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Harmful Practices Related to Sexual and Reproductive Health Rights Affecting Young People Living with HIV/AIDS in Kenya

Osero Justus O.S
Department of Community Health and Epidemiology, School of Health Sciences,
Kenyatta University; P.O. Box 43844, 00100 Nairobi, Kenya
*E-mail of the corresponding author: Osero Justus O.S.

Abstract
Globally several young people living with HIV/AIDS continue to suffer from various types of harmful practices related to Sexual and reproductive health rights (SRHR). This is in contravention of their SRHR fundamental human rights as enshrined in national, regional, and international laws and agreements. In Eastern and Southern Africa, an estimated 19.6 million people were living with HIV/AIDS as of 2017, and an extra 800,000 people were newly infected yearly. This study aimed to discover the harmful practices in society related to sexual and reproductive health rights affecting young people living with HIV/AIDS in Kenya. This was a cross-sectional study involving a sample of 224 adolescents and young people from Nairobi City County and Homabay County in Kenya. The study used both qualitative and quantitative methods of data collection and analysis. Before the study commenced ethical approvals were acquired from the Kenyatta University Ethics and Review Committee, National Commission for Science, Technology and Innovation, County Governments, and selected County and Sub-County health facilities in Kenya. The study established that various harmful practices were directed at adolescent Young People living with HIV/AIDS. The harmful practices include stigma and discrimination (87.9%); physical abuse (53.5%); rape (50.5%); being barred from SRHR services (29.3%) and forced contraception (24.3%). Furthermore, it was noted that the perpetrators of harmful practices included relatives (73.7%); guardians (64.7%); boda-boda riders (51.5%); parents (38.4%); police officers (13.1%) and healthcare providers (11.1%). Since many harmful practices among AYP living with HIV/AIDS remain underreported, survivors of harmful practices should be encouraged to promptly report the vices to the relevant authority for action. The National and County governments should formulate regulatory and policy frameworks aimed at protecting adolescent young people living with HIV/AIDS from harmful vices.
Keywords: Harmful practices, Sexual and reproductive health rights, young people living with HIV/AIDS
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1. Introduction

The number of new HIV infections among young people and adults has remained unacceptably high among young girls and women (10–24 years old). In 2015, there were approximately 4500 new HIV infections weekly among Adolescents and young people (AYP) in the Eastern and Southern Africa (ESA) region, double the rate for adolescent boys and young men (UNAIDS, 2015). AIDS-related illnesses are also the leading cause of death among women and girls of reproductive age (UNAIDS, 2015).

AIDS remains the leading cause of death and morbidity among adolescents and young people. This is because approximately 51% of all new HIV infections in Kenya are among adolescents and youth. It is for this reason that the Kenya AIDS Strategic Framework, 2014/15 – 2018/19 identifies adolescents and young people as a priority population for the HIV response.

People living with HIV and AIDS, especially women, experience numerous forms of sexual and reproductive rights violations (Kenya National Commission on Human Rights, 2012). Some of the sexual and reproductive health and rights issues among young people living with HIV/AIDS include: i) sexual gender-based violence meted on women who are HIV positive; ii) indiscriminate testing of HIV among pregnant mothers without their consent and inadequate counseling offered after receiving the test results iii) Sexual partners of PLWHA continue to demand to have routine sex with the HIV infected women even at times when they are not ready for sex, exposing women to higher risks of re-infection or general weakness iv) forced sterilization of HIV positive women with or without their knowledge, v) Denial of the right to information and guidance to help HIV, this includes a discussion of one's status with another health provider without informed consent vii) Stigma and discrimination that leads to ostracization and abandonment viii) Abusive language used against them at the health facilities either during delivery or while attending both ante-natal and post-natal clinics ix) Denial of the opportunity to engage in safe sex and to find suitable marriage partners among others (Kenya National Commission on Human Rights, 2012).

Despite efforts to provide youth-friendly services, the uptake of services by young people is very low. What must be considered are young people's pathways to seeking services; and the specific barriers they face before

getting to the services, while receiving services, and after leaving the service delivery sites. Attention to the perceptions and needs of young people is essential, along with the development of policies, services, and programs that address those needs, particularly the youth-friendly approach to service delivery (Braeken and Rondinelli, 2012). Worse still with the current COVID-19 pandemic, access to SRHR services is further limited. A study by Kags (2022), reports that people living with disability have been left out during these current times of the pandemic and have been affected by the tough measures put in place to contain the covid situation. The pandemic has made it difficult for young people living with disability and HIV/AIDs, to get access to essential services such as drugs, medication, and treatment.

Access to services is thus a central concern surrounding the promotion of sexual and reproductive health and rights (SRHR) of young people. A more comprehensive approach toward SRHR is needed, as is the provision of services that tackle sexual and gender-based violence, sexual diversity, discrimination, relationship issues, and fears and concerns about sex and sexuality. This study will assess the current unmet needs of SRHR among this group of young people.

2. Methods and Materials

2.1 Study design

This was a cross-sectional study involving a sample of 224 adolescents and young people from Nairobi City County and Homabay County in Kenya. The study used both qualitative and quantitative methods of data collection and analysis.

2.2 Study Location

The study involved five Sub-County health facilities in Nairobi city County including Embakasi Central, Embakasi North, Kasarani, Roysambu, and Dagoretti North. Sub-county health facilities involved in Homabay County included Homabay town, Suba, and Ndhiwa.

2.3 Sampling Technique

Whereas the counties were purposively sampled due to their high prevalence of HIV/AIDS, a simple random sampling technique was used to select 30% of the sub-county health facilities involved in each County. The study respondents (n=224) were purposively sampled using the census method until the appropriate equal sample (28) was achieved from each of the study sites.

2.4 Data Collection Instruments and Methods

Questionnaires with both closed and open-ended questions were used to obtain information from the 224 adolescents and young people involved in the study. A Key Informant Interview guide was used to collect information from 8 healthcare providers at the facilities involved in the study.

2.5 Data analysis

Statistical Package for Social Sciences (SPSS) version 23 was used for the analysis of the quantitative data collected. The chi-square test was used to test the association between the dependent and independent variables. The association was deemed significant when the p-value was less than 0.05 at a 95% confidence level.

2.6 Ethical Consideration

A research permit was sought from the Kenyatta University Ethical Review Committee and the National Commission for Science, Technology and Innovation (NACOSTI). The study sought informed consent from the respondents before proceeding with the research.

3. Results

3.1 Sociodemographic characteristics of respondents

The study revealed That most of the respondents were female (67.4%), aged 20-24 years (70.1%), achieved a secondary level of education (63.8%), were not in school (63.8%) and were single by marital status (72.8%) (Table 1)

Table 1: Socio-demographic of AYP Living with HIV/AIDS

Variable	Category	Proportion n(%)		Total
		Kenya		
		Nairobi	Homabay	
Sex	Male	38(29.5)	35(36.8)	73(32.6%)
	Female	91(70.5)	60(63.2)	151(67.4%)
Age	15-19	23(17.8)	44(46.3)	67(29.9%)
	20-24	106(82.2)	51(53.7)	157(70.1%)
Level of education	Pre-primary	1(0.8)	1(1.1)	2(0.1%)
	Primary	15(11.6)	31(32.6)	46(20.5%)
	Secondary	92(71.3)	51(53.7)	143(63.8%)
	Tertiary	16(12.4)	10(10.5)	26(11.6%)
	None	5(3.9)	2(3.9)	7(3.1%)
Currently in school	Full-time	16(12.4)	42(44.2)	58(25.9%)
	Part-time	12(9.3)	11(11.6)	23(10.3%)
	No	101(78.3)	42(44.2)	143(63.8%)
Marital status	Single	100(77.5)	63(66.3)	163(72.8%)
	Married	22(17.1)	30(31.6)	52(23.2%)
	Divorced	4(3.1)	1(1.1)	5(2.2%)
	Separated	3(2.3)	1(1.1)	4(1.8%)

3.2 Harmful practices in society related to sexual and reproductive health rights affect young people living with HIV/AIDS in Kenya.

3.2.1 Knowledge of harmful practices relating to sexual and reproductive health rights affecting young people living with HIV/AIDS

The study wanted to find out whether AYP living with HIV/AIDS knew of any harmful practices directed at them. The study established that 44.2% of adolescents and young people living with HIV/AIDS were aware of harmful practices directed at them in their communities. The proportion of AYP living with HIV/AIDS who were aware of harmful practices in Nairobi City was 26.8%) while Homabay County was 17,4%) Counties were not significantly different (χ^2=203.689; df=1; p<0.001) (Table 2).

Table 2: Show the proportion of AYP living with HIV/AIDS who knew harmful practices in the community

	Aware	Not Aware	Significance
Nairobi City	60(26.8%)	69(30.8%)	**χ^2=203.689; df=1; p<0.001**
Homabay	39(17.4%)	56(25%)	
Total	99(44.2%)	125(55.8%)	

3.2.2 Harmful practices relating to sexual and reproductive health rights affecting young people living with HIV/AIDS

The study established various harmful practices directed at AYP living with HIV/AIDS. Stigma and discrimination remained the leading harmful vices affecting AYP living with HIV/AIDS (87.9%) in Kenya (Table 2). Other harmful vices mentioned by respondents during the study include rape (50.5%), physical abuse (53.5%), forced contraception (24.3%), and being barred from SRHR services (29.3%) among others. The respondents were asked to rate the negative effects experienced due to the harmful effects directed at them. The study indicated that 53.3% of AYP rated the negative effects of harmful practices as high (Table 3).

Table 3: Show harmful practices and perpetrators for AYP living with disabilities and HIV/AIDS in Kenya and Zambia.

Variable	AYP Living with HIV/AIDS	
	Kenya (n=99)	
Harmful Practices		
Stigma and Discrimination	87	87.9%
Rape	50	50.5%
Physical Abuse	53	53.5%
Forced contraception	24	24.3%
Barring young people from SRHR services	29	29.3%
Rating the negative effect of harmful practices		
Low	12	12.1%
Medium	34	34.3%
High	53	53.5%
Perpetrators of the harmful practices		
Guardian	64	64.7%
Parents	38	38.4%
Relatives	73	73.7%
Police officer	13	13.1%
Healthcare providers	11	11.1%
Boda-boda guys	51	51.5%
Other	1	1%

3.2.3 Perpetrators of Harmful practices to AYP living with HIV/AIDS

The study went further to establish the perpetrators of harmful practices. Adolescents and young people with HIV/AIDS (73.7%) revealed that relatives topped the list of perpetrators (Table 2). Guardians (64.7%), boda-boda guys (51.5%), parents (38.4%), police officers (13.1%), and Healthcare providers perpetrated harmful practices at AYP in both Kenya (Table 3)

Other perpetrators (1%) of harmful practices mentioned by AYP living with HIV/AIDS in Kenya included drug addicts, friends, neighbours, peers, teachers, community members, and strangers.

4. Discussion

The study showed that the majority of AYP are stigmatized and discriminated. This agreed with UNAIDS which indicates that. Young people at high risk of HIV continue to face stigma and discrimination based on their actual or perceived health status, socio-economic, race, sex, age, gender identity sexual orientation, or other grounds (UNAIDS 2017). It is important to note that stigma and discrimination increase vulnerability to HIV. Stigma and discrimination present themselves in different ways. Discrimination and abuse of SRHR may occur in healthcare settings, barring people from accessing quality health services. According to CREA, (2017), AYP with HIV/AIDS experience stigma and discrimination including public insults and violence stereotyping them as unworthy, undesirable, and incapable of love and sexual expression thus they are unable to access education and any support from society.

Some young people living with HIV and other key affected populations are shunned by the wider community including families and peers, while others face poor treatment in educational and work settings, erosion of their rights, and psychological damage. This limits access to HIV testing, treatment, and other HIV services

5. Conclusion

- Very few AYP living with HIV/AIDS were aware of harmful practices relating to SRHR
- Harmful Practices related to SRHR affecting AYP living with/AIDS include:
  - ❖ Stigma and Discrimination
  - ❖ Rape
  - ❖ Physical Abuse
  - ❖ Forced contraception
  - ❖ Barring young people from SRHR services
- Perpetrators of harmful practices related to SRHR Include: Relatives, guardians, and parents among others

6. Recommendations

i. Survivors of harmful practices should be encouraged to promptly report the vices to the relevant

authority for action. Many harmful practices among AYP living with HIV/AIDS remain underreported.

ii. Health education for the AYP living with and the immediate family members, guardians, and the public concerning SRHR and services.

iii. Advocacy on the need to support SRHR matters and mitigation of Harmful practices among AYP living with HIV/AIDS by the various authorities

iv. Governmental and non-governmental organizations work together to end harmful practices perpetuated against AYP living with HIV/AIDS

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8. Conflict of Interest Statement

There is no conflict of interest in this work whatsoever.

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