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Relationship between Social Demographic Characteristics and Prevalence of Internalized Stigma among HIV Positive Students in Higher Institutions of Learning in Uasin Gishu County, Kenya

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Abstract

The purpose of the paper was to establish prevalence of internalized stigma among students living with Human Immunodeficiency Virus (HIV). The study assessed the current prevalence of levels of internalized stigma among students living with HIV in institutions of higher learning, the association of social demographic characteristics, health status, social supports, status disclosure and ARV adherence with internalizing stigma among HIV positive students. The study is informed by the PEN3 Model. Mixed-methods sequential explanatory design was adopted. The study target population was 33 HIV positive students drawn from higher learning institutions in Uasin Gishu County, Kenya. A census survey was used. Data of HIV positive students was obtained from counselor officers. Primary data was collected using questionnaires. Data was analyzed using descriptive statistics such as mean and frequencies. In addition, Pearson Correlation was used to test the hypotheses. Findings showed that there is high level of internalized stigma among HIV students in these institutions. Correlation results showed that parents' occupation, age, parents level of education, health status, social supports and ARV adherence were significantly correlated with internalizing stigma in HIV positive students. However, adherences to ARV and social support were negatively correlated with internalized stigma. Based on the study findings, collaborative efforts and policies are necessary to enhance effective interventions aimed at reducing internalized stigma in learning institutions, and for directing government and school-based policies and practices towards improving students with HIV right to education, empowerment and support.

Key words: ***Internalized Stigma, HIV, social demographic characteristics***

Introduction

Substantial evidence from different parts of the world highlights HIV/AIDS-related stigma as a barrier in HIV prevention work and in mitigating its impact (Mahajan, et al., 2008). In many countries, Young People Living with HIV (YPLHIV) are less likely to be attending school than their peers (Beyeza-Kashesya et al. 2011). While learning institutions are clearly limited in what they can do to overcome structural barriers to access (such as poverty, household decisions about allocation of responsibilities), initiating effective action on stigma, discrimination, disclosure and support will certainly make them more accessible to YPLHIV and their families.

AIDS stigma have been shown to occur in various milieus including family settings,communities, religious organizations, work places, health care centers and learning institutions (Nwanna, 2005; Stutterheim et al., 2009). Internalizing stigma is manifested

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differently in different countries; even within the same country, reaction to HIV/AIDS varies between individuals and groups (Avert, 2010) in Africa, Gilbert & Walker, (2009) found high levels of internalized AIDS stigma and high levels of discrimination in South Africa.

In her study in Kenya, Kamau (2012) indicated that stigma and discrimination were visible in the school milieu and negatively impacted the social interactions and learning of HIV positive children. Lack of empowerment and inadequate resources suggested that HIV positive children received limited support and that also stigma and discrimination were poorly addressed. The study however demonstrated that support was critical in enhancing learning and social integration of HIV positive children into public learning institutions.

Over 1.42 million Kenyans are living with HIV/AIDS including 150, 000 infected children (Kenya AIDS Indicator Surveillance Survey {KAIS}, 2009). Similar to other countries, stigma and discrimination of people infected by HIV/AIDS is a common phenomenon in Kenya as evidenced by extensive media citations of various forms of harassment, rejection, labeling, bullying, death threats and even death of those associated with them.

Problem Statement

Sub-Saharan Africa and the Caribbean have long had the highest HIV prevalence rates in the world (UNAIDS, 2009). Kenya has a large number of children living with HIV AIDs (CLWHA) who have benefitted from ART and as a result, survival rates are now reasonably high. However, teachers in Nairobi learning institutions highlighted that the number of CLWHA could be higher in some learning institutions which is attributed to the lack of detailed information from the family regarding the health status of the pupils due to stigma (Kamau, 2012). Unfortunately, however, the need for education in regards to the disease has been virtually overlooked. Silence on the part of the government regarding the education of HIV positive students, has been used as a justification by some school administrators to deny admission to these children, consequently denying them a chance to realize their learning dream. Despite clear HIV/AIDS and education policy guidelines that guarantee CLWHA's right to education and protection, a significant number of children continue to be denied access to, or are forced out of learning institutions in Kenya.

Specific Objective

The specific objectives of this study were to investigate the current prevalence of significantly elevated levels of internalized stigma among HIV students in higher learning Institutions. And to determine the association of social demographic characteristics, health status, and social supports, status disclosure and ARV adherence with internalizing stigma among HIV positive students in institutions of higher learning.

Hypothesis of the Study

H01: There is no significant relationship between social demographic characteristics, health status, social support, status disclosure, ARV adherence and internalizing stigma among HIV positive students in higher learning institutions

Theoretical Framework

The PEN3 Model (Airhihenbuwa & Webster, 2004), which offers insight into the complex and interlocking spheres of identity, health, and behavior, was used to guide the methodology and intervention development of this study. This model was developed in
1989 to guide a cultural approach to HIV/AIDS in Africa (Airhihenbuwa & Webster, 2004). It also helps in examining the health behaviors that are central to how people establish relationships and formulate their own expectations. The model provides both a cultural and a conceptual framework.

Literature Review

Studies on relationship between various factors associated with internalizing stigma have been conducted. For instance, Logie and Gadalla (2009) in their study found that high stigma level was consistently and significantly associated with lack of social support, poor physical health, poor mental health (including depression), lower age, and lower income. In addition, Smith, Rossetto, and Peterson (2008) found a negative, homogenous correlation between stigma and disclosure, while Dlamini et al. (2009) demonstrated association between AIDS stigma and lower adherence to ART.

Smith, Rossetto & Peterson (2008), found a negative, homogenous correlation between stigma and disclosure while Dlamini et al. (2009) demonstrated association between AIDS stigma and lower adherence to ART which indicates that AIDs stigma is influenced by a host of factors and from the study findings, ART adherence, the number of years with HIV, parents income, residence and gender had significant relationships with stereotype endorsement, discrimination experience and stigma resistance. From these findings, it can be noted that while internalizing stigma is manifested differently in different countries; even within the same country, reaction to HIV/AIDS varies between individuals and groups (Avert, 2010) in Africa while Gilbert & Walker, (2009) found a high levels of internalized AIDS stigma and high levels of discrimination in South Africa. Consequently, AIDS stigma have been shown to occur in various milieus including family settings, communities, religious organizations, work places, health care centers and learning institutions (Nyblade
& Carr, 2011) hence there would be an impact on the academic performance of the students.

Methodology

The study was conducted among 3 Higher Learning Institutions in Uasin Gishu County. The study adopted mixed-methods sequential explanatory design. The study population consisted of HIV positive students in the 3 Higher Learning Institutions in Uasin Gishu County. Stratified random sampling technique was used. The study developed open and closed ended questionnaires. Further, the study used the four-item internalized AIDS-related stigma scale for people infected with HIV(Kalichman, et al. 2009) which was reflecting self-defacing beliefs and negative perceptions of people living with HIV/ AIDS.

Reliability of the test items in the questionnaire was tested by calculating a Cronbach alpha during piloting. Where the Cronbach alpha value was found to be above the threshold of

0.7, the items were judged as being reliable. The study obtained data for HIV positive students from the institution counselor office.

Data Analysis and Presentation

Questionnaires received from respondents and interview schedules were checked for completeness with repeat calls being made for incomplete questionnaires to maintain the number of respondents. Categorization and coding was then done and data entered into SPSS for windows version 20.0 for analysis. Both descriptive and inferential tests were be used in the analysis. Data was described or summarized using descriptive statistics such as mean and frequencies, which helped in meaningfully describing the distribution of responses. Various inferential statistics were used to infer population characteristics from the sample namely; Pearson Correlation to determine the relations between the variable.

Findings

The Relationship between Social Demographic Characteristics, Health Status, Social Support, Status Disclosure, ARV Adherence and Internalizing Stigma among HIV Positive Students in Institutions of Higher Learning

From the findings, stereotype endorsement had the highest and significant relationships with; ARV, r = -0.831 and the number of years with HIV, r = -0.800. In addition, discrimination experience had the highest and significant relationship with; parents income, r = -0.745, residence, r = 0.712, gender, r = 0.664. Other significant relationships with discrimination experience were noted with age, social supports and ARV adherence. Stigma resistance also had the highest and significant relationship with gender, r = -0.617 while alienation had the highest and significant relationship with residence of the student, r = -0.382 followed by social supports.

This implies that we reject the hypothesis stating that there is no significant relationship between social demographic characteristics, health status, social support, status disclosure, ARV adherence and internalizing stigma among HIV positive students in higher learning institutions. Past research has indicated that high stigma level was consistently and significantly associated with lack of social support, poor physical health, poor mental health (including depression), lower age, and lower income (Logie & Gadalla, 2009).

Table 2: Correlation Analysis

	Alienation	Stereotype endorsement	Discrimination experience	Stigma resistance
Gender	0.286**	-0.038	.664**	-.617**
Age	-0.191**	0.460**	.581**	.463**
Parents income	-.252**	-.190**	-.745**	.449**
Residence	-0.382**	-0.105	.712**	-.438**
Social supports	-0.335*	0.066	-.529**	.483**
Status disclosure	-.143*	-.349**	-.402**	.314**
ARV adherence	-.175**	-.831**	-.520**	.431**
No. Of years with HIV	0.064	-.800**	-.474**	.371**

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

Levels of Internalized Stigma among HIV Students in Institutions of Higher Learning

From table 1, in terms of alienation, majority of the respondents, felt out of place in the world because they had HIV. In terms of social withdrawal majority of the respondents revealed that having HIV had spoiled their life, mean = 3.91, SD = 1.330. Furthermore, some respondents revealed that negative stereotypes about their status kept the student isolated from the normal world, mean = 4.6, SD = 0.570 implying that there were cases of low self esteem due to negative stereotypes which would definitely impact on their level of engagement with other students.

While some avoided getting close to people who did not have a mental illness to avoid rejection, mean = 4.52, SD = 0.540. In addition, some respondents reported that they: stayed away from social situations in order to protect their family or friends from embarrassment, mean = 3.86, SD = 0.600; did not talk about themselves much because they did not want to burden others with their HIV, mean = 3.75, SD = 1.323; did not socialize as much as they used to because HIV might make them look 'weird", mean = 3.70, SD = 1.517; being around people who did not have HIV makes them feel out of place or inadequate, mean = 3.57, SD = 0.740.

In terms of the respondents discrimination experience, majority of the respondents felt that people ignored them or took them less seriously just because they were depressive, mean = 4.24, SD = 1.064 while some felt that people often patronized them, or treated them like a child, just because they have HIV, mean = 4.17, SD = 1.086. Further, in terms of issues related to stereotype endorsement, majority of the respondents revealed that because they had HIV, they needed others to make most decisions for them, mean = 3.85, SD = 1.343 while some respondents noted that people can tell that they had HIV by the way they looked, mean = 3.79, SD = 1.527.

Table 1: Prevalence of Levels of Internalized Stigma among HIV Students in Institutions of Higher Learning

	Mean	Std. Deviation
ALIENATION		
I feel out of place in the world because I have HIV	4.72	1.331
Having HIV has spoiled my life	3.91	1.330
People without HIV could not possibly understand me	3.46	0.856
I am embarrassed or ashamed that I have HIV	3.55	1.108
I am disappointed in myself for having HIV	3.53	1.147
I fell inferior to others who don't have HIV	3.56	0.970
STEREOTYPE ENDORSEMENT		
Stereotypes about HIV affected people apply to me	2.08	1.665
People can tell that I have HIV by the way I look	3.79	1.527
Because I have HIV, I need others to make most decisions for me	3.85	1.343
People with HIV cannot live a good, rewarding life	3.28	1.462
HIV affected people should not marry	3.22	1.383
I can't contribute anything to society because I have HIV	3.39	1.755
DISCRIMINATION EXPERIENCE		
People discriminate against me because I have HIV	3.54	1.504
Others think that I cant achieve much in life because I have HIV	3.62	1.398
People ignore me or take me less seriously just because I have depressive	4.24	1.064
People often patronize-me, or treat me like a child, just because I have HIV.	4.17	1.086
Nobody would be interested in getting close to me because I have HIV	3.25	1.336
SOCIAL WITHDRAWAL		
I don't talk about myself much because I don't want to burden others with my HIV.	3.75	1.323
I don't socialize as much as I used to because my HIV might make me look 'weird"	3.70	1.517
Negative stereotypes about depression keep me isolated from the normal world	4.60	0.570
I stay away from social situations in order to protect my family or friends from embarrassment	3.86	0.600
Being around people who don't have HIV makes me feel out of place or inadequate	3.57	0.740
I avoid getting close to people who don't have a mental illness to avoid rejection	4.52	0.540
STIGMA RESISTANCE		
I feel comfortable being seen in public with a person obviously affected by HIV	1.81	0.440
In general, I am able to live life the way I want to	1.76	1.310
I can have a good fulfilling life, despite my HIV	2.75	1.320
People with HIV make important contribution to society	1.23	0.790
Living with HIV has made me a tough survive	1.41	1.450

Past research has revealed that the process of internalizing stigma is complex, and any person diagnosed as HIV-positive experiences some form of it and thus, psychologists suggest that internal stigma is shaped by previous experiences of shame and blame with the most prevalent one from the findings being social withdrawal and alienation and this might have a profound effect on the performance of the student.

Conclusions

From the study findings, it was revealed that the most pronounced levels of internalized stigma among HIV students in higher learning institutions were; alienation which was mainly characterized by feeling out of place in the world because of their HIV status, social withdrawal where the students felt guilt by feeling that having HIV had spoiled their life while some felt depressed due to negative stereotypes about depression which would result in low self esteem hence the more reason why they have lower levels of engagement with other students or even teachers This means that they would rather avoided any form of social interaction and tended to be withdrawn and due to this limited level of social interaction, there was bound to be a negative impact on their academic performance. The findings also revealed the prevalence of discrimination where majority tended to feel that; people ignored them or took them less seriously because they were depressed, people often patronized them, or treated them like children, because they had HIV while in terms of stereotype endorsement. Discrimination was also prevalent and was significantly related to the parents' income where there was negative relationship with gender. Other notable relationships were noted between age and social support. Stigma resistance also had the highest and significant relationship with gender while alienation had the highest and significant relationship with the residence of the student and social supports. These findings gave an indication of a significant link between internalized stigma and social characteristics such as age, gender, social background such as parents' income, residence and social support systems. This implied that there was a significant relationship between social demographic characteristics, health status, social support, status disclosure, ARV adherence and internalizing stigma among HIV positive students.

Recommendations

This research has revealed that the process of internalizing stigma is complex, and any person diagnosed as HIV- positive experiences some form of it and thus, psychologists suggest that internal stigma is shaped by previous experiences of shame and blame with the most prevalent one from the findings being social withdrawal and alienation and this might have a profound effect on the performance of the student. There is need to accelerate the process of acceptance by providing some form of help in terms of psychosocial support especially to make sure that they are able to accept who they are and can interact well with those around and also to make sure that fellow students and teachers fully understand what they go through to avoid alienation. Social support was critical in enhancing learning and social integration of HIV positive students which would eventually have a positive effect on academic performance for students both in public and private institutions.

References

Avert.org, (2010). *HIV and AIDS stigma and discrimination*. http://www.avert.org/hivaids-stigma.htm. Retrieved on October 25th 2011

Airhihenbuwa, C., & DeWitt Webster, J. (2004). *Culture and African contexts of HIV/AIDS prevention, care and support*. Journal of Social Aspects of HIV/AIDS Research Alliance, 1(1), 4-13.

Beyeza-Kashesya, J., Kaharuza, F., Edstrom, E. M., Neema, S., Kulane, A. & Mirembe, F. (2011) to use or not to use a condom: A prospective cohort study comparing contraceptive practices among HIV-infected and HIV-negative youth in Uganda BMC *Infectious Diseases*, 11:14

Dlamini, P. S., Wantland, D., Makoae, L. N., Chirwa, M., Kohi, T. W., Greeff, M., Holzemer, W. L. (2009). HIVstigma and missed medications in HIV-positive people in five African countries. *AIDS Patient Care STDS*, 23(5), 377387.

Gilbert, L., & Walker, L. (2009). ‘‘My biggest fear was that people would reject me once they knew my status . . .’’: Stigma as experienced by patients in an HIV/AIDS clinic in Johannesburg, South Africa. *Health & Social Care in the Community*, 18(2), 139146.

GoK, (2011). *The Kenya HTC Report 2011*, Nairobi, Government Printers. Kalichman, S. C.,

Simbayi, L. C., Cloete, A., Mthembuc, P. P., Mkhontac, R. N., & Ginindza, T. (2009). Measuring AIDS stigmas in people living with HIV/AIDS: *The Internalized AIDS-Related Stigma Scale*. AIDS Care, 21(1), 8793.

Kamau, M. N. (2012), AIDS Stigma and Discrimination in Public Learning institutions: A Case Study Of HIV-Positive Children In KENYA, *The University Of Western Ontario*, School of Graduate and Postdoctoral Studies

Kenya AIDS Indicator Survey , (2009). Collaborating Institutions - ‘*Kenya AIDS Indicator Survey*. Republic of Kenya.

Logie, C., & Gadalla, T.M. (2009). Meta-analysis of health and demographic correlates of stigma towards people living with HIV. *AIDS Care*, 21(6), 742753.

Mahajan, A. P., Sayles, J. N., Patel, V. A., Remien, R. H., Sawires, S. R., Ortiz, D. J., Szekeres, G., & Coates, T. (2008). Stigma in the HIV/AIDS epidemic: *A review of the literature and recommendations for the way forward*. AIDS, 22 (supplement 2), S67-S79.

Nwanna, C. R. (2005). Social consequences of HIV/AIDS: Stigma and discrimination in the workplace in Nigeria. Paper presented at the XXV *International Population Conference held at the Vinci Convention Centre*, Tours, France, 18-23. July 2005.

Nyblade, L. & Carr, D. (2011). HIV/AIDS-related stigma and discrimination: A study of health care providers in Bangladesh. *Journal of the International Association of Physicians in AIDS Care*, 10: 97-104.

Smith, R., Rossetto, K., & Peterson, B. (2008). A meta-analysis of disclosure of one's HIV-positive status, stigma and social support. *AIDS Care*, 20(10), 1266-1275

Stutterheim, S. E., Pryor, J. B., Bos, A. E., Hoogendijk, R., Muris, P., & Schaalma, H. P. (2009). HIV-related stigma and psychological distress: The harmful effects of specific stigma manifestations in various social settings. *AIDS*, 23, 2353–2357

GoK, (2011). The Kenya HTC Report 2011, Government Printers

UNAIDS Inter-agency task team (IATT) on Education, (2009). A Strategic Approach*: HIV & AIDS and Education*. Paris, UNESCO.