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Review Article

Influence of Contextual Factors on Adherence to ART among the Youth Attending Provincial General Hospital (PGH), Nakuru County, Kenya

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Abstract: The purpose of this study was to examine the influence of patient-related factors on adherence to ART among the youth attending PGH, Nakuru County, Kenya. The study was guided by the health belief model theory. The research design used was descriptive survey design. Data types and sources were both primary and secondary. The target population was the youth aged 15-24 years, 10 nurses and 7 mentors. The sample population was 138 youth, 3 nurses and 2 mentors. Sampling techniques used were systematic random sampling and purposive sampling. Data collection tools used were questionnaires and key informant interviews. Data was analysed both quantitatively and qualitatively. Data entry was subjected to closed ended questions using SPSS. Cross tabulation was used to determine response frequency and percentages. The findings were presented on frequency tables. Significant level was measured through Pearson chi square. The study found out that denial of illness was a major influence on adherence, and it was an observation that those who started medication immediately had a low rate of non-adherence. The study recommended that HIV and AIDS be taught in all learning institutions and community levels, support and care be accorded to the youth living with HIV and AIDS, disclosure be encouraged by healthcare centres dealing with HIV patients and alternative measures like injection be considered in order to ease the dosage burden.

Keywords: adherence to medication, antiretroviral therapy, contextual factors, influence.

INTRODUCTION

More than 25.6 million people are now living with HIV and AIDS in Africa. This adds up to two-thirds of the total global HIV and AIDS infections and over 70 per cent of all deaths caused by HIV and AIDS. In 2015, there was a 7.1% adult HIV prevalence rate in Eastern and Southern Africa. This sums to about 19 million HIV patients, while Western and Central Africa accounted for about 2.2%, which is about 6.5 million HIV patients. In 2017, new HIV and AIDS infections among young people 15-24 years were 590,000 (Adolescent HIV prevention, 2018). Additionally, there has been an increase in AIDS related deaths among adolescents over the past 10 years while reducing in all other age groups. These can be largely attributed to children infected with HIV and AIDS who are growing into adolescents.

The total HIV prevalence rate in South Africa is about 13.1%. The sum of people living with HIV and AIDS is about 7.52 million as of 2018. An estimated 19.0% of adults aged 15-49 years are HIV positive. A study by UNAIDS shows that AIDS-related deaths in South Africa has dropped considerably, from 200 000 in 2010 to 110 000 in 2017 (Sidibe, 2018). However, there were new infections of 270 000 in 2017, including about 77 000 among adolescent girls and young women aged 15–24 years. South Africa has made significant development regarding the response to AIDS. Further, more than 4.5 million people were on antiretroviral therapy by the end of June 2018, which adds to 20% of all people on treatment worldwide.

Approximately 1.5 million people in Kenya are living with HIV and AIDS, with 75 per cent on ARV treatment. National HIV dominance among males and females aged 15-24 years was estimated at 1.34%

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and 2.61% in 2017 respectively, and overall HIV prevalence was 1.98%, which means 184,718 young adults living with HIV in 2017. This has put a heavy pressure on the Kenyan health care system as money, which could have been used for development purposes are directed to care and treatment of the sick.

A research done by Bond (2018) established that uptake of HIV and AIDS testing and counselling (HTS) by youth in Kenya is considerably lower than that of the adults. Antiretroviral therapy treatment rates are lower among the youth than for any other age group of persons living with HIV, which raises a need for targeted adolescent programs. Antiretroviral therapy requires a high level of over 95 per cent adherence. Kenya is scaling up ART access programs to HIV infected youth; however, a significant number of youth living with HIV have been seen to have high levels of non-adherence. This can lead to irresistible public health problems. The adult ART coverage is estimated at 75% while the ART coverage for children is 82% in 2017. Despite the significant progress of decline in HIV epidemic, there are people with HIV/AIDS who are not on treatment, and hence; an increased risk of mortality, and continued efforts are needed to ensure everyone who is infected accesses treatment. A report by the National Aids Control Council in (2018) indicates that there were 2800 estimated HIV related deaths among the youth 15-24 years.

Out of the overall people living with HIV and AIDS in 2017, 12 per cent that is 184,719 were among youth 15-24 years of age. Youth with HIV were more in the high prevalence counties in Kenya. Counties with high burden included; Migori 11,761,Nakuru 5,509 ,Nairobi 24,918, Kakamega 6,986 and Homabay 19,050; these contributed to 55% of youth living with HIV as of 2017. The study also found that there are 26 new infections that occur among the youth between 15-24 years every hour, making it the leading cause of deaths in Africa. In addition, 7 out of 10 newly infected adolescents in sub-Saharan Africa are girls; the leading cause for 70% of them was found to be engagement with multiple sexual partners without using a condom thus making them highly exposed. In Nakuru County, the number of youth who are currently infected with HIV and AIDS is 5,509, and those who are actively registered on treatment at the Rift valley provincial general hospital are 566. The youths on active attendance are 46 per week where they take medicine every Wednesday. From 2014, there has been a decline in adherence to ART among the youths.

Although HIV and AIDS prevalence rates seem to have stabilised globally, there has been a rampant increase in new HIV/AIDS cases, especially among the youth in Kenya and in Nakuru County. Lack of adherence to ART among the youth has the potential to affect outcomes on numerous levels. Poor adherence to antiretroviral therapy (ART) causes little viral suppression, which is a risk to the health improvement of the patient. It also risks the cause of lasting treatment resistance. This has an effect on treatment expenses as well as therapeutic options. Out of the 36.9 million people globally living with HIV, 21.7 per cent have access to antiretroviral therapy. About 1.5 million people in Kenya are living with HIV and AIDS, with 75 per cent on ARV treatment. In Nakuru County, the number of youths who are on ART treatment is 566 at Rift Valley provincial general hospital. Previous researchers such as Kheswa, J.G (2017) have looked at characteristics such as culture, stigma, discrimination and religious factors that may hinder youths' to adhere to anti-retroviral treatment. However, little has been done regarding gender preference, denial of illness, peer influence and parental style as influencing factors. Previous studies have focused more on the general patients in Kenya neglecting the youthful cohort between 15-24 years, yet the youth are the building blocks and demographic assets of any nation, Kenya included. For this reason, there is a strong need to invest in their health and protect them from premature death.

Despite the Government's efforts and commitment to providing free ART services in all public health facilities across the country, the youth living with HIV and AIDS continue to die at an alarming rate. The number of youths aged between 15-24 years living with HIV and AIDS in Nakuru county currently stands at 5,509 (NACC 2018), and the figures continue rising by the day. Those who are registered on treatment at the Rift valley provincial general hospital are 566. Those who are actively visiting the facility for medicine refill are 46-50 thereabout every Wednesday. Those who are not adhering to the treatment at PGH may have changed the station for refills or died. In addition, this study has not been done in Nakuru County. Thus, this study sought to find out factors, which influence adherence to Anti-retroviral therapy among the youth attending Rift Valley PGH in Nakuru County, Kenya.

LITERATURE REVIEW

Contextual Factors

Contextual factors include household income, education, Parental styles, parental beliefs and peer influence. Economic burdens borne by HIV patients are a hurdle to their ability to get a consistent supply of antiretroviral and take them at the right time (Castro, 2014). Such challenges include lack of transport money to a health centre and inadequate financial support to the caregiver at home in terms of eating healthy and general upkeep. Though these costs may seem minimal to health providers, they often render into hard household decisions such as who eats, who will work, or who goes to school. In most developing countries like Kenya, this is a major problem as many people are below the poverty line where there is a struggle for people living with HIV. This is because it may be hard to afford basic needs. Education also contributes to

adherence to ART treatment among the youth living with HIV and AIDS. Enhancing education among PLHIV not only enhances adherence, but also lowers levels of stigma (Kim, Gerver, Fidler, & Ward, 2014). When the whole community is educated, they know better how to treat PLHIV. At the same time, those with HIV no longer feel threatened by prospects of hopeless life, but feel empowered to live longer, healthier lives. To this, education decreases the level of ignorance concerning HIV and AIDs as well as ARTs. In normal routines of handing out ARVs, teaching is conducted before they get the medicines, as a way of enhancing adherence.

McKinney argues that providing patients with education on ART outcome and proper usage seems to increase adherence. The influence of parents and their parenting styles has been seen to influence the adherence to ART among young people. An authoritarian style of parenting exerts lots of control and relatively little warmth. It involves ordering young people living with HIV and AIDS. According to Shorer *et al.*, (2011), this may range from using curse words due to their condition since they feel disappointed or let down as parents. With this style, there is no social support to the victims. On the other hand, Anderson, (2011) argues that a parent who exerts positive kind of authority to the youth may contribute positively to adherence because there will be a constant reminder on treatment and healthcare.

Parents who exert a permissive style of parenting involve a lack of demands and expectations. Bahrami, Dolatshahi, Pourshahbaz, & Mohammadkhani, (2018), reveal that children raised by permissive parents tend to grow up without self-discipline. They may be rowdier in school due to the lack of guidelines at home, and may be less academically motivated than many of their peers. In this study, permissive parenting contributes negatively to adherence of ART treatment due to minimal support and follows up from the parents. Hence, the youth living with HIV and AIDS may be hesitant in seeking medication (Philips *et al.*,, 2014), defined uninvolved parenting, as neglectful parenting, and as a style that involves a lack of sensitivity to the child's needs.

These parents make few to totally no demands of their children, and they are often unresponsive, unconcerned and neglectful. With this kind of style, Rothrauff, Cooney, and An, (2009) says there may be a possibility that the parents are not informed of their children's HIV status due to the lack of effective communication as well as the environment they have created. This influences negative adherence to ART among young people. These parents are not able to support their children, whereas the patients are also not confident to confide in their parents due to lack of support. Traditionally, social support from the family was a key thing in African culture. With the emergence of HIV infection, this culture is of prominence (Idang, 2015). Many youths who are living with HIV and AIDS have been left exposed to very harsh economic realities and under increasing pressure to meet their treatment obligations. All these and other factors require the family to perform its traditional role of assisting its needy members in surmounting the emerging challenges. However, this may not be the case, especially in a situation where the parents do not offer social support. This may be due to their negative beliefs regarding HIV leading them to neglect the sick because they are a burden.

According to Nyamathi *et al.*, (2013), most PLWHA experience low psychological quality of life despite being on ART because of stigmatisation from family, friends and the community. Social support can also affect PLWHA health negatively, especially in cases where interacting with others leads to feelings of stigma and alienation. Family support will be there so long as their own name is not compromised, and so long as the privacy of personal family affairs is respected by the PLWHA. A study by Kahissay, Fenta, and Boon (2017) revealed that some parents believe that illnesses are caused by supernatural beliefs. In a study done by Tenenbaum *et al.*,, (2012) in a cross-cultural study of 139 societies, only two societies did not have the belief that gods or spirits could cause illness, making such a belief nearly universal. Moreover, 56 per cent of those sampled societies thought that gods or spirits were the major causes of illness.

Tiruneh and Wilson, (2016), in their research, found that beliefs and norms are among the factors, which influence PLWHA adherence to ART. Beliefs about the seriousness of the illness and the belief in medication or treatment also influence adherence. In addition, PLWHA"s attitude towards the drug, perceptions about HIV and the perceived benefits of the drug play a very important role in adherence. Greater adherence is observed in PLWHA who believe that HAART is effective, while negative beliefs reduce adherence. In addition, the cultural aspects of the PLWHAs' health beliefs and life goals are also important, influential factors in the context of treatment adherence.

In their study, Dejman *et al.*, (2015) found that some religions do not believe in medication and treatment. Parents who are in these religious groups may influence the adherence of the ART among youth living with HIV and AIDS. Most times, they will be on the road for religious practices in search of healing. While they may think, they are supporting the patient; their health keeps deteriorating and may lead to death. Peer influence on adherence has been noted to be one of the characteristics among the youth living with HIV and AIDS. This is due to the need to maintain a positive self-image. Galea *et al.*, (2018) found that peer pressure and a sense of identity have been as among the

influences to adherence to ART treatment. Most of the patients fear that the physical changes arising from drug toxicity might be a public indicator to their peers concerning their health status.

ARVs have side effects such as the facial and buttock wasting due to the abnormal distribution of fat in the body. Such physical changes if noticed or commented on by their peers could lead young people to stop taking their treatment (Nabukeera-Barungi *et al.*,, 2015). It is also evident that challenges emerge once young people take on full responsibility for taking their treatment on their own. This is of particular interest as this study is focusing on young people aged 15-24 years who are beginning to assume higher levels of control and responsibilities on taking treatment. Some young people transition to take full control of their own drugs before they are mature enough to fully appreciate the importance of taking drugs (Buchanan *et al.*,, 2012).

Lack of adult supervision and support even among adolescents has been shown to compromise adherence (Miller & DiMatteo, 2013). However, very few studies have an in depth literature on this. This gap also impacts on the support needed as it is still unknown what kind of support young people require during and after the transition from mediated to autonomous treatment taking. Although the literature has explored many of the factors which influence the adherence of ART treatment among the youth, there is still little understanding about how peer support networks may influence young people's adherence to ART (Xu, Munir, Kanabkaew, & Le Coeur, 2017). Studies have not implored deeper on what motivates the youth to take their drugs and what they perceive to be structural, cultural and social barriers that hinder them from adhering well to ART. This study, therefore, sought to find out from young people what support they require in order to improve adherence.

Theory: Health Belief Model

The health belief model (HBM), was developed by social psychologists Hochbaum, Rosenstock and Kegels in the 1950s who worked in the United States Public Health Services. HBM is a mental model that elaborates and also predicts health behaviour by putting focus on the attitude of individuals. The model was developed in order to respond to the failure of free tuberculosis (TB) health screening program. Since then, the HBM has been used to explore various health behaviours, including sexual risk behaviours and the transmission of HIV and AIDS (Ritter, 2011). Rosenstock assumed that to be in good health was the main goal for all people. The theory explains health behaviours with a focus on the attitudes and beliefs of individuals. The model explains that people will take up health actions if they feel that a health condition can be avoided. They will also take action if the person believes that by taking a recommended action, he or she will avoid a negative health condition, for example, the youth living with HIV and AIDS will adhere to ART treatment if they believe that it will prevent them from death caused by HIV. They will further take action if the person believes they can use the recommended action with confidence.

The health belief model presented is in three constructs, which represent the perceived threats and benefits. The first is perceived susceptibility, which is one's opinion of the chances of getting a condition. For example, lack of adherence to ART could lower the immune system. The second is perceived severity, which looks at the seriousness of a condition such as death due to lack of adherence to ART. The third is perceived benefits, which explain that the action, which is adherence to ART treatment, will suppress HIV and AIDS hence prevent death caused by the infection. Youth will adopt measures that will help them adhere to ART treatment if they feel that proper ART education and campaigns have communicated the risks involved due to lack of adherence. Finally, Self-efficacy, which portrays one's confidence in using the action, say the youth, can confidently adhere to ART treatment because they are aware of the dangers associated with lack of adherence.

The health belief model is a framework that can be applied to understand health behaviour and possible reasons for not using the recommended health action (Becker, & Rosenstock 1984). As much as the health belief model focuses on the patient, health care providers also need to understand and use it as a tool to help encourage behaviour change in patients. The health belief model is a suitable theoretical framework for use in exploring the behaviour of a patient's adherence to antiretroviral treatment. It can also provide useful intervention for health practitioners in their attempts to make informed judgments about measuring the success of patient adherence to ART. In this study, it can be used to determine why the youth living with HIV and AIDS are still dying despite the campaigns and education done by the government in addition to the provision of free antiretroviral drugs. It can also contribute to academic research on topics related to ART. The model will be relevant to the study, as it will help in finding out the reasons that influence youth adherence to ART at PGH Nakuru County.

DATA ANALYSIS AND PRESENTATION

Influence of contextual factors on adherence to ART among the youth

The objective of this study involved looking at the influence of contextual factors on adherence. Contextual factors were measured by household income, education, parental styles, parental beliefs and peer influence.

Distribution of respondents' adherence to ART based on contextual factors

Table 1: Parents' knowledge of HIV/AIDS and its influence on adherence

		Have you adhered or not adhered to taking ARVS.	
		Not adhered	**Adhered**
Parents knowledge on HIV and AIDS	Yes	20	80
	No	70	30

Chi square value=7.340; P=0.027
Source: Field data (2019)

Table 1 above gives an illustration of parents' knowledge of HIV/AIDS and its influence on adherence to ART. The results depict that where the parents or guardians had knowledge of HIV and AIDS, the patients reported high adherence rate at 80 per cent. Those who admitted that their parents/guardians lacked proper knowledge on HIV and AIDS, reported to having a low adherence rate at 30 per cent. The study concludes that knowledge of HIV and AIDS is important among the caregivers of the patient as it aids in adherence. When the parents or guardians have the knowledge, they will be able to support the youth who has the virus by encouraging them to adhere to the medication. Lack of proper knowledge leads to discrimination and seclusion in the family. Stigmatisation starts early in the family, and this demoralises the patients to the point that they develop self-rejection. This comes up when they are fed or hear different myths about HIV and AIDS while watching how they are discriminated by loved ones. One of the mentors stated that they take the time to educate the parents and guardians when a patient reports discrimination from family.

Lack of knowledge on HIV and AIDS is one of the challenges to adherence. We have had cases where a patient has reported cases such as discrimination and being laughed at by teachers and some family members. This is all because they have not taken the time to learn some truths about HIV and AIDS. (Interview, Mentor 1, 2019). It is important that each person make it intentional to learn more on HIV and AIDS to ensure that the patients are understood and supported. The study agrees with the findings of Kim *et al.*, (2014), which states that enhancing education among PLHIV not only enhances adherence but also lowers stigma levels.

Table 2: Percentage distribution of household income and its influence on adherence to ART

		Have you adhered or not adhered to taking ARVS.	
		Yes	**No**
Parent/guardians occupation	Employed	40	60
	Self-employed	33	67
	Not employed	64	36

Chi square value=0.830; P=0.036
Source: Field data (2019)

Table 2 illustrates the income level of the household where the patient lives and the influence it has on adherence to ART. Household income was measured by the parent/guardians occupation. The results show that, where the parent or guardian was employed and self-employed, the adherence rate was high at 60 per cent and 67 per cent respectively. Despite the medication being free from the government, people living with HIV and AIDS require to eat a healthy diet in order to sustain good immune to the virus and other diseases. We find that when the parents are employed and self-employed basically, there is some income in the family that can at least be put aside to cater for the expenses of the patient such as diet and travel to the clinic for medication. One of the mentors in our interviews stated that finances were a key factor influencing adherence. This is because some patients really struggled due to lack of transport money others having to walk for 10 kilometres in order to reach the facility.

There is a young boy who always walks for 10km from their home to reach the facility. The caregivers do not have a stable income to support him. Despite us giving him some money to use in the next facility visit, there is a challenge in adherence because back home, he may not get a healthy diet to sustain the dosage effects.' (Interview, Mentor 2, 2019).

To emphasise on this issue, the nurses also stated that the issue of finances was being evaluated on how they can assist the caregivers who do not have an income. Since most of the youth were not working yet, they are to start a program that gives the caregivers a business mentorship program and go further in supporting them to start a small business of their choice after training. This will help them sustain themselves as well as sustain the diet of the patient, therefore, enhancing adherence to ART.

Table 3: Parental style as an influence on ART adherence

		Have you adhered or not adhered to taking ARVS.	
		Not adhered	**Adhered**
How is your relationship with your parent/guardian	Harsh	90	10
	Strict	65	35
	Supportive	40	60

Chi square value=6.211; P=0.036
Source: Field data (2019)

Table 3 illustrates the style of parenting and its influence on adherence to ART among the patients. The patients who stated that their parents were harsh, had a high non- adherence rate at 90 per cent and 10 per cent adhered. This could be because being harsh came off as stigma. They could feel rejected by the family or discriminated. Due to this, they did not find any reason to adhere to medicine. Some of the patients said that they failed to take ARVs intentionally due to loss of hope since no one supported them. They reached a point where they contemplated suicide. However, the counselling they get from the mentors kept them going.

The ones who said that their parents were strict had a slightly high adherence rate at 35 per cent. Strict could come off in a good way at some point, but it is negative. Maybe the caregivers thought being strict and giving orders was the way to ensure that the youth adhere to ART. One of the respondents said that their caregivers were strict such that they stated the boundaries of the friends they should have. The parents could be lacking knowledge on HIV and AIDS, and that's why they do not support the patients as required.

However, the youth who said that they got support from the parents had a high adherence rate at 60 per cent. Supportive caregivers have a lot to offer from emotional, financial, and physical support. The people living with HIV and AIDS need all round support. This is because they are battling a lot, and a supportive family is the best thing they can find. Having support avoids the self-rejection that they may have due to stigma from society. This gives them hope of living and knowing adherence to ART is a good thing for viral suppression, which is necessary for healthy living.

Where the family does not support a patient, we try to intervene by speaking to them on the importance of support, and how they can support them in the journey. Most of the time, it is because they lack proper knowledge of HIV and AIDS, and we take them through education on the same. Parental support and family support is a great influence on adherence (Interview, Nurse 1, 2019).

Table 4: Distribution of respondents' peer influence on adherence to ART

		Have you adhered or not adhered to taking ARVS.	
		Not adhered	**Adhered**
How many of your peers know you are on ART	Few	71.80	28.20
	None	80.00	20.00
	Majority	40.00	60.00

Chi square value=6.764; P=0.026
Source: Field data (2019)

Table 4 above shows the influence of peer pressure on ART adherence among the youth. We find that where the youth had disclosed to their peers about their status, there was a high adherence rate at 60 per cent. Where the youth had not disclosed to the peers, the non-adherence rate was high at 80 per cent. The study reveals that disclosure aids in adherence to ART among the patients. Among the respondents who said that they had failed to take medication, a good number of them said that they feared that their friends would know that they are HIV positive. Therefore, they had to miss taking them when their friends were around, and it was time for medication. They did not want questions arising on the kind of medication they were taking. Some of the respondents had fears of stigma, discrimination and seclusion from their peers if they knew that they had HIV and AIDS. Some of the instances that made them not adhere to medication were during school trips since their friends were around, when their peers visited home, and when they have to attend a party with friends. Some of the respondents also indulged in alcohol despite knowing that it is harmful to their health. The reason for this was because they could not say no to a friends' outing or party invitation. This would help avoid suspiciousness and many questions. One of the mentors emphasised that fear of stigma was preventing the youth from disclosing.

Its true peers influence adherence to ART among the patients. Some of them cannot take medicine in public when their friends are around. You find that friends influence each other to certain activities such as clubbing and fun road trips. The patient submits to the pressure since they cannot disclose their status to their friends. (Interview, Mentor 3, 2019).

Table 5: Parental beliefs as an influence on ART adherence

		Have you adhered or not adhered to taking ARVS.	
		Not adhered	Adhered
Has your parent ever advised to stop ART	Yes	80	20
	No	10	90

Chi square value=8.367; p=0.000
Source: Field data (2019)

Table 5 illustrates the influence of parental beliefs on ART adherence. Parental beliefs may include religious and cultural beliefs that the parents may deem as possible healers of HIV and AIDS. The illustration shows that, where the parents advised the patients to stop the treatment in order to seek other types of healing, there was recorded high non-adherence rate at 80 per cent. Some of the respondents who had experienced this said that they were told to seek religious healing from their church. Thereafter, they stopped taking medicine since they believed they are healed. Others were advised to seek traditional doctors where they were given a prescription of traditional medicine. However, after the facility followed up on these patients, the parents were advised and educated more on ART adherence in order for the patients to continue with medication. One of the nurses told us that this was a problem that they were trying to shed light on to the patients.

Yes, personal beliefs have affected a patient's adherence to ART. One of the patients stopped coming for a refill for several months. We decided to follow up, and he said that a religious leader healed him. We had to sit and advise them that they had to continue taking their medication in order to suppress the virus.' (Interview, Nurse 1, 2019). The research agrees with Tiruneh and Wilson, (2016) who in their research, found that beliefs and norms are among the factors, which influence PLWHA adherence to ART.

CONCLUSION, AND RECOMMENDATIONS

The study concluded that parent's knowledge of HIV and AIDS is important in aiding adherence to ART among patients. This is because when people are well educated, it reduces stigma and helps the patients adhere to the medication. Moreover, household income was an influence on ART adherence. Income was a necessity in maintaining adherence due to the need for a healthy diet that helps maintain a healthy body due to the effects of the dosage. Parental supervision affected the influence of adherence to ART among patients. It was a conclusion that supportive parents/guardians influences and encourages adherence. Peer pressure influences adherence. Lack of disclosure to the peers made it hard for the patients to take their medication on time. It was also a conclusion that cultural and religious beliefs influence the adherence of ART among patients. The study suggested several recommendations, which if implemented, could help in encouraging adherence to ART among the young people who attend PGH in Nakuru County. The study recommends that health care centres dealing with HIV and AIDS patients encourage disclosure. This is among the family and friends of the patients. Disclosure has been found to encourage adherence to ART among the youth who attend PGH in Nakuru County. Disclosure brings confidence in adherence to medicine since the patient does not worry about what people may say. Disclosure will also help discordant couples lead a healthy relationship. Early disclosure by parents or guardians to the children born with HIV and AIDS is encouraged. Making them aware of their status early encourages adherence to ART.

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