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Health system factors contributing to HIV related stigma among HIV positive youths aged 15-24 years attending the ART clinic at taso Uganda, Entebbe, Wakiso district. A cross-sectional study

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ABSTRACT

Background

This study aimed to assess the health system determinants of HIV-related stigma among HIV positive youths aged 15-24 years attending the ART clinic at TASO Uganda, Entebbe, Wakiso District.

Methods

A descriptive cross-sectional study design employing a quantitative research method was used to collect data among HIV-positive youths aged 15-24 years from a sample of 92 participants, who were sampled using a consecutive sampling method. Data were collected using a structured questionnaire, coded, and analyzed using Microsoft Excel (2013) programs, and presented in frequency tables, graphs, and pie charts.

Results

Most 47 (51.1%) of the respondents were Muslims, while a minority of 9 (9.8%) were Catholics. 58(68%) of the respondents thought counselling at the ART clinic had helped them cope with stigma, while the minority, 34(37%), said it never helped them. The majority, 55 (59.8%) of the respondents reported waiting between 1–2 hours at the ART clinic before receiving services, while 7 (7.6%) waited for only 30 minutes to 1 hour. More than half, 62 (67.4%) of the respondents feared being labelled HIV positive because people might see them at the clinic. Over half 49, 53.3%) of the respondents had ever felt judged or discriminated against by health workers due to their HIV status. Nearly half 45, 48.9%) of the respondents stated that health workers rarely respected their privacy when handling HIV-related information, while only 9 (9.8%) said their privacy was always respected.

Conclusion

Health system factors such as long waiting hours, lack of privacy, and judgmental health workers further discouraged care seeking.

Recommendations

Regular training and mentorship programs should be organised for health workers on stigma-free care, confidentiality, and youth-centred communication to improve service quality and patient trust.

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Background

In Africa, specifically Sub-Saharan Africa, the prevalence of HIV is high, as 84% of the global number of youths living with HIV are in the region, and 3300 of the new infections are among females aged 15-24 years (UNAIDS, 2025).

The level of HIV-related stigma among the youth varies across the region, ranging from 23% in South Africa (Nice et al., 2024) to 70.5% in Ghana (Adamu et al., 2024). Stigma has been associated with the increased probability of having unprotected sext among youth in Sub-Saharan Africa (Cort et al., 2023), with status disclosure being a major determinant (Nice et al., 2024).

East Africa is among the most affected regions by the HIV pandemic, although there has been a decrease in the number of new HIV cases, young girls and young women still account for 27% of the new HIV cases (UNAIDS, 2024). In Kenya, there is a high prevalence of HIV-related stigma among the youths, feeling both perceived (48%)

and internalised stigma (24%) (Mugo et al., 2023). According to an East African Report by Terefe & Jembere

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(2024), being unmarried, living far from the facility, and non-media exposure were determinants of HIV-related stigma among young women.

In Kampala, all youths who were newly diagnosed with HIV suffered from self-stigma (Kiwanuka, 2023), 33.5% experienced both perceived and internalised stigma, which was associated with undisclosed HIV status, poor HAART adherence, and low social support (Namuli et al., 2024). HIV-related stigma persists as a major barrier to ART adherence, treatment outcomes, and overall quality of life (UNAIDS, 2024).

This study aimed to assess the health system determinants of HIV-related stigma among HIV positive youths aged 15-24 years attending the ART clinic at TASO Uganda, Entebbe, Wakiso District.

Methodology

Study Design

The study utilised a descriptive cross-sectional study design employing quantitative methods of data collection. The study design was chosen because it helped the researcher to gather numerical data regarding the determinants of HIV-related stigma among HIV positive youths attending an ART clinic, used in the statistical analysis at a single period, without the need to follow up participants.

Study Area and Rationale

The study was carried out at TASO, also known as the AIDS Support Organization, located in Entebbe along Lugard Avenue next to the Ministry of Agriculture. The facility was established in 1991 and has a catchment area of 55 km around it, serving the districts of Wakiso, Mukono, Kalangala, and Mityana. It provides services inclusive of psychological services such as adherence counselling, condom education, screening of gender based violence, risk reduction counselling, and behaviour change communication, and clinical services such as nutrition monitoring, adherence measurement, TB screening, and examination of opportunistic infections and others. The facility runs different clinics on different days, and the adolescent clinic where the youths are handled runs on the second Wednesday of the month, receiving an overall of about 230 clients. 68% of the youths have reported experiencing stigma related to their illness from the community, schools, and others, but it is from themselves. This made the facility an ideal study area for assessing the determinants of HIV related stigma among HIV positive youths attending the ART clinic at TASO Uganda, Entebbe, Wakiso District.

Study Population

The study population consisted of HIV positive youths aged 15-24 years attending TASO Entebbe

Sample Size Determination and Rationale

In the study, the sample size was determined using Krejcie and Morgan's table of 1970. Since the adolescent clinic receives 120 youths. The study population was 120, and the sample size was 92**.** Therefore, a sample size of 92 adolescents was used in this study.

Sampling Method

In this study, the convenience sampling method was used to select participants who took part in the study. On the day of data collection, the researcher included every youth aged 15-24 years who came to the adolescent clinic at TASO Entebbe for HIV service until the required sample size was reached. The method was chosen because the researcher had no chance to gather all the youths at the same time as they arrived at different intervals, and therefore, this method makes it easy for the researcher to select participants.

Inclusion and Exclusion Criteria

Inclusion Criteria

The study included all HIV positive youths aged 15-24 years attending TASO Entebbe who were in good health condition, willing to provide informed consent before participating in the study, knew how to read and write English, and were Ugandan citizens.

Exclusion Criteria

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The study excluded all HIV positive youths aged 15-24 years attending TASO Entebbe who were critically ill at the time of data collection, those who withdrew from the study, the participants who did not understand or write English, and those who were not Ugandans.

Definitions of Variables and their measurements

Independent Variables

The independent variables were the variables that could be manipulated, and their changes caused a change in the dependent variable. The independent variables in this study included:

Individual factors contributing to HIV-related stigma among HIV positive youths, Socio-cultural factors contributing to HIV-related stigma among HIV positive youths, Health system factors contributing to HIV related stigma among HIV positive youths

Dependent Variable

The dependent variable was the determinants of HIV related stigma among HIV positive youths attending the art clinic at TASO Uganda, Entebbe, Wakiso District.

Research Instrument and Rationale

The researcher used a researcher-administered pretested semi- structured questionnaire written in English to collect data, and it included both closed- and open-ended questions.

Data Collection Procedures

Upon the proposal approval by my research supervisor and research committee of the Mildmay School of Nursing and Midwifery, and an introductory letter from the Dean, School of Nursing, the researcher requested permission from the medical superintendent of TASO Entebbe to conduct the study at the facility. The permission letter was presented to the person in charge of the adolescent clinic, requesting permission to carry out the study at the clinic, and she was introduced to the youths who were available at the time of data collection. The researcher then determined the sampling interval using the details in the records and, after consecutively selecting participants for the study, explained the purpose of the study to each of the selected youth and made them comfortable in a separate corner for privacy and confidentiality, after obtaining informed consent from the participant. After the researcher administered the questionnaire and gathered data, the data were collected on two different Wednesdays when the adolescent clinic ran.

Data management

Data was managed by checking the questionnaires for any blank spaces and ensuring their completeness, and they were coded before letting the participants go. The filled questionnaires were stored in a locked cabinet, only accessible to the researcher and her supervisor.

Data Analysis

Data was presented as tables, bar graphs and pie-charts and were descriptively analysed where the variables were analysed to describe the population sample size by univariate analysis in the form of frequencies and percentages.

Quality Assurance

Reliability

The reliability of the study was ensured by carrying out a pilot study aimed at pretesting among 20 youths attending the HIV clinic at Kisenyi Health Centre IV to ensure that it was clear, comprehensible, and non-ambiguous.

Validity

To ensure the validity of the study, the researcher trained two research assistants to help with data collection and to ensure the accuracy of the data collected.

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Ethical Considerations

Ethical approval was obtained from the Institutional Research Committee of Mildmay Uganda School of Nursing and Midwifery upon approval of the proposal, and then an introductory letter to the researcher to use to request permission from the medical superintendent to carry out the study at TASO Entebbe was granted by the Dean, School of Nursing. Informed consent was obtained from all participants by explaining to them the purpose of the study. The confidentiality and anonymity were maintained during the study by using initials instead of the respondents' names, and the researcher and the supervisor accessed the collected data. Participants were informed that their participation was voluntary, as no incentives were given to anyone for participation, and all participants were free to withdraw from the study at any time without fear of any consequences.

Results

Demographic information of respondents

Table 1 shows the demographic information of respondents

Variable	Response	Frequency(n=92)	Percentage (%)
Age	15-19 years	12	13.0
	20–24 years	19	20.7
	25–30 years	40	43.5
	31–35 years	21	22.8
SEX	Male	17	18.5
	Female	75	81.4
Level of education	None	2	2.3
	Primary	10	10,
	Secondary	34	37.O
	Tertiary/University	46	50
Religion	Catholic	9	9.8
	Protestant	16	17.4
	Muslim	47	51.1
	Other (specify)	20	21.7
How long have you been on drugs for HIV	Less than 1 year	47	51.1
	1–5 years	23	25
	More than 5 years	22	23.9

Table 1 shows that the nearly half 40 (43.5%) of the respondents were aged between 25–30 years while the least 12 (13.0%) were aged 15–19 years. Most of the 75 (81.4%) of the respondents were females, while only 17 (18.5%) were males. Half of the respondents, 46 (50.0%), had attained tertiary or university education, and a minority, 2 (2.3%), had no formal education. The majority, 47 (51.1%) of the respondents were Muslims, while the minority, 9 (9.8%) were Catholics. More than half 47 (51.1%) of the respondents had been on HIV drugs for less than one year, while 22 (23.9%) had been on treatment for more than five years.

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Health System factors contributing to HIV related stigma among HIV positive youths aged 15 -24 years

Figure 1 shows whether respondents think counselling at the ART clinic has helped them cope with stigma (n=92)

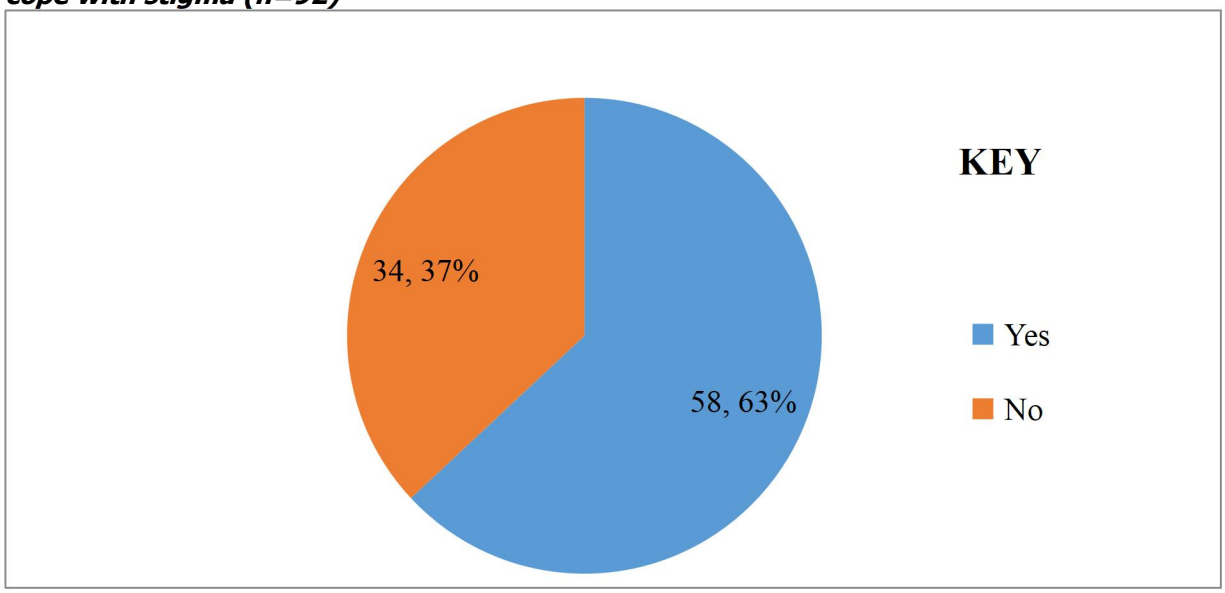

Figure 1 shows that 58(68%) of the respondents thought counselling at the ART clinic had helped them cope with stigma, while a minority, 34(37%), said it never helped them.

Table 2 shows other Health System **factors contributing to HIV related stigma among HIV positive youths aged 15 -24 years**

Variables	Response	Frequency(n=92)	Percentage (%)
Waiting time at the ART clinic before receiving the services	30-1 hour	7	7.6
	1-2 hours	55	59.8
	More than 2 hours	30	32.6
fear of being labelled HIV positive because people see you at the clinic	Yes	62	67.4
	No	30	32.6
ever felt judged or discriminated against by health workers	Yes	49	53.3
	No	43	46.7
How often do health workers respect privacy when handling respondents	Always	9	9.8
	Sometimes	24	26.1
	Rarely	45	48.9
	Never	14	15.2

Table 2 shows that the majority, 55 (59.8%) of the respondents reported waiting between 1–2 hours at the ART clinic before receiving services, while 7 (7.6%) waited for only 30 minutes to 1 hour. More than half, 62 (67.4%) of the respondents feared being labelled HIV positive because people might see them at the clinic. Over

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half 49, 53.3%) of the respondents had ever felt judged or discriminated against by health workers due to their HIV status. Nearly half 45, 48.9%) of the respondents stated that health workers rarely respected their privacy when handling HIV-related information, while only 9 (9.8%) said their privacy was always respected.

Discussion

The study purpose found that the majority, 55 (59.8%) of the respondents reported waiting between 1–2 hours at the ART clinic before receiving services due to the limited number of health workers handling a large number of patients. This illustrates that long waiting times may discourage some youths from attending regular appointments and increase stress related to their condition. This is in support of a study done by St Clair-Sullivan et al. (2019) in Zambia, which showed that clinics that opened up very late and had long waiting hours, while at the ART clinic, increased the likelihood of experiencing HIV-related stigma.

Furthermore, study findings indicated that 62 (67.4%) of the respondents feared being labelled HIV positive because people could see them at the clinic. This was attributed to a lack of privacy and confidentiality at some health facilities. This implies that health centres should adopt discrete service delivery models to protect client identities. This is in correlation with a study conducted among health care providers in the United States of America Spence et al. (2022) which revealed that 44% of them possessed stigmatizing attitudes towards the youths and people living with HIV, they presented with prejudice, stereotyping and discrimination against the youths due to a thinking that they were reckless (Spence et al., 2022).

Over half 49, 53.3%) of the respondents had ever felt judged or discriminated against by health workers due to their HIV status. This could be due to negative attitudes or inadequate training of some health workers on stigma-free care. This implies that continuous sensitisation and capacity building of health workers are necessary to ensure respectful and supportive interactions. This is in correlation with a study done by Saad et al. (2024) in Jordan, which revealed that inadequate knowledge among the health care providers regarding counselling HIV-positive youths regarding contraception, the risk of HIV transmission, and other STIs leads to stigmatising attitudes and judgment on the patients. The findings from the study above showed that the above health-related factors contributed to HIV related stigma.

Study Limitations

The study was limited to a small number of HIV-positive youths at one health facility, which may not represent all youths living with HIV in the district or country, thus limiting generalisation of the findings. Data was collected through self-administered questionnaires, which may have been affected by recall bias or fear of judgment. Since the study was cross-sectional, it only captured data at one point in time, making it difficult to establish a cause-and-effect relationship between the identified factors and HIV-related stigma.

Conclusion

Health system factors such as long waiting hours, lack of privacy, and judgmental health workers further discouraged care seeking.

Recommendations

Regular training and mentorship programs should be organised for health workers on stigma-free care, confidentiality, and youth-centred communication to improve service quality and patient trust.

Health facilities should redesign service delivery areas to ensure discretion for clients receiving HIV care, minimising fear of being identified or judged.

List of abbreviations

AIDS: Acquired Immunodeficiency Syndrome
ART: Antiretroviral Therapy
HAART: Highly Active Antiretroviral Therapy
HIV: Human Immunodeficiency Virus
STIs: Sexually Transmitted Infections
TASO: The AIDS Support Organization
UNAIDS: Joint United Nations Programme on HIV/AIDS

Source of funding

The study was not funded

Conflict of interest

The author did not declare any conflict of interest

Data availability

Data is available upon request

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Author contribution

Brenda Kemigisha collected data and drafted the manuscript of the study
George Masete supervised the study
Immaculate Prosperia Naggulu supervised the study

Author biography

Brenda Kemigisha is a student of a diploma in nursing at the School of Allied Nursing and Midwifery, Mildmay Institute of Health Sciences
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