of education and community sensitization, as well as the importance of assisted disclosure counselling. In keeping with the research (Damar, 2014), they advocated for the establishment of confidential counselling settings and the promotion of peer support groups.

1.11 Conclusion

The purpose of this study was to examine individual factors that affect PLHIV disclosure at Msambweni County Referral Hospital, Kwale County. These results shed insight on the myriad factors at play, including cultural norms, personal outlooks, social stigma, and the influence of counselling services, in determining whether PLHIV choose to come forward with their status. To develop effective interventions to increase HIV testing participation and foster welcoming communities for people living with the virus, it is essential to first have a thorough understanding of these characteristics. The way people felt about themselves also mattered significantly. There are significant delays in coming out because people are afraid of being judged negatively or treated unfairly. Combating stigma and supporting informed and responsible attitudes to sexual health necessitates empowering people with accurate knowledge and creating a supportive atmosphere.

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) 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.
- b) 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.
- c) Advocating 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.
- d) 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.
- e) 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.
- f) 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

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