Effectiveness Of Group Cognitive Behavioral Therapy In Reducing Self-Stigma Among Adolescents Living With Hiv (Alwhiv) In The Kakuma Refugee Camp.

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Abstract
Adolescents living with HIV (ALWHIV) continued to grapple with self-stigma. Series of studies have been done in refugee set ups on stigma, HIV and AIDs, and depression associated with the displacement of refugees and asylum seekers. Despite the efforts, there is limited evidence of the reduction of self-stigma. The current study was carried out in Kakuma refugee camp in Turkana County to assess the effectiveness of group Cognitive Behavioral Therapy (GCBT) in the reduction of the levels of self-stigma among ALWHIV. The study targeted adolescent refugees living with HIV and from multiple nationalities residing in the Kakuma Refugee Camp hosted by UNHCR. A Randomized control trial design was employed on a sample size of 60 participants. Internalized Stigma of Mental Illness Inventory (ISMI) tool was used for measuring the participants' level of self-stigma and the Client Satisfaction Questionnaire to evaluate the GCBT intervention's feasibility in diminishing HIV-related self-stigma. The data gathered was subjected to descriptive and inferential analysis using Statistical Package for Social Scientist (SPSS) v.26. The findings indicated that difference in the self-stigma scores was higher in the intervention group (M = 12.100, SD = 2.102) than control group (M = 4.14, SD = 2.361); there was a statistically significant mean decrease of levels of self-stigma by 12.100 during post-test in the experimental group, 95% CI [7.801, 16.399], t (29) = 5.756, p < .05. The study concluded that GCBT was effective in reducing self-stigma among ALWHIV. Based on the findings, the study recommended implementation GCBT to address Sigma and assessment of its effectiveness in addressing other mental health issues in refugee camps.
Key Words: *Group Cognitive Behavioral Therapy, Self-stigma, adolescents living with HIV*

Date of Submission: 14-05-2024   Date of Acceptance: 24-05-2024

I. Introduction

Self-stigma has a huge influence on the health of persons suffering from HIV. Several studies have related self-stigma with the non-disclosure, poor engagement and refusal of HIV testing in the biomedical prevention approach (Sayles, Ryan , & Silver, 2007). Similarly, self-stigma is one of the barriers to the medication and medication adherence (Berger, Von Wyl, Zellweger, Ledergerber, & Weber, 2008). Adolescents living with HIV have a high probability of being affected by self-stigma because their developmental stage is sensitive and characterized with diverse emotional changes due to growth hormones.

Stigma is linked to unfavorable ideas that might arise even in the absence of real experiences with an incident that led to denial and reduced feelings of guilt (Jill & Adam, 2009). Furthermore, individuals with self-stigma are likely to withdrawal which results to diminished affective and experiential contact with the infection such as avoiding disclosure to their parents and reducing their potential to utilize them as important guiders (Brickley, 2009). Due to the impact of self-stigma, individuals tend to have poor recovery outcomes from mental illness. For instance, Yanos, DeLuca, Roe, and Lysaker (2020) found out that internalized stigma had a negative contribution among individuals diagnosed with adverse mental problems including; low self-esteem, reduced hope, growing psychiatric symptoms, social relationships with difficulties, and experiencing social isolation among others. Hence adolescents living with HIV require extra attention and care to ensure that self-stigma does not interfere with their treatment and medication adherence.

Anti-Retro-Therapy retention among adolescents in Africa is the greatest at 84% although only 6% of the adolescents on ART achieving viral suppression were able to sustain the suppression. The main cause of dropout of ART by adolescents was found to be associated with stigma (Marion, Marie, Camela, Collins, & Nonhlanhla, 2020). For instance, the majority of adolescents on ART in Nigeria experienced mental health

disorders like depression 14%, 5% experienced anxiety and another 5% showed symptoms of posttraumatic stress disorder (Evangeli, Pady, & Wroe, 2016).

HIV incidences remained high in Kenya with those aged below 25 years being the most affected (United Nations, 2018; National AIDS Control Council, 2018). Refugees reported to be vulnerable to mental health illnesses due their large number of risk factors such as stigmatization, experiences of violence, discrimination and disruption in their homes and in refugees' settlements (Derrick Silove; Ventevogel, Peter & Susan Rees, 2017). There was evidence showing that the refugee camps in Kenya had a high HIV and AIDS transmission impact and the stage was set for further spread of the virus in the absence of appropriate interventions (Elizabeth &UNHCR 2002).

To support ALWHIV in Turkana County, psychosocial support services were established (TCG, 2018). These services included providing counselling, crisis intervention, social connectedness, self-and community efficacy and instilling hope in the ALWHIV and were intended to help ALWHIV fight against discrimination and self-stigma. Despite this, ALHWIV continued to grapple with stigma and related mental health problems posing the need to try other evidence based interventions. CBT was reported to be an efficacious counseling intervention for many mental health challenges for different populations (Anne, Pennie, & Scott, 2007; Whifield, 2010).

However, there were no studies found on the use of GCBT to reduce self-stigma among adolescents living with HIV in refugee camps. Studies of this population are necessary because apart of having the virus, refugee camp living situations exposes these adolescent to adverse conditions and mental health. Therefore understanding the interventions that can work among this population is critical to managing a lot of mental health issues among ALWHIV in refugee camps.

The aim of the study was to assess the difference in self-stigma levels in the intervention and control groups at the pretest and posttest stages among adolescents living with HIV (ALWHIV) in the Kakuma refugee camp.

II. Literature Review

Researchers have for a long time been interest in investigating the effects of cognitive behavioral therapy on various metal issues. Particularly group cognitive behavioral therapy (GCBT) has been greatly utilized by therapist and also researched on diverse basis. This study intend to examine whether GCBT was effective in reducing self-stigma among ALWHIV in Kakuma refugee camp. The review of literature looked at what the past researchers have documented on the same topic.

Tong et al., (2020) examined whether MDD patients' stigma and treatment non compliance issues could be alleviated using group cognitive behavioral therapy (GCBT) among eighty-eight participants with first-episode MDD were randomly divided into GCBT groups (GCBTs) and control groups (Cs). The findings of the study indicated that at the baseline, there were no significant differences between the two groups; after 8 weeks of GCBT, there were significant differences between the treatment and the control group with the treatment group showing a significant reduction in stigma among MDD patients.

Another study by Young (2018) evaluated the effectiveness of a cognitive behavioral therapeutic (CBT) group in reducing self-stigma for people with mental illness in Chinese society. The was a quasi-experimental research and involved 71 people with mental illness receiving community-based mental health services; 33 treatment group participants were assigned to a 10-session CBT group, while 38 control group participants received treatment as usual. The findings indicated that the CBT group was significantly more effective than the control group in terms of reducing self-stigma and depressive mood.

Shimotsu et al., (2014) measured the effectiveness of group cognitive-behavioral therapy in reducing self-stigma in Japanese psychiatric patients. The researchers administered a 10-session group CBT program to 46 Japanese outpatients with anxiety and depressive symptoms and utilized a pretest–posttest design was used to examine the relationship between cognitive restructuring and self-stigma. The findings of the study showed that group CBT was effective in improving both emotional symptoms and self-stigma in outpatients with anxiety and depressive symptoms.

Further, Mulyana (2019) assessed the effectiveness of cognitive behavioral therapy in reducing tuberculosis self-stigma and found that the use of cognitive behavioral therapy was effective for helping TBC patients to change negative beliefs. the study was a systematic review and the database used consisted of ProQuest, Science Direct, PubMed, Research Gate, Springer Link, and Google Scholar. The results revealed that four studies confirmed the effectiveness of cognitive behavioral study and one study comparing cognitive behavioral therapy with psycho-educational (PE) found to be more helpful than CBT intervention; another article showed more than a half of the sample (50%) reported that cognitive behavioral therapy can reduce self-stigma.

Though the literature has shown that GCBT is effective in reducing self-stigma among people going through various mental illnesses, it has equally revealed that there is lack of past studies on the effectiveness of

GCBT among adolescents living with HIV in refugee camps. Hence this study was necessary to cover this informational gap.

III. Methodology

The study was conducted among adolescents living with HIV at the Kakuma refugee camp in Turkana West located in the Northwestern region of Kenya. The study adopted a randomized control trial design; participants were randomly assigned to respective intervention or control group states using a random number created by the researcher. Simple random sampling was utilized to acquire a sample of 60 participants who took part in the study and were divided into two groups, one for intervention and one for control. The study used two validated instruments; the Internalized Stigma Measuring Illness (ISMI) and the Client Satisfaction Questionnaire (CSQ8). The researcher conducted a pre-test assessment which purposed to establish the baseline stigma level among the participants both in treatment and control groups before the intervention. Short Form Health Survey was used to perform a pre-test assessment. This was done soon before randomization. The intervention was administered to the individuals in the treatment group after the pretest. Conversely, the control condition's participants received the treatment as usual. A post-test valuation was done once the administration of the intervention for all the groups using the ISMI scale. The pre and post-test data were matched according to the codes allocated to the participants' names. Data entry and cleaning were done before subjecting it to analysis in SPSS version 26. Paired samples T-test, Percentages, Frequencies, and measures of dispersion were used in the analysis of the data. The findings were presented in tables.
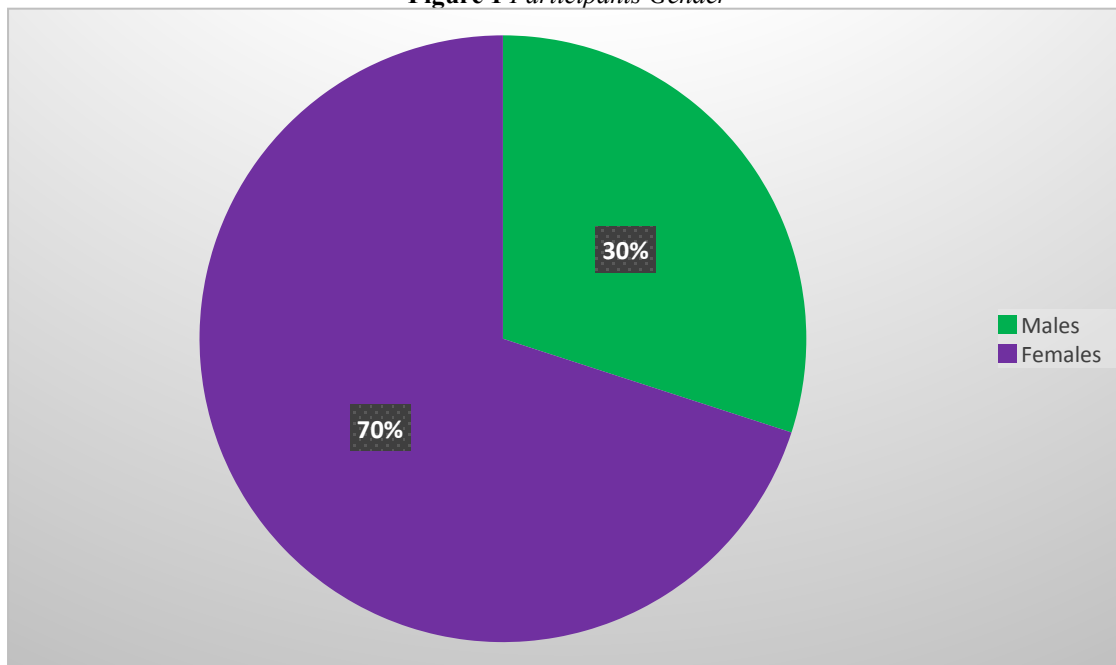
Hypothesis of the study

$H_0 1$: There are no significant differences in self-stigma levels in the intervention and control groups at the pretest and posttest stages among adolescents living with HIV (ALWHIV) in the Kakuma refugee camp.

IV. Results

Sociodemographic Findings

Figure 1 *Participants Gender*

As shown on figure 1, 70% of the participants were females, while 30% of the respondents were males. A good number of participants who fit in the inclusion criteria were ladies, hence the gender disparity. These findings might be an indication that there are more adolescents females than males in Kakuma refugee camps.

Table 1 *Students Age Classification*

Age Classification	Frequency	Percent
11-15 years	15	25.0
16-20 years	28	46.7
21-24 years	17	28.3
Total	**60**	**100.0**

As shown on table 1, 46.7% of the students were aged between 16 to 20 years, 28.3% between 21 to 24 years, while 25% were between 11 to 15 years. These imply that majority of the participants were in late adolescent. These findings indicate that majority of the adolescents had delayed educational milestone because at twenties, young people should be in tertiary institution while none of these adolescents had attained higher education.

Table 2 *Participants Level of Education*

Level of Education	Frequency	Percent
No formal education	22	36.7
Primary	26	43.3
Secondary	11	18.3
Tertiary	1	1.7
Total	**60**	**100.0**

As shown on table 2, 43.3% of the respondnets had attained primary level of education, 36.7% had no formal education, while 18.3% had attained secondary level of education. These finding imply that generally there is low levels of education among adolescents in Kakuma refugee camp.

Descriptive Findings
The descriptive findings on the Levels of Self-stigma and levels of satisfaction with GCBT is presented in the subsequent tables.

Table 3 *Levels of Self-Stigma*

Levels of Stigma	Frequency	Percentage	Min	Max	Mean	Std. Deviation
Low Level	29	48.3	39	90	61.45	10.735
Moderate Level	30			50.0		
High Level	1			1.7		
Total	**60**			**100.0**		

From the findings on table 3, 50% of the respondents reported moderate level of self-stigma, 48.3% low level, while 1.7% reported high levels. The lowest score achieved was 39 and the uppermost core achieved was 90. The mean score was 61.45 (SD = 10.735), demonstrating that on average, the respondents had moderate levels of self-stigma.

Table 4 *Levels of Satisfaction with GCBT*

Level of Satisfaction	Frequency	Percentage	Min	Max	Mean	Std. Deviation
Moderate Level	15	50.0	36	68	50.73	8.509
High Level	15			50.0		
Total	**30**			**100.0**		

Table 4 shows that 50% of the respondent stated a moderate incidence of satisfaction and a further 50% had a high level of satisfaction respectively. The lowest score achieved was 36, whereas the uppermost score achieved was 68. The mean score was 50.73 (SD = 8.509), signifying that averagely, the respondents had a moderate rate of satisfaction with the group cognitive behavioral therapy.

Inferential Statistics
To test the null hypothesis, a paired t-test was conducted to determine if there were significant differences in the levels of self-stigma in the intervention and control groups at the pretest stage and at the posttest stage. The summary of findings on the difference in self-stigma level in the intervention group is presented on subsequent tables.

Table 5 *Paired Samples Descriptive Statistics*

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Pre-test intervention	61.70	30	11.517	2.103
	Post-test intervention	49.60	30	3.616	.660

As shown on table 5, the participants had higher levels of self-stigma at the pretest stage ($M = 61.70$, $SD = 11.517$) compared to the posttest stage ($M = 49.60$, $SD = 3.616$).

Table 6 *Paired Samples Test Results*

			95% Confidence Interval of the Difference	

	Mean	Std. Deviation	Std. Error Mean	Lower	Upper	T	df	Sig. (2-tailed)
Pre-test intervention group-Post-test intervention group	12.100	11.514	2.102	7.801	16.399	5.756	29	.000

Findings on table 6 indicate that there was a statistically significant mean decrease of levels of self-stigma by 12.100 during post-test in the intervention group, 95% CI [7.801, 16.399], t (29) = 5.756, *p* < .05.

A paired sample t-test on significant differences in the levels of self-stigma in the control group pre-test and post-test is presented subsequently.

Table 7 *Paired Samples Descriptive Statistics*

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Pre-test Control	60.97	29	10.129	1.881
	Post-test Control	56.83	29	13.849	2.572

From table 7, the participants had higher levels of self-stigma at the pretest stage (*M* = 60.97, *SD* = 10.129) compared to the posttest stage (*M* = 56.83, *SD* =13.849).

Table 8 *Paired Samples Test Results*

		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	Df	Sig. (2-tailed)
					Lower	Upper			
Pre-test control group-Post-test control group		4.138	12.716	2.361	-.699	8.975	1.752	28	.091

From table 8, the mean difference in levels of self-stigma for the control group in the pre-test and post-test stage was not statistically significant, 95% CI [-.699, 8.975], t (28) = 1.752, *p* = 0.091. The established p value was higher than 0.05.

V. Discussion

These findings have shown that though the intervention group had the highest level of self-stigma when compared to the control group before the intervention, it showed significant reduction in self-stigma after the intervention. The findings mean that GCBT was effective in reducing self-stigma among ALWHIV at the Kakuma refugee camp. These findings agree with past researchers who have conducted studies and established that GCBT significantly reduces self-stigma among individuals experiencing various issues. For example, Tong et al., (2020) examined whether MDD patients' stigma and treatment non compliance issues could be alleviated using group cognitive behavioral therapy (GCBT) and found that GCBT lessened patients' sense of stigma, improved treatment compliance, effectively alleviate depressive symptoms and promoted the recovery of MDD patients. Another study by Young (2018) evaluated the effectiveness of a cognitive behavioral therapeutic (CBT) group in reducing self-stigma for people with mental illness and found that group CBT was effective for reducing self-stigma for people with mental illness. Shimotsu et al., (2014) measured the effectiveness of group cognitive-behavioral therapy in reducing self-stigma in Japanese psychiatric patients and discovered that group CBT was effective in improving both emotional symptoms and self-stigma in outpatients with anxiety and depressive symptoms. Further, Mulyana (2019) assessed the effectiveness of cognitive behavioral therapy in reducing tuberculosis self-stigma and found that the use of cognitive behavioral therapy was effective for helping TBC patients to change negative beliefs and reframe their beliefs about their illness. Though these past studies do concur with the current findings, that group cognitive behavioral therapy reduces self-stigma, the studies have been done among other populations and not ALWHIV hence this study was necessary to cover the existing study gap.

VI. Conclusions

The findings of the study concluded that adolescents living with HIV at the Kakuma refugee camp in Kenya experienced moderate levels of self-stigma. The study indicated that the majority of the respondents appreciated the use of group cognitive behavioral therapy as they reported satisfaction with the way the intervention was done. Further, the study concluded that GCBT is effective in reducing self-stigma among ALWHIV. Therefore this study generally concluded that there was a significant difference in the levels of self-stigma in the intervention and control groups at the pretest and post-test stages.

VII.   Recommendations

The study recommends that the Kakuma refugee camp administration and other concerned parties to regularly implement GCBT to addressing various mental health issues affecting different refugee age groups in the camp. Further, it recommended future researchers to investigate the factors that fuel self-stigma among ALWHIV and also investigate how unaddressed self-stigma in this population affect their overall mental health.

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