

A Qualitative Study of Stigma Experience by Households with People Living With HIV/AIDS in Kaduna State, Nigeria

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ABSTRACT

HIV/AIDS related stigma remains a major social problem facing households with People Living With HIV/AIDS (PLWHA) in Nigeria in general and Kaduna State in particular. It is observed that stigma attached to HIV/AIDS pandemic makes it difficult for households with PLWHA to manage their members living with the epidemic especially in the areas of diagnosis and treatment as well as obstructs the treatment of the pandemic. Thus, this study examined the stigma experienced by households with PLWHA and the patterns of managing the challenges of HIV/AIDS interrelated stigma. As for the methods, this study was qualitative in nature; accordingly, it employed in-depth interviews to draw information from the 39 key informants as its method while the data obtained were analyzed using content analysis. The findings of this study discovered that households with PLWHA in Kaduna State experience numerous forms of stigma and prejudice together with human rights abuse that is detrimental to the total wellbeing of PLWHA and its households. The findings of the study also revealed that HIV/AIDS can be categorized into internalized, community and social based stigma such as fear, shame, rejection and feelings of frustration. The patterns households with PLWHA adopted to manage the HIV/AIDS related stigma were isolation, nondisclosure, and loss of follow up. This study concludes that households with PLWHA are faced with certain psychosocial strains or tensions and it is essential to intervene to lessen the consequence of HIV/AIDS stigma on households with PLWHA so that they can get the knack to achieve wellness, enhance life span and advance the quality of life. It is also recommended that social attention, social work support, and counselling services be improved upon to mitigate this problem.

Keywords: HIV/AIDS, Households with PLWHA, Kaduna, Nigeria, Stigma

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INTRODUCTION

The social and economic impacts of the Human Immunodeficiency Virus (HIV), as well as Acquired Immune Deficiency Syndrome (AIDS) in Nigeria, are still a grave concern because People Living with HIV/AIDS (PLWHA) endemic along with their households are affected by the epidemic and remains a global challenge. The Joint United Nations Programme on HIV/AIDS [UNAIDS] (2016), World Health Organization [WHO] (2015) and National HIV/AIDS Strategic Framework [NHASF] (2017-2021) put the population of PLWHA globally at 37 million and Nigeria as the most heavily populated nation in Africa continent remains a burdened nation with about 3.6 million people living with the epidemic. Thus, by implication, HIV/AIDS is detrimental to the existence of mankind with a global challenge.

Regarding stigma-related issues, households with PLWHA in Kaduna in particular and in Nigeria, in general, are facing the challenges of stigma. Previous scholarly studies from Link and Phelan (2001), Mbonu, Borne and De Vries (2010), Okoronkwo, Okeke, Chinweuba and Iheanach, (2013) and Weine and Kashuba (2012) maintained that discrimination as end result of stigma when there is any type of distinction, exclusion or restriction that is demonstrated against any person due to any attribute or any personal feature. Goffman (1963) illustrates stigma as an undesirable trait that tremendously harms the reputation of an individual and abridged in our minds from a complete and usual personality to a stained less valuable one. Hence, it is vital to mention that households with PLWHA in Kaduna

experience a number of stigmas related and tremendously wreck the reputation of the households with PLWHA.

Similarly, Okareh, Akpa, Okunlola and Okoror (2015) and Parker and Aggelton (2003) described HIV/AIDS-related stigma as the depressing beliefs, mindset and attitudes towards PLWHA, groups connected with PLWHA and other key populations or actors at higher possibility of HIV contamination. Therefore, HIV interrelated stigma is considered as the unwarranted and undeserved dealing with a person or group based on their actual or apparent HIV/AIDS status and it remains formidable intimidation to the accomplishment of HIV/AIDS care and treatment programme because studies have made known that stigma affects HIV testing revelation of serostatus, maintenance, and observance of treatment. Thus, households with PLWHA in Kaduna State experience numerous forms of stigma and prejudice together with human rights abuse that is detrimental to the total wellbeing due to the assumption that households with PLWHA are immoral or promiscuous in nature.

Literature Review

This study focuses on the experience of households with PLWHA regarding the HIV/AIDS stigma that are faced with and the patterns of managing the challenges of HIV/AIDS interrelated stigma in Kaduna State, Nigeria. Thus, the terms that were utilized were conceptualized as follows:

Experience of Households with PLWHA on HIV/AIDS Interrelated Stigma

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Stigma can be expressed as a powerful social course of action to underestimate individuals based on real or perceived differences such as gender, age, sexual orientation, behaviour, ethnicity or belief. Link and Phelan (2001) and Parker and Aggelton (2003) put forward that the current effort in the disciplines of sociology and anthropology has widened previous notions of stigma to include the structural circumstances that add to stereotyping. Besides, stigma is attached to an individual because of perceived, deviance from the norms on the part of the stigmatized and deviance is socially constructed by people with power by deciding what is normal and what is deviant (Becker, 1963). Thus, it is clear that social clusters fashion out what is deviance by making rules whose violation amount to deviance. Within society, individuals are allocated normal traits, behaviours, and tasks.

In a related development, studies from various literature show that there is a recurring link between stigma and members of households with PLWHA; while PLWHA are stigmatized and discriminated making them more vulnerable (UNAIDS, 2016; Yarney, 2016) as observed that households with PLWHA in Kaduna State are ill-treated or maltreated due to status of their members living with the epidemic making life so difficult for them. HIV/AIDS associated stigma and prejudice according to scholars is relative and can be described as the narrow-mindedness, unconstructive attitudes and maltreatment directed at PLWHA, in 35% of countries with existing data, over 50% of the individuals' testified having prejudiced mindset towards PLWHA (UNAIDS, 2017; WHO, 2015). Furthermore, studies revealed that stigma and discrimination also make members of households with PLWHA vulnerable with violations of human rights in healthcare surroundings, excluding their members from right to use health services or benefitting from value health care, some of the PLWHA are shunned by the family members, peers, and community members, they equally encounter poor handling in educational and work environment, wearing a way of their rights and psychological damage, all these limit the access to HIV/AIDS testing, treatment, and other HIV/AIDS services (Asuquo, Adejumo, Etowa & Adejumo, 2013; UNDP, 2015; Young, Wheeler, McCoy & Weiser, 2014). It is imperative to observe that households with PLWHA experience HIV/AIDS stigma and unfairness and it varies such as internalized stigma, government stigma, health stigma, employment stigma, community, and household level stigma. HIV/AIDS epidemic symbolizes a noteworthy obstacle to the development of comprehensive interventions with a number of different dimensions.

It is noted that HIV/AIDS is one of the primary universal causes of morbidity and mortality rate and the structural factors such as poverty and limited livelihood options, stigma, gender inequality, and aggression among others aid to impel and espouse the endemic while women within PLWHA often suffer from gender-based stigma and poor mental health (Adebiyi & Ajuwon, 2015; Adefolaju, 2016; Jagosh et.al. 2015, Orza et.al.2015). Studies have shown that stigma fuel the HIV/AIDS endemic by generating a culture of concealment, stillness, unawareness, culpability, embarrassment, and oppression and these forms of stigma can lead to loss of hope while it is equally noted that across the world, women, minorities and other marginalized individuals particularly those living in poverty are those at a higher

risk of contracting HIV/AIDS and women face more stigma concerning HIV/AIDS epidemic especially when they are unmarried (Adeoye-Agboola, Evans, Hewson, & Pappas, 2016; Ogden & Nyblade, 2003; Taylor, 2001; UNAIDS, 2017; WHO, 2016).

It is important to state that PLWHA in Kaduna and Nigeria still suffer stigma and discrimination as individuals and the same pains extended to their households at the community level being alleged as immoral and their entire family members are branded AIDS family or families or households while their children are frequently tainted and branded in the community as son or daughter of households with HIV/AIDS, obviously, force PLWHA and their household members to withdraw from the community by having depression and going into isolation and having implications for future social relations in the community with adverse effect on the livelihoods of the households with PLWHA in Kaduna State, Northern Nigeria (Aransiola, Imoyera, Olowookere & Zarowsky, 2014; Okoror, Falade, Olorunlana, Walker & Okareh, 2013; Suleiman, 2016). It is further observed that PLWHA at times have tension between them and their neighbours leading to households with PLWHA in Kaduna State, Nigeria to reduce their contact with people in the community, some of the PLWHA and their households withdraw from socio-economic activities such as attending religious gathering, meetings, ceremonies, business transactions among other activities that bring them into closer contacts with non-relations in the society or community (Adebayo, Olukolade, Idogho, Ayanti & Ankomah, 2013; Chivate, Umate, Nimkar, & Sousa, 2017; Ezire, Olugbo, Archibong, Ifeanyi & Ayanti, 2013). HIV/AIDS has negative impacts on the individual, family circle, and society at large. At the individual level, it causes undue anxiety and distress, while at the family circle, it causes the entire family members to feel embarrassed and cover up their association with the pandemic and pull out from active partaking in social, economic, political and cultural activities in the society and PLWHA and households in Kaduna State, Nigeria are detested and blame for their actions at the societal level.

Studies from previous researches have shown that of households with PLWHA always respond to the devastating impacts by adjusting consumptions, substantial losses of assets and facing serious challenges and making life miserable, thus socio-economic stress and shock has increased interpersonal tension causing households with PLWHA to be vulnerable, living with HIV/AIDS pandemic more often than not have major consequences on the proceeds, regardless of income preceding the acquiring of the HIV/AIDS epidemic while the expenditure of HIV/AIDS medical bills can be a major burden, coupled with stress and shock of stigma (Abebe & Skovdal, 2010; Baird & Gray, 2014; Levien, 2015). Thus, stigma and discrimination symbolize a noteworthy challenge to an adaptive daily life for PLWHA and their households; it makes it unattainable for members of households with PLWHA to vigorously practice the activities essential to make life achievable and to maintain the usual active life despite the epidemic status. Thus, Stigma is adversely affecting the interaction of households with PLWHA in the society leading to rejection, isolation, depression among others. However, with this threatening seroprevalence rate, HIV/AIDS-related stigma persists and equally contributes to the challenges of managing the PLWHA in Kaduna State,

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Nigeria. HIV/AIDS endemic related stigma symbolizes the unfairness and discrimination aimed at PLWHA and its households, their groups or networks as well as the communities that they associate with. Stigmatization causes households with PLWHA to be rejected or abandoned by their community members, shunned or discriminated against or even gets physically harm. Accordingly stigmatization of PLWHA has severely hampered the struggles to successfully battle HIV/AIDS epidemic because stigma is one of the key reasons why numerous individuals are frightened to consult a physician to find out their HIV/AIDS status or seek

medical attention or treatment in a situation of being infected with the pandemic or seek for employment or trading.

It is imperative to mention that HIV/AIDS related stigma was socially constructed, households with PLWHA as seen producing people with immoral acts and the PLWHA need not be associated with. It is also observed there is an assumption that PLWHA ought not to be permitted to engage in work. While some of these challenges make PLWHA vulnerable and it can likely lead to suicidal thought and depression as figure 1 below depicts the stigma vulnerability of PLWHA.

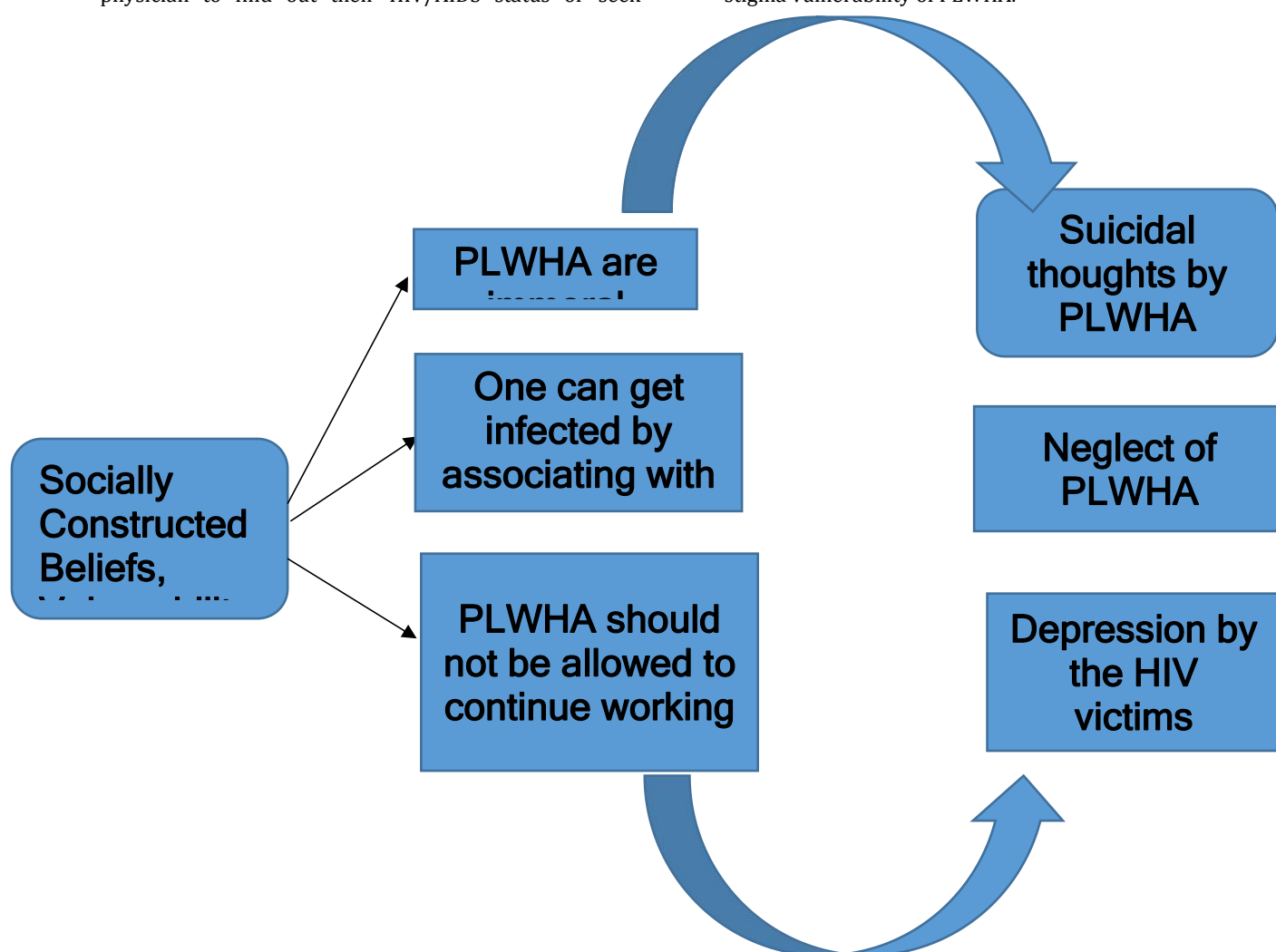


Figure 1: Stigma Vulnerability of PLWHA

Source: Study Literature Synthesis, 2019

Pattern of Managing the Challenges of HIV/AIDS Related Stigma by Households with PLWHA

The socio-cultural patterns or practices of the people in Africa and Nigeria is communal in nature and based on strong kinship life and based on providing care to any sick member of the household as signs of kindness, love, and loyalty that connect the household members despite the changes in the social structure of the society. Care is vital in the management pattern of PLWHA and it is affirmed that HIV infection and later developed to AIDS is apparent in escalating occurrence and harshness of the symptoms and opportunistic infections and stigma related consequential in PLWHA increasing need for care as their illness progresses as noted by UNAIDS (2017);

UNDP(2013); WHO (2016) that the burden of the pattern of managing the stigma related issues that is care significantly added up over time and affect both individual and their households while it affects the ability of PLWHA and their caregivers to fulfil their responsibilities especially earning a living potentially leading to households assets reduction, strained intra household relationship and impoverished them in most cases.

Consequently, it is observed that the HIV/AIDS epidemic has stigma related, socio-economic shock and stress on the individuals living with the epidemic and the entire households in their survival as social and cultural units. There is also an indication that there is stress on the

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resources of the households especially those households that are poor who could hardly afford the medical and other costs due to their ill members and with limited resources coupled with stigma related challenges such as harassment of the households with PLWHA owing to their members status of the epidemic.

Besides, it is imperative to mention that despite the HIV/AIDS related challenges facing households with PLWHA and their members in Kaduna State, studies have shown that up to 90 percent of the sickness care is provided in the home as noted by [UNAIDS \(2017\)](#); [WHO \(2016\)](#). While it is generally recognized that women and girls are the main care givers within AIDS affected households as supported by [Asuqou, Etowas, and Akpan, \(2017\)](#); [Mbonu, Borne, and De Vries \(2010\)](#), [UNDP \(2013\)](#) that the African traditional gender norms insist on pattern of care giving as a female normative role where women and girls in the different communities become caregivers despite the challenges of stigma related cases. To this end, it is also argued households with PLWHA have the pattern of managing the stigma of HIV/AIDS issues as observed by [Smith and Segal \(2013\)](#); [Suleiman, \(2014\)](#); [UNAIDS \(2017\)](#); [Yarney \(2016\)](#) to be what is known as hushed killer epidemic because people fear social dis-honour or talking about it because most community members perceive PLWHA of any household

as rough, undisciplined, immoral, those that cannot control their desires, but rather contravene the injunctions of their religions making life difficult for PLWHA and its households. In the intervening time, stigmatization causes PLWHA and its members of households to be cast off by their community, turn away from and single out against or even gets physically injury leading to isolation and depression as well as hard or difficult means of livelihood for them as pattern of managing the stigma related challenges in Kaduna State, Nigeria.

Methods

Study Area: This study utilized Kaduna State which is one of the states with the highest prevalence rate of PLWHA and it was also the capital of the defunct Northern Nigeria Region with various diverse people. It is essential to declare that many households in the research settings are into subsistence agriculture and engage in mixed farming systems. The main food crops in the study sites are maize, sweet potatoes, beans, sugar canes, millets, and vegetables among other crops. Likewise, several households engage in livestock, fishing and seasonal jobs as means of sustaining their livelihoods. Figure 2 below illustrates the map of the research location.



Source: Kaduna State Ministry of Land and Survey

Figure 2: Kaduna State Showing the Research Area, Kaduna State, Nigeria

Qualitative Research Method

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A qualitative research method was used for this study and the methods of data collection for this research was divided into two. The first part utilized the secondary data to gain more understanding of the current situation of affairs from the accessible literature like books, articles, conference proceedings, preceding studies, among others. Whereas other documents as added sources can be derived from publications from NACA, WHO, UNAIDS, UNDP, and other necessary publications to support gaining appropriate vital information regarding the experience of stigma by households with PLWHA in Kaduna State, Nigeria. Whilst the primary data were collected from the field as the researcher carried out in-depth interviews collectively with the observation methods and support from the secondary data as the parameter for designing the methods and tools of the data collection.

Participants and Interview: It is crucial to affirm that an extensive attempt was put in place previous to the beginning of the data collection on the field to discover the key informants for the research. It is worth noting that letters were written to all the necessary stakeholders notifying them of the intention of the study at the same time as visitations were conducted to get familiar, build trust and confidence with the key informants as well to encourage them to participate in the interviews. The in-depth interviews were used to draw together experts' information from individuals who were well-informed on issues of care and support for households with PLWHA and who also understand the range of government policies.

Consequently, semi-structured and in-depth were utilized to conduct interviews with 39 key informants comprising KADSACA officials, health workers, and volunteers working in the areas of care and support for PLWHA as well as the village heads, imams and pastors who are seen the custodians of the socio-cultural beliefs of the people in the society as the key informants for the first group at the community level. The semi-structured in-depth interviews were conducted through the means of face to face interactions with the participants (households with PLWHA) to produce the accounts of the knowledge or experiences of those households living with and managing PLWHA as the key informants for the second group at the households level. The researcher took notes and recorded activities that took place for the purpose of this study only. Furthermore, participant and nonparticipant observation methods were employed, especially the nonparticipant observation method since it was not possible to take part in all the participatory observation methods as a result of the stigma attached to households with PLWHA. Therefore, the data collected for this research were done through content analysis for the purpose of analysis.

Results

It is pertinent to mention that the results of the study revealed the dimension of the stigma such as fear, shame, rejection and frustration alongside with the patterns of managing the challenges of HIV/AIDS interrelated stigma. It is important that many households diverse some means as follows:

Dimension of the Stigma

It is pertinent to state that regarding the stigma-related issues, households with PLWHA still face challenges of stigma. Thus, households with PLWHA experience

numerous forms of stigma and prejudice together with human rights abuse that is detrimental to the total wellbeing of PLWHA. The dimensions of the stigma can be classified as internalized, community and social based as follows:

Internalized Based Stigma

The internalized based stigma is from the fear households with PLWHA have due to the stigma attached to HIV/AIDS epidemic. Then, households with PLWHA try to keep the information regarding the status of its members living with an epidemic due to the fear of victimization from the people. The stigma as fear can be described below:

Fear

The participants of this research from experience described stigma as the astonishing or anticipated fear of how other people respond to households with PLWHA. It is observed, those households with PLWHA and their members are terrified, frightening or worrisome of HIV/AIDS stigma attached to the epidemic. Households with PLWHA are afraid of losing the integrity or dignity of their households due to shame or humiliation from the HIV/AIDS epidemic stigma. Some of the participants as the key informants revealed that:

"The households had a bad feeling during the earlier stage of revealing the epidemic, with fear of people's reactions towards them due to the stigma attached to the pandemic in the society"

Another participant revealed that:

"Households with PLWHA are afraid of mentioning to the public that any member of the household is living with HIV/AIDS pandemic since some of the people in the community view HIV/AIDS as a death sentence and there is no need to come closer and by implication, we try to keep the issue to ourselves"

This participant equally revealed that:

"HIV/AIDS stigma has created serious fear for households with PLWHA Because of the fear of the people's perception and misconception on the route of transmitting HIV/AIDS and the assumptions that households with PLWHA are immoral, wanton or promiscuous in nature, therefore keep the issues of the epidemic in secret"

Community Based Stigma

The community-based stigma is a form of stigma households with PLWHA faces as a shame attached to the HIV/AIDS epidemic. The households with PLWHA endeavour to safeguard the integrity of the households and its members from shame or humiliation attached to the HIV/AIDS stigma in Kaduna. The stigma as shame can be described below:

Shame

It is pertinent to mention that households with PLWHA consider living with the epidemic as shameful and disgraceful to make the public or the community to know that any member of the household is living with the epidemic. It is pertinent to mention the PLWHA view living with the epidemic as a strong sense of shame and the households see it as a disgrace to them. Similarly, households with PLWHA and their members are mostly disturbed on how people gossip or talk about them creating serious shame and don't like discussing the issue related to the epidemic in the public. Some of the key

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informants who were the participants of this study revealed as follows:

"People think badly of this pandemic and believe that households with PLWHA are lose or careless, therefore considering living with HIV/AIDS pandemic as shameful and disgrace to the households and community, therefore, households with PLWHA don't like mentioning or discussing the issues of any members of the household living with the epidemic to avoid the shame attached to the disease"

Another key informant has this to say:

"Households with PLWHA face the shame from the community because of people believe the pandemic is not acceptable according to their traditions and they assume it is dishonourable to relate with households with PLWHA. Therefore, households with PLWHA reluctantly discuss issues related to the epidemic in the public to avoid the shame"

Similarly, this participant revealed that:

"Households with PLWHA countenance humiliation attached to the HIV/AIDS plague because the community think mostly the disease is transmitted mainly through unwanted sexual behaviour or drug injections, then, households with PLWHA are reprehensible and don't deserve pity or compassion forcing households with PLWHA to keep the shame of the epidemic to themselves"

Social Based Stigma

The social based stigma is a form of stigma households with PLWHA face as the kinds of rejection and frustration attached to the HIV/AIDS epidemic. The households with PLWHA make an effort to protect the honour of the households and its members from rejection attached to the HIV/AIDS stigma in Kaduna. The stigma as a rejection and frustration can be described below:

Rejection

Stigma is adversely affecting the interaction of households with PLWHA in the society leading to rejection, isolation, depression among others. There several manifestations of discrimination against households with PLWHA leading to isolation. Inappropriate or unsuitable attitudes towards households with PLWHA lead to rejection as well as frustration, thus, by implication makes life difficult for households with PLWHA. Some of the households with PLWHA are deprived of their social rights as noted by some key informants as follows:

"Members of households with PLWHA are prone to rejection in employment, downgrading or retrenchment and different forms of ill-treatment because of their HIV/AIDS status making living so difficult and complicated and by implication some of the PLWHA intend to commit suicide"

This informant made known that:

"Household with PLWHA get it difficult to access care and resources and this is having negative consequences on the interaction and livelihood patterns of households with PLWHA and many households with PLWHA

don't like mentioning to the public that their members are living with the pandemic due to shame and molestation on the entire households"

Another key informant revealed that:

"Households with PLWHA are isolated, compelling households with PLWHA to keep them in the rooms provides their basic needs as feasible, this is having negative consequences on the livelihood patterns of PLWHA and largely many households don't feel like to mention to publicly that members of the household are living with the endemic because of the embarrassment and molestation on the whole households"

Frustration

It is vital to state that households with PLWHA mostly feel lonely and frustrated due to the stigma related to HIV/AIDS in society. It is very vital to mention that households with PLWHA experience rejection due to the stigma attached to the HIV/AIDS epidemic leading to frustration and displeasure. They choose to be lonely and talk to themselves. Thus, some of the households become aggravated, irritating as well as annoying due to the HIV/AIDS related stigma. One of the key informants and also a participant of this research relates that:

"Most of the households with PLWHA are of the views that it is better to have patients suffering from kidney disease than HIV/AIDS because people will show compassion to them but when households with PLWHA think of the stigma related to HIV/AIDS epidemic, they feel frustrated"

Another participant revealed that:

"Households with PLWHA become frustrated and irritated due to the HIV/AIDS stigma from the members of the society and they keep saying why this calamity! Why my household member! Why this epidemic and not another disease! These feelings result in the frustration of households with PLWHA"

In the same vein, another participant has this to say:

"Households with PLWHA are frustrated and uncomfortable owing to the stigma attached to HIV/AIDS from the community such as isolation and mockery of households with PLWHA leading to frustration and loneliness of households with PLWHA"

Patterns of Managing the Challenges of HIV/AIDS Interrelated Stigma

The patterns of managing the challenges of HIV/AIDS related stigma adopted from the experience of households with PLWHA adopted include isolation, non-disclosure as well as the loss of follow up. The patterns of managing the challenges of HIV/AIDS related stigma are as follows:

Isolation

It is important to mention that one of the patterns of managing the challenges of HIV/AIDS related stigma adopted from the experience of households with PLWHA

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isolation to reduce the consequences of the HIV/AIDS related stigma. One of the participants in this study revealed that:

"One of the patterns of managing PLWHA is isolation from the public, they don't attend public gatherings or events such as naming ceremonies, birthdays, weddings, family reunions, religious functions as a means of controlling the challenges of the HIV/AIDS stigma in the community and protect the image of the households"

Another participant has this to say:

"Households with PLWHA believe that segregation of PLWHA from the general public to avoid rejection, disrespect or maltreatment from the people in the community and safeguard the dignity of the households with PLWHA from any forms of humiliation and with this stigma most of the PLWHA can't engage in livelihoods activities making them additional stress on the livelihoods of the households"

This participant revealed that:

"Most of the PLWHA prefer to isolate themselves from the general public due to the stigma attached to the HIV/AIDS pandemic. They dislike participating in any feasts or visitations, they don't want to get hurt, therefore prefer to stay in seclusion as a means of managing the stigma attached to HIV/AIDS epidemic"

Nondisclosure

This study observed from the participants who are key informants that most of the households with PLWHA are unable to communicate openly and effectively with people in the community because they are frightened of depressing retribution concerning their previous experience on stigma related to HIV/AIDS pandemic. One of the participants in this study revealed that:

"Many households with PLWHA do not like to disclose the HIV/AIDS status of their members due to the stigma connected to the epidemic because of some of the PLWHA were denied interaction, people of the community don't like to relate with them. Therefore, we prefer not to disclose HIV/AIDS related issues to protect our households"

This participant has this to say:

"Healthcare professionals such as physicians, dentists, and laboratory technicians don't have good attitudes towards PLWHA; they hardly treat PLWHA well, then households with PLWHA don't like to reveal the information of their members living with the epidemic due to the poor attitudes of the healthcare professionals as a way of safeguarding their households and PLWHA"

Similarly, another participant revealed that:

"Households with PLWHA hardly disclose the status of their members living with the epidemic due to HIV/AIDS related issues to avoid embarrassment or

humiliation of their members. Therefore, households with PLWHA dislike to make public the situation of PLWHA to protect them"

Loss of Follow Up

It is observed that the fear of disclosure of the situation of PLWHA by themselves or their households can affect the process of treatment because they may not like their medication taking place in the presence of other people. One of the participants in this study revealed that:

"Households with PLWHA prefer not to continue with the medication of them members living with HIV/AIDS as a way of managing the stigma connected to the HIV/AIDS epidemic, it is believed it is a way of protecting them"

Likewise, another participant revealed that:

"Households with PLWHA have a preference of stopping follow up in the hospital of their members living with HIV/AIDS and suggest to them to return to self-medication or alternative therapies as a means of controlling the stigma related to HIV/AIDS pandemic and having repercussion on the livelihoods of the households"

This participant has this to say:

"It is important to say that loss of follow up is a major concern to households with PLWHA and its members because of the stigma related to HIV/AIDS by the public. Some households stop their members from attending medical services from a particular hospital and change to another hospital by starting the medication afresh with implication on the economic condition of the households"

Discussion

It is observed that households with PLWHA had a range of experiences regarding stigma. Globally, it is noted that HIV/AIDS related stigma makes PLWHA vulnerable as noted by [UNAIDS \(2016\)](#) and [Yarney \(2016\)](#) that PLWHA are stigmatized and discriminated making them more vulnerable. Stigma might have critical harsh effects on the daily practices of households with PLWHA as well as the experience of feeling at loss which gave rise to the feeling of fright and shame that their members had been diagnosed with HIV/AIDS pandemic.

It is worth stating that sociologically, HIV/AIDS related stigma is based on socially construct value judgement conferred on people or group as noted by [Okareh, Akpa, Okunlola and Okoror \(2015\)](#) and [Parker and Aggelton \(2003\)](#) that HIV/AIDS-related stigma is illustrated as the depressing beliefs, mind-set and attitudes towards PLWHA, groups connected with PLWHA and other key populations or actors at higher possibility of HIV contamination. By implication, this study discovered from the experience of households with PLWHA resulted in coping in the form of social isolation termed self-imposed and secrecy regarding their health situation, thus, feeling ashamed makes possible the internalization of the depressing realization and culminated in more intense forms of self-discrimination. This research established that the fear of stigmatization of households with PLWHA

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didn't fade away despite the commencement of treatment. A number of them refrained from visiting support group and prefer to get care from centres far away from their residence or engage in self-medication and alternative therapies as observed by Adeoye-Agboola, Evans, Hewson, and Pappas(2016) and UNAIDS (2017) and WHO (2016) that stigma fuel the HIV/AIDS endemic by generating a culture of concealment, stillness, unawareness, culpability, embarrassment, and oppression and these forms of stigma can lead to loss of hope while it is equally noted that across the world that they avoid receiving medication from the healthcare centres due to stigma.

It is pertinent to state that regarding the stigma-related issues, households with PLWHA still face challenges of stigma. Thus, households with PLWHA experience numerous forms of stigma and prejudice together with human rights abuse that is detrimental to the total wellbeing. This research from experience described stigma as the astonishing or anticipated fear of how other people respond to households with PLWHA. It is pertinent to mention that households with PLWHA consider living with the epidemic as shameful and disgraceful to make the public or the community to know that any member of the household is living with the epidemic. Stigma is adversely affecting the interaction of households with PLWHA in the society leading to rejection, isolation, depression among others. It is vital to state that households with PLWHA mostly feel lonely and frustrated due to the stigma related to HIV/AIDS in society.

The patterns of managing the challenges of HIV/AIDS related stigma adopted from the experience of households with PLWHA adopted include isolation, non-disclosure as well as the loss of follow up. Thus, one of the patterns of managing the challenges of HIV/AIDS related stigma adopted from the experience of households with PLWHA adopted in isolation to reduce the consequences of the HIV/AIDS related stigma. This study observed from the participants who are key informants that most of the households with PLWHA are unable to communicate openly and effectively with people in the community because they are frightened of depressing retribution concerning their previous experience on stigma related to HIV/AIDS pandemic. It is observed that the fear of disclosure of the situation of PLWHA by themselves or their households can affect the process of treatment because they may not like their medication in the presence of other people.

Conclusion

It is pertinent to state that regarding the stigma-related issues, households with PLWHA still face challenges of stigma. Thus, households with PLWHA experience numerous forms of stigma and prejudice together with human rights abuse that is detrimental to the total wellbeing of PLWHA. This research from experience described stigma as the astonishing or anticipated fear of how other people respond to households with PLWHA. It is pertinent to pay closer attention to the experience of households with PLWHA and utilizing their acquired experiences to gain more insightful information or knowledge related to HIV/AIDS stigma. Thus, this study concludes that households with PLWHA are faced with certain psychosocial strains or tensions and it is essential to intervene to lessen the consequence of HIV/AIDS stigma on households with PLWHA so that they can get

the knack to achieve wellness, enhance life span and advance the quality of life.

It is important to determine the strength of the households with PLWHA on how to cope with negative attitudes from others, determine households' partners and friends. There is a need to link the households with PLWHA with social support services and access to adherence to medication and explore the stigma related nonadherence behaviour. The adequate social support and environment for managing the HIV/AIDS related stigma among others need to be improved.

Recommendations

Based on the findings of this study, it is recommended that authorities need to improve on the enlightenment programmes on the consequences of stigma in general and to households with PLWHA and their members living with the epidemic.

Training of people to enhance their understanding of the transmission and control of the HIV/AIDS related stigma is vital in tackling the challenges of the stigma.

The government should come up with strict laws that can take care of the households with PLWHA and their households.

Households with PLWHA need to be assisted with medication and illness management to reduce HIV/AIDS related stigma. It is also recommended that social attention, social work support, and counselling services be improved upon to mitigate this problem.

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