# Effect of Psychological Counselling on Self-Acceptance Among Persons Living with HIV and AIDS in Mathare Constituency, Nairobi County

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*Abstract:* **The study sought to establish the effect of psychological counselling on self-acceptance among persons living with HIV & AIDs in Mathare constituency, Nairobi County. A descriptive research design was used in this study. Approximately, 16,600 people living with HIV & AIDS were targeted in Mathare Constituency, Nairobi County. This study sampled 278 PLWH. The sample size was determined using simple random sampling and stratified sampling techniques. A response rate of 91.4% was recorded in the study. Lux and Petosa's attitude scale, Genberg's discrimination scale, and Dunn's self-acceptance scale were the instruments of measure used to collect data. SPSS was used to analyse quantitative data. It was found that PLWH in the Mathare constituency had the same right to quality care as any other patient 24.9% (n=63). Additionally, 20.0% or 51 respondents reported that advice given during counselling helped them accept themselves. Also, all three demographic factors (age, gender, and education level) are significant predictors of self-acceptance among people living with HIV/AIDS. Persons living with HIV & AIDS must find strategies to maintain a positive attitude in order to live a healthy life by embracing their current circumstance and learning to live with it. To improve self-acceptance, the approach and drivers for positivity should be developed so that all people living with HIV & AIDS embrace a positive attitude toward their circumstance. The study finds that counsellors who work with people living with HIV & AIDS in Nairobi County's Mathare constituency should engage in psychological counselling intervention methods.**

*Keywords:* **Psychological counselling, self-confidence, persons living with HIV& AIDS**

## I. INTRODUCTION

### *A. Background to the Study*

Millions of individuals have been infected and died as a result of the global epidemic of HIV and AIDS (Beingana, Thomas & Comblain, 2005). The UNAIDS' Global AIDS Statistics (2019) states that, despite the constant efforts to combat stigma and discrimination against People living with HIV and AIDS, certain societies have shown little progress in their attitudes and treatments of People living with HIV and AIDS. Even though there have been endeavors to provide health services for People living with HIV and AIDS, there is still stigmatization against them, as reported in the UNAIDS (2019). People living with HIV & AIDS are routinely subjected to prejudice, humiliation, and embarrassment because of their condition (Williams, 2014).

Since 2010, the incidence of AIDS-related deaths in Western and Central Europe and North America has decreased by 40 per cent, with an estimated 2.2 million individuals living with HIV in the region. The reduction of AIDS-related deaths in the area is impossible without enough funding for ART medication coverage (United Nations AIDS, 2020). Eighty-one per cent of those with HIV are receiving treatment, and the other two-thirds (67 per cent) have their virus under control (UNAIDS, 2020). In Latin America, an estimated 2.1 million people are infected with HIV. Since 2010, the number of new HIV diagnoses in the region has increased by 21%, although AIDS deaths have decreased by 8 per cent.

In Asia and the Pacific, an estimated 5.8 million people are living with HIV. The number of new diagnoses has decreased by 12% a year since 2010 (UNAIDS, 2020). Regional drops in other countries could disguise rising trends, but patterns differ per country. Because China and India are both located in the region, even a small number of cases can have a huge impact on the population (UNAIDS, 2020).

HIV affects approximately 4.9 million persons in West and Central Africa. Between 2010 and 2019, there was a 25% decrease in the number of new adults with HIV infections. A total of 240,000 new HIV cases are expected to be diagnosed in the region this year. There has also been a drop in the proportion of pregnant women receiving antiretroviral treatment in the region in recent years (from 62 per cent in 2016 to 58 per cent in 2019). Moreover, half of the world's HIV-positive population (54 per cent) lives in Eastern and Southern Africa, which has a population of 20.7 million. Two-thirds of all HIV-positive children in the world live in this area (67 per cent). Nearly every region of the country has had an HIV pandemic, which accounts for more than 1% of the total incidence of HIV in the country.

Almost half of all HIV-positive people in Eastern and Southern Africa (54 per cent) are living with the virus and this region is home to two-thirds (65%) of the world's HIV-positive population (UNAIDS, 2018). Despite this, the number of new infections in the region has decreased by 28% since 2010. As a result, nearly all nations in the region have a high HIV prevalence, which means that more than 1% of their population is infected. South Africa has the biggest number of people living with HIV in the world (7.7 million). Eswatini

(formerly Swaziland) has the highest prevalence (27.3%) (UNAIDS, 2018).

Kenya's overall population of persons living with HIV (PLHIV), including 105,200 children, was estimated at approximately 1.5 million in 2017 (KNBS, 2018). To the outside world, Kenya is known as a nation that is leading the fight to end HIV & AIDS in Sub-Saharan Africa. A total of 184,718 young males aged 15 to 24 years old were living with HIV in 2017 (UNAIDS, 2018) in the United States, while a total of 1.98 per cent of the world's population was living with HIV 2017.

Fear of discrimination, social stigma, disease progression, and uncertainty about the future management of HIV can cause severe psychosocial and psychological stress for HIV-infected people (Duffy, 2010). Psychological counselling can help reduce morbidity and its recurrence while also promoting good clinical treatment because it is consistent and professional in its approach (Suyanti et al. 2018). In the context of diagnosis, testing, and treatment in Africa, psychological counselling is an essential component (Horter et al., 2017). But many variables make it difficult and frightening for family and friends to admit and share an HIV diagnosis and be accepted by the community (Obare et al., 2009). HIV therapy, testing, and diagnosis have progressed fast over the world (Horter et al., 2017). It is no longer considered a death sentence to be diagnosed with HIV & AIDs because of the availability of therapy, regardless of one's vulnerability or the outcome of a fresh diagnosis).

Recurring and devastating epidemics of HIV & AIDS self-acceptance and denial are a constant presence in all conversations regarding successful pandemic solutions. Adopting HIV & AIDS threatens not only the well-being of those infected, but also the ability of those infected to obtain preventative, therapeutic, and supportive services. Due to the PLWH's realization that the community and its mechanisms are unaltered by the discriminatory treatment they receive, the first twenty-five years of the pandemic have reduced the influence of HIV & AIDS on the world (Suyanti et al. 2018). Acceptability and supportive care are among Piot's five major imperatives as Executive Director of the Joint United Nations HIV & AIDS Program. As Duffy (2010) points out, the AIDS program places a low priority on attempts to acknowledge one's existence.

The prevalence of HIV & AIDS necessitates research on self-awareness and treatment counselling. People with chronic illnesses, including HIV & AIDS, generally exhibit a lower quality of life than healthier individuals (Roth & Robins 2004). For self-acceptance to be possible in relation to HIV, it is necessary to have a strong desire to confront the unpleasant emotions and sensations that come with the disease. Knowing where the infection is coming from and being able to take health-promoting measures in daily life entails an openness to accepting oneself (Moitra, Herbert & Forman 2011). People with physical, mental, and psychological wellness difficulties can benefit from psychological counselling to improve their sense of health, alleviate feelings of worry, and overcome emergencies).

Self-reception, according to Mereish and Potent (2015), has an impact on both mental and physical health. Health issues in the ageing population included asthma, high blood pressure, pulmonary and circulatory disorders as well as diabetes. An acceptance preparation exercise was undertaken in this community (McDonald et al., 2011). Condition recognition and improvement in many indicators for health outcomes, such as predicted follow-up, despair and dread, were higher among patients. An acceptance-based compliance therapy (ABBT) pilot study was done by Moitra et al. (2011) to encourage HIV & AIDS patients to adhere to their treatment regimens. In addition, the participants' blood tests demonstrated better CD4 levels and a lower viral load. Researchers discovered that providing care necessitates patients' self-acceptance of their medical conditions, and acceptance processes were found to be an effective means of achieving this.

Poorly informed people, misunderstandings regarding HIV transmission, restricted treatment availability, and unethical media reporting have resulted in PLWH being treated unequally (Chibanda et al., 2015). Perception differences are also founded on the generally held opinion that "PLWH are sometimes perceived as invasive agents in a healthy community" and the notion that HIV & AIDS is a deadly disease (Varas-Diaz et al., 2015). These societal inequities have led to "many sorts of negative treatment, like social exclusion, humiliation, and denial of much-needed support on the premise that they receive what they deserve" (Parker & Aggleton, 2012). Prejudice has been reinforced and legitimized by the use of 'early AIDS metaphors' such as death, horror, revenge, guilt, and humiliation.

HIV & AIDS prejudice harms the physical, psychological, and psychological well-being of those living with HIV & AIDS, according to Hershey (2014). Preventing HIV transmission, treating it, providing care, and pursuing a higher degree or job are all made more difficult by discrimination (Hershey, 2014). Prejudice harms the ability of people with HIV to adapt to their new situation and adapt to their disease, making them more open to stigmatization. PLWHs also have a hard time socializing with their families and friends, which has a severe impact on their mental health.

Clinical counselling for HIV & AIDS is an important component of HIV therapy. It addresses the psychological needs of those living with HIV & AIDS. Clinical Therapy is the best technique to help a patient deal with this condition and its consequences (Brandt, 2009). HIV has a negative impact on an individual's immune system and mental health. People with HIV & AIDS deal with a wide range of issues relating to their social interactions, health and well-being, relationships with loved ones, and employment (Brandt, 2009). A person's insecurities stem primarily from the fact that someone with HIV is viewed as a racist and a security

risk (Brandt, 2009). The diagnosis of HIV should be made as soon as possible to help the child's mental health.

There has been a decrease in the mortality rate due to better drug therapy, however, it is well known that HIV-positive people face major psychological problems such as sadness, low self-acceptance, and prejudice. Because of the long-term effects of HIV, the lives of those who have the virus will be drastically altered, new technologies will need to be learned and applied, and existing ones will need to be enhanced. Recognizing the sovereignty of persons living with HIV & AIDS is critical. A person living with HIV can feel more positive if they have a greater sense of self-worth. Self-acceptance, on the other hand, might make people less driven and more depressed, which can have a negative impact on their mental health. Therefore, the goal of this study is to assess the effect of psychotherapy on HIV and AIDS acceptability in the Mathare Constituency of Nairobi County.

More than 500,000 individuals, including 4,000 children, live with HIV & AIDS in the Mathare constituency of Nairobi County. However, the number of new cases of HIV infection in Mathare has declined from 14 per cent at its outbreak peak to 8 per cent in recent decades, but the rate of new infections is still significant, with 39 per cent of those infected also being infected with tuberculosis. More than half of all sexually transmitted diseases are preventable (United Nations Agency for Sexually Transmitted Diseases, 2018).

Individual-level, group-level and community-level interventions have been implemented to improve the psychological well-being of PLWHA (UNAIDS, 2018). Community-based psychological therapies continue to function as a safety net for families of PLWHA, as per Kabiru et al. (2018). People in one particular group who have been identified as having high-risk behaviours can benefit from community-level interventions by altering risk factors, institutions, and social norms (Kabiru et al., 2018).

Some 18 to 30 per cent of Mathare's population is made up of sex workers and opioid addicts. Mathare has a high HIV prevalence (UNAIDS, 2018). More research is needed in Mathare Constituency to close this knowledge gap. Client-counsellor conversations about HIV & AIDS are meant to help clients deal with stress and make personal decisions about their health. The counselling process includes evaluating the individual risk of HIV transmission and discussing how to prevent infection. Its primary focus is on the psychological and social effects of being infected with HIV or AIDS (Kabiru et al., 2018). People living with HIV & AIDS in the Mathare constituency of Nairobi County, Kenya, were the focus of this study.

Since the first AIDS patient was diagnosed in Kenya in 1984, hundreds of thousands of lives have been lost and millions of children have been orphaned as a result of HIV. Prejudice towards those living with HIV persists despite recent improvements in Kenya's response to the epidemic. Even though there are initiatives to provide health care, persons living with HIV and AIDS continue to face difficulties with self-acceptance and mental health (UNAIDS, 2018). As a result, the increasing prevalence of HIV and AIDS in Kenya could negatively impact people's self-acceptance and mental health.

According to Chibanda et al. (2015), Common Mental Disorders (CMDs) are among the most common mental and neurological diseases among people living with HIV & AIDS in poor and middle-income nations (LMIC). As an informal settlement, Mathare settlement adds to the CMD conditions that PLWH already face. Cultural views, misunderstandings, and a lack of education continue to impede HIV prevention efforts in the slums. Those who have already been infected face appalling living conditions and a scarcity of high-quality medical care.

There is a higher level of psychological discomfort among people living with HIV (PLWH) than there is among the general population. Psychological therapies for PLWH, according to Hershey (2014), can enhance mental health symptoms, quality of life, and involvement in HIV care. Mathare's PLWH population is understudied when it comes to the efficacy of mental health therapies for this population. As a result, researchers in the Mathare Constituency of Nairobi conducted this study to see how counselling with a psychologist affected people's ability to accept themselves as they are.

*B. Objectives of the Study*

i. To find out how People living with HIV & AIDS in Mathare constituency, Nairobi County, feel about their own self-worth.
ii. To show the benefits of self-acceptance among people living with HIV & AIDS in Mathare, a constituency in Kenya's Nairobi County.
iii. To investigate the effect of inequality on the self-acceptance of People living with HIV & AIDS in Nairobi County's Mathare constituency.
iv. To examine the effect of psychological treatment on people living with HIV & AIDS on self-acceptance in Mathare constituency, Nairobi County

## II. METHODOLOGY

The study used explanatory research design whereby data was collected from persons living with HIV & AIDS in Mathare constituency, Nairobi County. Mathare Constituency is located in the South East of Nairobi and has an estimated population of 500,000. There are six wards in the Mathare constituency: Hospital, Kia Maiko, Mabatini, Huruma. Ngei and Mlango Kubwa are the most populous. Common Mental Disorders (CMD) are among the most common mental illnesses among persons living with HIV and AIDS living in low and middle-income countries (Chibanda et al., 2015). Psychological counselling for persons living with HIV and AIDS may have a greater influence on their lives if it is provided in an informal settlement like Mathare, which is known to exacerbate CMD issues already present in the community. The study used simple random sampling and

stratified sampling techniques to identify a sample of 278 persons living with HIV & AIDS from a target population of 16,600 persons. Lux and Petosa's attitude scale, Genberg's discrimination scale, and Dunn's self-acceptance scale were the instruments of measure used to collect data.

## III. RESULTS

The study recorded a response rate of 91.4% equivalent to 254 questionnaires out of the targeted sample size of 278 persons living with HIV & AIDS in Mathare Constituency. The response rate surpasses the threshold of 70% which is recommended as the rule of thumb (Mugenda & Mugenda, 2003, p. 83). Out of 254 respondents, 51.7% or 132 were of female gender while 48.3% or 122 were of male gender.

### *A. Level of self-worth among PLWH*

Objective one sought to find out the level of self-worth among persons living with HIV & AIDS in Mathare Constituency. The outcomes of the analysed data are shown in Table I.

Table I: Level of Self-worth among PLWH

| ANOVA | | | | |
|---|---|---|---|---|
| Demographic Characteristics | | Sum of Squares | df | Mean Square |
| Age | Between Groups | 3,259.028 | 4 | 814.757 |
| | Within Groups | 6,987.112 | 249 | 28.060 |
| | Total | 10,246.142 | 253 | |
| Gender | Between Groups | 368.228 | 2 | 184.114 |
| | Within Groups | 5,214.452 | 251 | 20.774 |
| | Total | 5,582.680 | 253 | |
| Level of Education | Between Groups | 2,091.023 | 4 | 522.755 |
| | Within Groups | 6,267.867 | 249 | 25.172 |
| | Total | 8,358.89 | 253 | |

As shown in Table I, demographic characteristic of age had no significant difference between and within the group since the p-value was greater than alpha (.05). On the converse, the results of gender and level of education demographics show that there was significant differences between and within groups, p = .001< alpha (.05) and p = .003 < alpha (.05), respectively.

### *B. Characteristics contributing to self-acceptance*

In further addressing objective three, data was collected on demographic characteristics contributing to self-acceptance of persons living with HIV & AIDS in Mathare Contituency. The outcomes are shown in Table II.

Table II: Demographic Characteristics Contributing to Self-acceptance

| ANOVA | | | | |
|---|---|---|---|---|
| Demographic Characteristics | | Sum of Squares | df | Mean Square |
| Age | Between Groups | 3,023.222 | 4 | 755.805 |
| | Within Groups | 6,282.134 | 249 | 25.229 |
| | Total | 9,305.356 | 253 | |
| Level of Education | Between Groups | 6,678.577 | 4 | 1669.644 |
| | Within Groups | 9,214.457 | 249 | 37.005 |
| | Total | 15,893.034 | 253 | |
| Family History of HIV & AIDs infection | Between Groups | 1,665.042 | 2 | 832.521 |
| | Within Groups | 3,004.234 | 251 | 11.969 |
| | Total | 4,669.276 | 253 | |

Objective two sought to establish characteristics contributing to self-acceptance among PLWH in Mathare Constituency. Table II shows that the means of demographic characteristic of age had no significant difference between and within the group since the p-value (p = .083) was greater than alpha (.05). Similarly, the means of demographic characteristic of level of education had no significant difference between and within the group since the p-value (p = .054) was greater than

alpha (.05). Moreover, the means of demographic characteristic of family history of HIV & AIDS infection had no significant difference between and within the group since the p-value (p = .092) was greater than alpha (.05). In overall, the results of the study show that all the three demographic characteristics (age, level of education and family history of HIV & AIDS) had no statistically significant relationship with the opinions of self-acceptance among persons living with HIV & AIDS (PLWH) in Mathare Constituency.

*C. Influence Inequality on self-acceptance*

Objective two sought to establish the effect of inequality on self-acceptance among persons living with HIV& AIDS in Mathare constituency. Table III shows results of the analysed data.

| Table III Effect of inequlity on self-acceptance | | | | |
|---|---|---|---|---|
| ANOVA | | | | |
| Demographic Characteristics | | Sum of Squares | df | Mean Square |
| Age | Between Groups | 3,023.354 | 4 | 755.838 |
| | Within Groups | 6,284.343 | 249 | 25.238 |
| | Total | 9,307.697 | 253 | |
| Level of Education | Between Groups | 6,678.577 | 4 | 1669.644 |
| | Within Groups | 9,214.457 | 249 | 37.005 |
| | Total | 15,893.034 | 253 | |
| Gender | Between Groups | 1,696.042 | 2 | 848.021 |
| | Within Groups | 3,764.234 | 251 | 14.996 |
| | Total | 5,460.276 | 253 | |

As shown in Table III, demographic characteristics of age, level of education, and gender were carried and found satisfactory. The ANOVA results show that the means of demographic characteristic of age had significant difference between and within the group since the p-value (p = .001) was greater than alpha (.05). Similarly, the means of demographic characteristic of level of education had significant difference between and within the group since the p-value (p = .001) was greater than alpha (.05). Moreover, the means of demographic characteristic of gender had significant difference between and within the group since the p-value (p = .002) was greater than alpha (.05). In overall, the results of the study show that all the three demographic characteristics (age, level of education and gender) had statistically significant influence on the self-esteem of the respondents.

*D. Effect of psychological counselling on self-acceptance*

Objective IV sought to find out the effect of psychological treatment of persons living with HIV and AIDS on self-acceptance of their HIV & AIDS status. Table IV the results of the analysed data.

| Table IV Effect of psychological counselling on self-acceptance | | | | |
|---|---|---|---|---|
| ANOVA | | | | |
| Demographic Characteristics | | Sum of Squares | df | Mean Square |
| Gender | Between Groups | 1,242.324 | 2 | 621.162 |
| | Within Groups | 3,729.736 | 251 | 14.859 |
| | Total | 4,972.060 | 253 | |
| Psychological Counselling Intervention | Between Groups | 3,427.879 | 2 | 1,713.939 |
| | Within Groups | 5,879.571 | 251 | 23.424 |
| | Total | 9,307.450 | 253 | |

As shown in Table IV, gender had no significant difference between and within the group since the p-value (p = .052) was less than alpha (.05). On the contrary, the variable psychological counselling intervention had a significant difference between and within the group since the p-value (p = .000) was greater than alpha (.05). In overall, the results of the study show that psychological counselling intervention had statistically significant influence on self-acceptance of persons living with HIV & AIDS (PLWH) in Mathare Constituency.

## IV. SUMMARY OF THE FINDINGS

The purpose of the study was to find out the effect of psychological counselling on self-acceptance among persons living with HIV and AID in Mathare constituency, Nairobi County. To achieve this objective, the study employed a descriptive research design. The response rate was 90.9%, that is, 254 respondents participated in the study from the expected sample of 278 participants. The summary of this study is presented for each research objective.

The study revealed that in demographic characteristics, there more respondents of female gender (51.7%; n = 132) than male gender (48.3%; n = 122) living with HIV and AIDS in Mathare Constituency. There are other demographic characteristics like age and level of education which were found to contribute to variation in self-acceptance among persons living with HIV & AIDS. The study also found out that more than 90% of people living with HIV& AIDS in the Mathare constituency were members of various support groups for five to six years.

The study established that a majority of respondents had low opinion on acceptance of the HIV & AIDS status. Similarly, a majority of respondents perceived their self-worth as low (n = 91, 35.84%), as opposed high (n = 74, 29.13%). Moreover, a majority of respondents (n = 130, 51.18%) reported a low opinion of self-acceptance. The study also found out that age, level of education and family history of HIV & AIDS) had no statistically significant relationship with the opinions of self-acceptance among PLWH in Mathare Constituency. This is despite the fact that a vast majority of persons living with HIV & AIDS in the Mathare constituency had received counselling.

Using regression analysis, it was established that psychological counselling inventions predicted self-acceptance among PLWH at $R^2 = .737$; $F = .847$, $p = .000$. These results suggest that psychological counselling interventions predict 73.7% of self-acceptance among PLWH, and there is significant influence of p-value (.000), less than alpha (.05). This suggests that there are other factors 26.3% of the variation in psychological counselling interventions which explain variation in self-acceptance among persons living in HIV & AIDS in Mathare Constituency.

## V. CONCLUSIONS AND RECOMMENDATIONS

The purpose of the study was to find out the effect of psychological counselling on self-acceptance among persons living with HIV and AID in Mathare constituency, Nairobi County. Therefore, guided by specific objectives of the study, it is concluded that:

There are more persons living with HIV & AIDS of female gender than male gender in Mathare Constituency, Nairobi County. This is justified by the fact that the randomly sampled respondents constitute 51.7%; n = 132 of female gender and 48.3%; n = 122 of male gender.

The gender, age, and family history of persons living with HIV & AIDS were found not statistically significant in explaining variation in self-acceptance. This therefore implies that there are other variables which can account for variation in self-acceptance among persons living with HIV & AIDS in Mathare Constituency.

Despite the fact most respondents had received psychological interventions, they still held low opinion regarding self-acceptance of their HIV & AIDS status. This assertion is justified by the fact that more than 90% of PLWH in the Mathare constituency were members of support group for five to six years, yet they expressed low self-acceptance opinions.

The studied psychological counselling inventions predict 73.7% of variation in self-acceptance among persons living with HIV & AIDS in Mathare Constituency. There remains other variables which account for variation in self-acceptance among PLWH which need to be studied in future studies.

Based on the results of the study, the researcher recommends that the ministry of health can adopt some psychological counselling strategies in developing intervention for offering psychological counselling or therapy to persons living with HIV & AIDS. Policy makers can use the results of this study to inform professional code of ethics for psychological counselling of persons living with HIV & AIDS.

The results of this study confirm that despite the fact that a vast majority of the respondents had received psychological counselling interventions their opinion on the level of self-worth was still low. The researcher recommends that there is need to evaluate the efficacy of psychological counselling techniques used in providing therapy to persons living with HIV & AIDS. This will enhance uptake of psychological counselling by PLWH thus increasing levels of self-acceptance of the HIV & AIDS status.

To those in academia, this study used a quantitative research method. By adopting a different research design like a longitudinal investigation, researcher can collect data from elements of observation for a longer period of time and thus gathering variant data which has heightens reliability and validity of the data set

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