Factors Influencing the Spread of HIV/AIDS within the Maasai Community of Narok in Kenya and Stigma in the Society

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Although new HIV infections have reduced significantly, global statistics show that it is one of the leading causes of death in Sub-Saharan Africa, despite the existence of varied prevention and treatment programs. Therefore, it is important to continue addressing the determinants of health and vulnerability of HIV infected people to tackle the factors that influence the spread of HIV/AIDS and the impact of stigma in the present society. Maasai people are still deeply rooted in their culture and people living with HIV/AIDS are marginalized and discriminated against due to stigma.

The study conducted a scoping literature review designed to explore the factors influencing the spread of HIV/AIDS and stigma related cases within the Maasai community of Narok in Kenya. The study aims to form the basis for a valuable platform to guide in formulating effective and sustainable policies for behaviour change among the Maasai people. After conducting an extensive literature search using PubMed, EBSCO and Google Scholar, the Arksey and O'Malley (2005) framework was adopted to analyse data.

Factors influencing the spread of HIV/AIDS within the Maasai community of Narok in Kenya include cultural and social factors, mother-to-child transmission, use of drugs and risky sexual behaviours. Stigma and discrimination are caused by the cultural understanding of HIV/AIDS, patriarchal and cultural power dynamics, gender inequality, sex and sexuality and education attainment among members of the community. In addition, immense and protracted poverty, local migration and condition of infrastructure in rural areas determines the pace of HIV/AIDS infection response.

Stigma leads to internalized negative feelings about oneself, non-adherence to medication, non-disclosure of their HIV status to others, and increased mental health problems. The culture of stigma drives the infected people to opt for herbal remedies instead of seeking the right medical help, hence affecting individuals' care seeking behaviour.

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Vaikka uusien HIV-tartuntojen määrä on vähentynyt huomattavasti, maailmanlaajuiset tilastot osoittavat, että se on yksi tärkeimmistä kuolemansyistä Saharan eteläpuolisessa Afrikassa, huolimatta monenlaisista ehkäisy- ja hoito-ohjelmista. Siksi on tärkeää jatkaa hiv-tartunnan saaneiden ihmisten terveyttä ja haavoittuvuutta käsitteleviä tekijöitä puuttuakseen tekijöihin, jotka vaikuttavat hiv/aidsin leviämiseen ja leimautumisen vaikutuksiin nykyisessä yhteiskunnassa. Maasai-ihmiset ovat edelleen syvästi juurtuneet kulttuuriinsa, ja HIV/aidsin kanssa elävät syrjitään leimautumisen vuoksi.

Tutkimuksessa tehtiin laaja kirjallisuuskatsaus, jonka tarkoituksena oli tutkia tekijöitä, jotka vaikuttavat HIV / aidsin leviämiseen ja leimautumiseen liittyviin tapauksiin Narokin Maasai-yhteisössä Keniassa. Tutkimuksen tavoitteena on luoda perusta arvokkaalle alustalle, jota käytetään opasteena laadittaessa tehokasta ja kestävää politiikkaa käyttäytymisen muutokselle Maasai-väestön keskuudessa. Suoritettuaan laajan kirjallisuushaun käyttämällä PubMed, EBSCO ja Google Scholar, Arksey ja O'Malley (2005) -kehys hyväksyttiin tietojen analysoimiseksi.

Keniassa Narokin Maasai-yhteisössä HIV / aidsin leviämiseen vaikuttavia tekijöitä ovat kulttuuriset ja sosiaaliset tekijät, äidistä lapseen välittyminen, huumeiden käyttö ja huolimaton seksuaalinen käyttäytyminen. Leimautumista ja syrjintää aiheuttavat HIV-viruksen / aidsin kulttuurinen ymmärtäminen, patriarkaalinen ja kulttuurisen voiman dynamiikka, sukupuolten epätasa-arvo, sukupuoli ja seksuaalisuus sekä yhteisön jäsenten koulutustaso. Lisäksi valtava ja pitkittynyt köyhyys, paikallinen maahanmuutto ja maaseudun infrastruktuurin tila määrittävät hiv/aids-tartuntojen vastausnopeuden.

Stigma johtaa sisäisiin negatiivisiin tunteisiin itsestään, lääkkeiden noudattamatta jättämiseen, HIV-aseman paljastamatta jättämiseen muille ja lisääntyneisiin mielenterveysongelmiin. Leimautumiskulttuuri ajaa tartunnan saaneet ihmiset valitsemaan rohdosvalmisteet oikean lääketieteellisen avun etsimisen sijaan, mikä vaikuttaa yksilöiden hoitotyön käyttäytymiseen.

Avainsanat:	HIV/AIDS, HIV-tartuntaan vaikuttavat tekijät, Maasai-yhteisö, HIV:hen liittyvä leimautuminen
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List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Treatment
HIV	Human Immunodeficiency Viruses
GOK	Government of Kenya
IGAD	Intergovernmental Authority on Development
KNBS	Kenya National Bureau of Statistics
STIs	Sexually Transmitted Infections
UNAIDS	The Joint United Nations Programme on HIV/AIDS

1. INTRODUCTION

The 2018 HIV global statistics shows that "37.9 million people globally were living with HIV. 23.3 million people were accessing antiretroviral therapy. 1.7 million people became newly infected with HIV and 770,000 people died from AIDS-related illnesses. 74.9 million people have become infected with HIV since the start of the epidemic. 32 million people have died from AIDS-related illnesses since the start of the epidemic. Although 79 percent of all people living with HIV knew their HIV status., about 8.1 million people did not know that they were living with HIV. Out of the total global prevalence, 20,6 million people were living with HIV in the Eastern and Southern Africa. Sub-Saharan Africa is leading, in terms of the number of people diagnosed with HIV/AIDS". (UNAIDS, 2019).

The sub-Saharan region has the highest HIV prevalence in the world, Kenya included. Countries have been greatly impacted by sexually transmitted infections (STIs), more so Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS). Despite the existence of varied HIV/AIDS prevention and treatment programs by governments and Non-Governmental Organizations (NGOs), the prevalence of the disease still remains high. Narok County is located in the southern part of Kenya and it is predominantly inhabited by the Maasai ethnic group who make up approximately 99 per cent of the total population (Pakdamana et al., 2014). Despite the Maasai making a substantial part of communities in Kenya that have fairly high HIV/AIDS prevalence, little has been researched to ascertain the HIV/AIDS incidences of the Maasais and stigma related cases in the community.

HIV/AIDS is a public health concern that threatens the economical and developmental growth of individuals and the nation as a whole, due to rapid morbidity and mortality of infected people (Bates et al., 2004). Therefore, efforts must be directed towards incorporating strategies and mechanisms for curbing the spread and impact of HIV/AIDS. This study will explore the factors influencing the spread of HIV/AIDS within the Maasai community of Narok in Kenya, taking into consideration stigma related cases in society. This study will present the background, the aim and objectives of the study, study

questions, the methodology, the theoretical framework, ethical considerations, study limitations, results, discussion and recommendations for future studies.

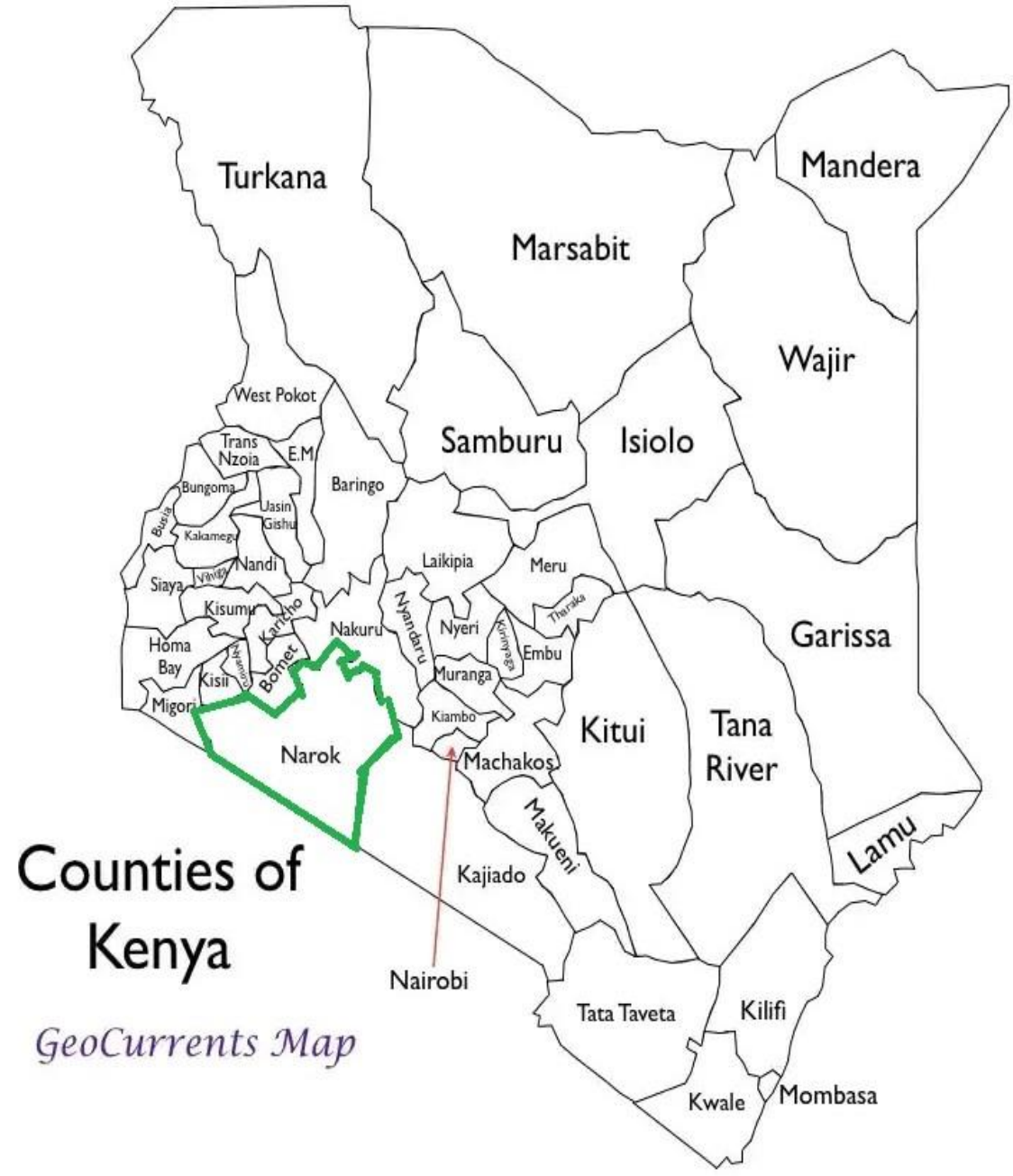

Figure 1: Map of Kenya

2. BACKGROUND

UNAIDS (2019) reports that at the end of 2018, the prevalence of HIV/AIDS in Kenya was 1.6 million. However, there has been progress in the reduction of incidences and mortality of HIV cases annually from 66 000 to 46 000 and 56 000 deaths to 25 000 respectively. Further reports show that "Women are disproportionally affected by HIV in Kenya: of the 1 400 000 adults living with HIV, 910 000 were women. New HIV infections among young women aged 15–24 years were more than double those among young men: 11 000 new infections among young women, compared to 5000 among young men. HIV treatment was higher among women than men, however, with 75% of adult women living with HIV on treatment, compared to 59% of adult men". The above statistics implies that there is urgent need for preventive and promotive measures to be implemented in all parts of the country in order to curb the vice that is affecting the population in general.

Kenya has 42 different ethnic groups with each group having its own beliefs and practices that have neither similarity nor dependability of the other group. The Maasai are classified as a nomadic group with a population of approximately 841,622 out of Kenya's total population of 38,610,097 (KNBS, 2013). The Pastoral lifestyle nature of the Maasai community has contributed significantly to the increased rate of HIV/AIDS in the community. Because of their nomadic lifestyle, Maasai men regularly move from one place to the other in search of water and green pasture for their livestock. The fact that they spend more time moving from one place to another implies that they stay away from their spouses for a long unpredictable time. As a result, they solicit for sexual satisfaction from females around not only leading to an increased rate of extramarital affairs but also contracting STIs. In addition, their strong cultural beliefs including polygamy, circumcision – whereby they share instruments and wife-sharing among morans who are of the same age-group play an integral part in increasing the risks of contracting and spreading HIV/AIDS. (Monjok et al., 2007).

The rate of HIV/AIDS is not only high among the morans but also those who are transitioning from adolescence to adulthood. During this age, youths are sexually active, hence engaging in unplanned sexual encounters due to pressure within their social

environment. Mostly, young men get encounters with young girls on their way to the waterways or markets where they engage in unprotected sex leading to STIs. Stigma that is due to the culture of denial and silence worsens the epidemic by not only preventing diagnosis and care-seeking behaviours, but it also leads to lack of transparent communication between sexual partners because of shame, discrimination and demonization that comes with it (Bennett et al., 2007). It is because of shame and stigma that people secretly seek help secretly from various individual who are quacks of the healthcare practice and are not experts in the healthcare field. Also, the infected people resort to a self-or alternative herbal remedy from local herbalists. (Mills et al., 2005).

While a significant number of the Maasai population is increasingly becoming civilized and growingly soliciting for help from the local dispensaries and hospitals, some still believe that they can treat their condition by using herbal remedies from traditional medicine-men. It is against this backdrop that this study explores factors that influence the spread of HIV/AIDS within the Maasai community of Kenya and stigma related cases in the society.

3. LITERATURE REVIEW

According to UNAIDS (2019), HIV/AIDS remain one of the leading causes of death in Sub-Saharan Africa. According to the Minority rights group international (2019), the Maasai community of Kenya are semi-nomadic pastoralists in nature and occupy the most known rural areas of Kenya. Narok county lies along the great Rift Valley and it borders Tanzania to the South. The Maasai people speak Maa language. Following their diverse culture, this study seeks to explore the factors that influence the spread of HIV/AIDS, their practices, attitudes and knowledge among the people living in Narok region while assessing stigma related cases in the society.

3.1 The Maasai culture

To better understand the challenges that HIV/AIDS poses in communities within Narok county, it is important that we understand the aspects of the culture, traditions and lifestyle of the Maasai people who dominate Kenya's rural areas including Narok. The Maasai

ethnic group is deeply rooted into their culture that they strongly uphold (Morton, 2006). In their study to gain insight into the cultural dynamics of spreading HIV/AIDS, Ombere et al., (2015) investigated how male circumcision contributes actively to the spread of HIV/AIDS. During circumcision procedure, non-sterile technique is used by using a single blade for all the people who are being circumcised. In addition, the Maasai people tend to deviate from community norms governing sex and sexual behaviors after they are circumcised. They believe that circumcision offers protection against HIV/AIDS, thereby engaging in irresponsible and un-protected sexual activities. (Westercamp et al., 2005).

The culture of every community, individuals' behaviour and population characteristics are major determinants of the spread of HIV/AIDS in Africa. According to Ward-Peterson et al., (2018) there is a significant association between measures of inequality and poverty and increased pervasiveness of HIV/AIDS. In addition, the spread of HIV/AIDS is significantly associated with gender inequality, gender norms, and education attainment among members of any community. Kwena et al., (2019) adds that factors influencing the spread of HIV/AIDS varies with gender in different local communities. In the case for men, being circumcised, having a HIV negative partner, being younger, and engaging in multiple sex reduces the risk of contracting HIV/AIDS infection. As for women, having a HIV negative partner, being married, and having many children with the current spouse reduces the risk of HIV/AIDS infection.

Serbessa et al., (2016) classifies Kenya as one of the eight member states of the Intergovernmental Authority on Development (IGAD) with the largest proportions of cross-border mobile pastoralists and refugees. In 2007, IGAD created a program to address the challenges of HIV/AIDS among marginalized pastoralist and refugee communities in order to find out their vulnerability to HIV/AIDS and the relevant interventions.

3.2 Healthcare attitudes for pregnant women

The transmission of HIV/AIDS from a mother to a child is of great concern in HIV prevention in line with Kenya's 2030 vision goals. Aishat et al., (2015) states that HIV positive mothers who have acquired secondary school education have better

understanding of exclusive breastfeeding because it prevents transmitting infection to their children. However, other mothers embrace exclusive breastfeeding to avoid being discriminated and stigmatized. Since the Maasai women do everything in a communal way, they are therefore indirectly forced to practice mixed feeding, which increase the risks of HIV transmission to children of HIV positive mothers leading to child morbidity and mortality (Okoko et al. 2017).

Key barriers and other preventive awareness initiatives to HIV positive mothers practicing PMTCT and attending antenatal care clinics include cultural sexual rituals and rites, wife inheritance, fear of losing property inheritance when the family knows of one's HIV status, lack of education and lack of support from partners while attending PMTCT. In addition, women infected with HIV underutilize PMTCT services due to protracted high cost of medication, healthcare attitude, and public discrimination and stigmatization. Otieno et al., (2017). Therefore, these factors should be carefully taken into consideration before encouraging and engaging Maasai women to practice PMTCT interventions in various communities to curb the spread of HIV/AIDS.

3.3 Social behaviours

Young people make up the majority of new HIV/AIDS infection in Sub-Saharan Africa. Agaba et al. (2016) reports that 74 per cent of young people engage more in unprotected sex. The leading risk factors for HIV infection are being female, older age group, multiple sex partners, living in an urban setting, and being in a polygamous marriage. The UNAIDS (2019), states that "women are disproportionally affected by HIV in Kenya: of the 1 400 000 adults living with HIV, 910 000 (65%) were women. New HIV infections among young women aged 15–24 years were more than double those among young men: 11 000 new infections among young women, compared to 5000 among young men. HIV treatment is higher among women than men, however, with 75% of adult women living with HIV on treatment, compared to 59% of adult men."

Social factors contribute to the influence of constant drug-use, hence creating a persistent HIV risk environment that women experience involuntarily. These forms of risk behaviours are influenced by economic pressure, gender and power disparity, low-risk

perception, sharing personal instruments such as razor blades, scissors and needles and inadequate availability of protective devices during intimacy. Budambula et al., (2018), mentions that substance abuse is increasingly becoming prevalent on the continent of Africa, thereby significantly aiding the spread of HIV/AIDS. In addition, socio-demographic factors influence drug and substance consumption and the risk of contracting HIV/AIDS.

Further, Budambula et al., 2018 reports that there are fundamental socio-demographic factors that underpin the spread of HIV/AIDS among different communities. However, members of the Maasai community who are married have lower odds for HIV/AIDS infection, because drug use mediates the influence of socio-demographic and sexual risk factors for the transmission of HIV/AIDS. It is therefore crucial to put up effective and sustainable measures for preventing the spread of HIV/AIDS by focusing on reducing drug and substance use among people living in the Maasai community. Papas et al., (2018) agree that alcohol consumption increases involvement in unprotected sex, thereby increasing HIV/AIDS transmission rate and heavy drinking days are significantly associated to engaging in unprotected sex across gender and high frequency of unprotected sex among women. They further mention the main determinants of unprotected sex occurrence as including age, protection use self-inefficacy, transactional sex, drinking-and-unprotected sex, and alcohol-based sexual expectations. As for men, condom use self-inefficacy, alcohol-based expectations, and age are the leading causes of unprotected sex occurrence. (Kibicho et al., 2019).

Ssebunya et al. (2019) assessed the lived experiences of pastoralists living in a post-conflict community and concluded that risky sexual behaviours were more prevalent in women as compared to men. High-risk sexual activities were significantly higher in adolescents who were oblivious of their sexual partner's HIV status and those who use illicit drugs. Furthermore, sexual risky behaviours remain significant drivers of HIV epidemic globally and especially among people in developing economies.

The remote location of a place compounds the influence of risky behaviours on HIV/AIDS infection among nomadic pastoralist communities. Hazel et al., (2018) argues that remoteness determines access to sexual partners while influencing patterns of

occurrence of viral STIs. In addition, provision of healthcare services in rural areas is difficult due to poor infrastructure and low-density settlement. These features of remoteness exist mainly in areas inhabited by pastoralist communities who include the Maasai of Narok. This factor accelerates the spread of viral STIs as it encourages the formation of highly concentrated sexual networks. The Maasai culture allows sexual polygamous and extra-marital relationships, hence aiding the rapid spread of sexual viruses including HIV within the community (Mah et al., 2010).

Perceptions and ignorance about HIV/AIDS are salient contributors to HIV/AIDS transmission within the community. Reid-Hresko et al., (2016) on their study of the mobile Maasai community shows that authoritative knowledge and the intersections of practices of power, socio-cultural practices and embedded understandings are partial in the spread of HIV infection because they promote ineffective HIV/AIDS interventions in hard-to-reach areas. Kang'ethe (2015) states that HIV/AIDS prevention efforts can be difficult to achieve unless people understand the factors that have made developing countries to be vulnerable to HIV infection. These factors include migration, the pace of HIV/AIDS infection response, immense and protracted poverty, patriarchal and cultural power dynamics, the nature and the type of virus, perceptions about sex and sexuality, persistent gender inequality, and the condition of infrastructure in rural areas.

3.4 Stigma

HIV/AIDS stigma vary with socio-cultural orientations and knowledge about the disease. McHenry et al. (2017) states that stigma influences every aspect of HIV/AIDS prevention and treatment. Members of the Maasai community still cling to old beliefs that are negative, thereby creating an inaccurate assumption about HIV/AIDS. The disease is commonly exacerbated by the nature and mystery of the disease, the seriousness of the disease, associating it with behaviours such as prostitution, using illicit drugs or being bewitched or cursed and transmission by casual interactions and touching. Majority of countries that have a third world economy have a patriarchal society, this includes Kenya. Gender inequality and women's rights dynamics in Kenyan communities increase the incidence of stigma because of a deeply rooted culture whereby women have no right to object to wife inheritance following the demise of their husbands (Njogu et al., 2013).

This type of cultural subjugation makes women vulnerable to HIV infection when they are inherited by men whose HIV status they do not know. Even with the existence and lobbying of women's rights advocacy, women are still subjected to cultural dogmas that undermine their basic rights. The nomadic lifestyle of the Maasai ethnic group encourage wife inheritance and limit the provision of social services to people in the community who are highly susceptible to new infections.

The main forms of discrimination as highlighted by Mhode, et al., (2016) include spousal discrimination, discrimination by workmates, and mistreatment by health care workers. Stigma and discrimination of HIV-positive individuals interfere with their devotion and adherence to seek care, but instead choose to keep their HIV/AIDS status secret. HIV-stigma is experienced through verbal, perceived and social forms. Stigma is likely higher among people who live in rural areas as majority of the population have low levels of knowledge and education on HIV/AIDS. The Maasai people occupy majority of remote areas in Kenya.

People experience stigma when they internalize negative perceptions regarding themselves. Yebei et al., (2008) investigated the occurrence of felt stigma among Kenyan communities both in rural and urban settings. Being a female who resides in a rural setting increases discontent with stigmatizing statements about HIV/AIDS and sexual relationships. Moreover, Mbonu et al., (2009) states that the main effect of stigma is that it hinders the provision of effective medical and social services. It is important to understand the prevalence of stigma in healthcare institutions that affects the willingness of members of the Maasai community in seeking HIV testing, counseling and treatment services. Causes of stigma include fear of contracting HIV infection at a work-place, treatment of individuals diagnosed with HIV/AIDS and feelings of discomfort around people living with HIV/AIDS.

4. THEORETICAL PERSPECTIVE

Culture and the stigma of being rejected have significantly impacted the HIV/AIDS prevalence among the Maasai community of Narok in Kenya. Despite extensive efforts made to reduce the spread of HIV/AIDS including use of advanced antiretroviral

treatment (ART) and sensitizing people about the dangers of the disease, preventing HIV infection among the Maasai communities still remain less effective. The Maasai community still exercise retrogressive culture, which increases their chances of contracting HIV/AIDS. Practices, such as the circumcision of male and Female Genital Mutilation (FGM), wife sharing and polygamy are practiced actively. People that have contracted HIV/AIDS are either unaware or they lack knowledge about the disease and how to protect themselves. Hence, they spread the disease through sharing of blades, scissors and needles, sexual contact, and through PMTCT. In most cases, girls who fail to practice FGM are stigmatized and even threatened of the dire consequences, such as failing to get a marriage partner. This study explores how stigma, cultural beliefs and other practices promote the high prevalence of HIV/AIDS among the Maasai communities of Narok in Kenya. The results would form a basis of developing effective and sustainable interventions that can help to avert the spread HIV/AIDS and the associated stigma.

Youths who are today more prone to contracting the disease require both adequate assets and access data support. These can be rolled out through strategies and programs that can help them fight the HIV/AIDS scourge. Adejumo et al., 2015 states that youths constitute one of the quickest growing populations for new HIV/AIDS cases. The Maasai youths are more likely to develop the disease in the community than any other population. Therefore, young individuals need availability and access to relevant data support to integrate vital strategies that can help them from contracting HIV infection. Through which they can be taught how to live a more responsible life and abandon retrogressive behaviours such as wife sharing, circumcision and engaging in multiple sexual behaviours that expose them to HIV/AIDS. Within Kenyan communities, the Maasai people strongly uphold their beliefs and traditions up-to-date. Hence, it is crucial to formulate ways and strategies that can significantly reduce the prevalence of HIV/AIDS among the Maasai community.

4.1 Significance of the Study

The prevalence of HIV/AIDS among the Maasai people remain a serious public health concern because of loss of productivity, due to illnesses arising from opportunistic HIV

related infections. This causes poverty to individuals and the nation in general, hence affecting the economic and development of the country. Cultural activities adopted and practiced such as circumcision, wife-sharing and polygamy among the Maasai people highly exposes them to contracting HIV/AIDS. These clearly indicates that Maasai people are still strongly rooted into their culture and beliefs even with present civilization. In addition, People of the Maa region still believe in having so many children per family, to take care of homesteads and livestock. (Kamakei, 2017).

Because of scarcity of public schools in remote areas and the fact that education is expensive in Kenya, very few families afford to take their children to school. In many families, the girl-child fail to secure a chance to proceed with their education due to early marriage, which is incentivized by offering large numbers of goats, sheep, cattle as dowry to the parents of the bride (Kamakei, 2017). Among the Maasai community, fathers have been blamed for advocating for early marriages of their daughters as a result of discouraging their education. Furthermore, whenever a girl gets pregnant, she is forced out of school and compelled to marry any man as long as he accepts her together with her unborn child. These practices immensely contribute to the risk of spreading and contracting HIV/AIDS in community.

Among the Maasai people, majority of those infected are unaware of their status and the knowledge about HIV/AIDS and as a result, the cycle of HIV infection and re-infection is inevitable. In addition, having multiple sexual partners by Maasai men accelerates the spread of HIV/AIDS, hence risking many lives. Lack of knowledge and understanding about their HIV status make those infected to rapidly spread infections through sexual contact, mother-to-child transmission and sharing instruments such as needles and blades during circumcision. (Monjok et al., 2007). Considering the lifestyle and cultural behaviours among the Maasai people, more effort is needed to reverse the trend, especially, now that a viable cure and prevention HIV vaccination is still lacking. In line with the factors contributing to its high prevalence among the Maasai community, this study explores factors influencing the spread of HIV/AIDS among the Maasai people of Narok in Kenya. In addition, the study addresses stigma that is experienced by people suffering from HIV/AIDS to individuals and the society at large.

4.2 Aim of the study

The aim of this study is to explore factors that influence the spread of HIV/AIDS within the Maasai community of Narok in Kenya, taking into consideration stigma related cases in the society and measures that can be taken to curb the scourge. The study aims to find out ways that can be used to foster desirable behaviours among the Maasai people for purposes of preventing the spread of HIV/AIDS. Findings from this study could be used to form a basis for a valuable platform for both the implementers and the policymakers to guide in the drafting of effective and sustainable intervention programmes for behaviour change among the Maasai community. Moreover, findings will contribute to the pool of knowledge in HIV/AIDS prevention and control that in the long-term can reduce the number of people infected by HIV/AIDS within the Maasai community.

4.3 Objectives

The objectives of this study include:

i. To determine how the Maasai culture and lifestyle contributes to the high-prevalence of HIV/AIDS in communities within Narok in Kenya.
ii. To explore the role played by stigma in the spread and prevalence of HIV/AIDS among the Maasai community in Kenya.
iii. To determine the most effective strategies that can be used to reduce the spread of HIV/AIDS and stigma related cases within the Maasai community in Narok, Kenya.

5. RESEARCH METHOD

5.1 Research design

Study design refers to a framework used to guide the development of the final study. This study adopts Arksey & O'Malley (2005) framework. The study methodology used for this study is scoping literature review. A scoping review does not only allow the assessment of the emerging evidence, but also acts as a first step in the development of a

study (Peterson et al., 2017). The method is convenient in providing an overview of the topic presented. According to Peterson et al., (2017), a scoping review aids analysis of the general question through detailed exploration of related literature as opposed to just providing answers to a limited question. Since the study topic is qualitative, using scoping review is vital because it enables the researcher to collect detailed information about the qualitative topic in question. For instance, by using the scoping review, it is possible to explore the factors that influence the spread of HIV/AIDS and stigma related cases that contribute to the increasing prevalence of the disease among the Maasai community of Narok in Kenya.

The methodological details used in this study has adopted steps as per Arksey & O'Malley (2005) framework. These include:

1. Identification of the research question
2. Identification of relevant studies by balancing the feasibility with comprehensiveness and depth of the study
3. Using iterative team approach to select the most appropriate studies. The approach is central in data extraction as well as study selection.
4. Charting the data integrating thematic analysis and numerical summary.
5. Collating, summarizing and reporting the results including the implication for practice, policy or research.
6. And finally, conducting a consultation exercise always considered an optional step and espoused as one of the components of a scoping review.

5.1.1 Identifying Research Questions

After carefully doing an extensive literature review about the factors influencing the spread of HIV/AIDS within the Maasai Community and stigma related cases in the society, the following research questions are addressed in this study guided by Arksey & O'Malley (2005) framework;

i. How does the Maasai culture and lifestyle contribute to the high-prevalence of HIV/AIDS in Narok community, Kenya.

ii. What role does stigma play in the spread and prevalence of HIV/AIDS among the Maasai community in Kenya?

iii. How is stigma contributing to the high prevalence of HIV/AIDS within the Maasai society?

5.1.2 Identifying relevant studies

The aim of this study is to explore factors that influence the spread of HIV/AIDS within the Maasai Community of Narok in Kenya and stigma in the society. Identification of relevant studies was done by first looking at HIV/AIDS cases globally, then narrowed down to Africa, after which it was again narrowed down to East Africa because this is where the Maasai region is located. Therefore, only countries within the East African community were included and countries outside East Africa were excluded. The publication period for the relevant articles was between 2004 – 2019.

5.1.3 Data selection

Data was primarily through identification and analysis of peer-reviewed research articles. The literature review was developed using journal articles from scientific databases; EBSCO, PubMed and Google Scholar. The choice of a wider variation of articles was based on the need to study and find out as to whether the pattern of HIV/AIDS with respect to stigma was influenced in either way or did it remain the same. The articles chosen for this study looked at the Maasai homesteads and their general composition of hierarchy in a patriarchal society, their personal lives, children, marriage beliefs and their cultural beliefs and practices. This was fundamentally done to ascertain the cultural practices that Maasais still embrace in regard to the view of formulating culturally sensitive measures, which can be incorporated in the future preventive and promotive measures to curb the spread of HIV/AIDS.

Table 1: Inclusion and Exclusion Search Criteria

Inclusion criteria used; articles	- with keywords HIV/AIDS, factors that cause HIV/AIDS, HIV-related stigma, Maasai community - with a publication period ranging from 2004 - 2019. -with the same geographic location of the study - that reported outcomes	
1. *Identification*	PubMed *(n=42)* EBSCO *(n=25)* Google Scholar *(n=420)*	
2. *Screening*	Total no. of articles identified by title and abstract *(n=26)*	
	Full text articles considered for the study *(n=22)*	Articles excluded that are not according to the study questions and do not fulfil the inclusion criteria *(n=7)*
3. *Eligibility*	Full text articles chosen for the study *(n=15)*	
4. *Included*	Based on outcome themes 1. Cultural and social factors *(n=4)* 2. Mother-to -Child transmission *(n=2)* 3. Drug abuse and risky sexual behaviours *(n=5)* 4. Effects of Stigma on individuals and the society *(n=4)*	

6. ETHICAL CONSIDERATIONS

For any research study to be valid and acceptable, it must adhere to the agreed ethical set of standards. The whole study observed confidentiality and privacy of information published. While conducting this scoping literature review, it was observed that articles were published in academic journals and they were peer-reviewed. Further, ethical considerations will be adhered to by publishing the final copy of this study at the University of Applied Science's repository according to Arcada's guidelines and will be available for public access.

7. DATA ANALYSIS

Analysis of data was conducted using thematic analysis. According to Braun et al., (2006), thematic analysis refers to the process of identifying themes and patterns within qualitative methods. The fundamental goal of any thematic analysis is to highlight themes in any given data that are interesting and/or crucial, and then use them to address the study questions. The identified themes should directly address and answer study questions identified. Clarke et al., (2013) further states that a good thematic analysis should not only be able to interpret data but to also make sense about them in line with the research questions.

For this study, the primary aim is to unearth factors that influence the prevalence of HIV/AIDS among Maasai communities, taking into consideration stigma-related factors in the society. Braun et al., (2006) differentiated between latent and semantic levels of thematic analysis. Semantic analysis examines data at the surface or explicit meanings of data. Analysts do not look at anything more other than what the has been written or said. Contrastingly, in latent level of thematic analysis, the researcher looks beyond what is said and begin to unearth or explore the underlying assumptions, ideas, and conceptualizations. Through thematic analysis, it is possible to derive detailed information about the study topic. Therefore, thematic analysis was settled at because of the relationship and associated benefits to this study.

Table 2: Charting Data

Themes	**No. of articles**	**Main Findings**
Cultural and Social factors	*n= 4*	Cultural and social norms contribute to biased and ethnocentric assumptions that lead to wrong perceptions about sex and sexuality. Gender inequality, low educational attainment level and poverty drive people to engage in ineffective alternative treatment and care practices.
Mother-to-child transmission	*n=2*	The level of education of a mother and participation in counselling programs during antenatal care reduces the risk of HIV mother-to-child transmission. HIV positive expectant women underutilize PMTCT services due to protracted high cost of medication, low level education, stigma and discrimination.
Drug abuse and risky sexual behaviour	*n=5*	Drug abuse increases the involvement in unprotected sex and sex trade thereby increasing risks of HIV/AIDS transmission. The geographical location of Narok region contributes to high prevalence of HIV transmission among individuals, who are disproportionately susceptible to outcomes of untreated STIs due to substance use practicing risky sexual activities and poor infrastructure.
Effects of Stigma on individuals and society	*n=4*	People experience HIV/AIDS related stigma in different forms such as verbal, perceived, and social stigmatization. Felt stigma makes HIV positive people to internalize negative perceptions of themselves leading to non-adherence to medication, non-disclosure of status to others, and increased mental health instability.
Total Number of articles *n= 15*		
Conclusion: HIV/AIDS among the Maasai people occur due to their patriarchal and cultural power dynamics, persistent gender inequality, immense and protracted poverty, seasonal migration, perceptions about sex and sexuality, the pace of HIV/AIDS infection response, and the condition of infrastructure in rural areas. The main effect of stigma is that it impedes the fear to acknowledge and disclose one's HIV status. It affects the pattern and attitude of provision of effective medical and social services to people living with HIV/AIDS. Therefore, stigma is a major contributing factor in the spread of HIV/AIDS.		

8. LIMITATIONS OF THE STUDY

Understanding the limitations that characterized the proposed study is central to guiding areas for further research. Many limitations characterized this study and which future similar studies can address to achieve reliable and valid results. One of the limitations is that the study solely focused on the Maasai community implying that findings cannot be applied or replicated across communities. Furthermore, the stigma attached to HIV/AIDS behaviours, including circumcision, polygamy, premarital sex and substance abuse could have significantly influenced the responses in earlier studies. One of the disadvantages to scoping review is the broad findings as a result of the broad nature of review questions. In this respect, it calls for authors to synthesize and draw conclusions regarding the relevant study questions.

9. FINDINGS OF THE STUDY

The primary purpose of the study was to explore factors contributing to the spread of HIV/AIDS among the Maasai community of Narok in Kenya. Based on the literature reviewed, factors influencing the spread of HIV among the members of this community are divided into three broad categories: social and culture factors, mother-to-child transmission factors, as well as drug and substance abuse and risky sexual behaviours. The study findings according to these factors were as follows:

9.1 Cultural and Social Factors

Culture plays a critical role in influencing the spread of HIV/AIDS within the Maasai community and the population characteristics of the Maasai people determine HIV-infection among members of the community. In particular, some cultural norms contribute to biased and ethnocentric assumptions that as well leads to wrong perceptions about sex and sexuality. Moreover, gender inequality, low educational attainment level and poverty drive people towards engagement in careless sex and sex trade which thus increase HIV-infection risks (Ombere et al., 2015).

Cultural factors influencing the transmission of HIV/AIDS differ significantly between females and males. Among Maasai men, the belief is that the risk of contracting HIV/AIDS reduces with being circumcised, having a HIV negative partner, being younger, and engaging in condom protected sex reduce the risk of HIV/AIDS infection. While among Maasai women, the risk of HIV-infection reduces with having a HIV/AIDS negative partner, being married, and having many children (Birks et al., 2013).

Across gender, long distances from the nearest public health facilities increase the spread of HIV-infection due to lack of immediate clinical care practices. The role of men in selling of livestock, their consequent meeting with other women, and concurrent extramarital sexual practices increase the risk of HIV-infection among the Maasai. Consequently, lack of information on HIV/AIDS, limited availability and use of protection and failure to use local resources in HIV prevention contribute to the rapid spread of the disease. The Maasai by nature are nomadic pastoralists and survive on the economy of their livestock. Hence, mobility of the cattle herders in search of pastures and water increases the HIV prevalence among those who get in contact with female commercial sex workers and other clients. (Akwara et al., 2003).

HIV/AIDS remains a serious public health issue among pastoralists. It is a major threat among the Maasai with both individual and community-wide implications. The main factors of vulnerability are the role of men in selling of livestock, their consequent meeting with other women, and concurrent extramarital sexual practices (Serbessa et al., 2016). Moreover, coping with the disease is a challenge among the members of the Maasai community due to lack of information about HIV/AIDS, failure to deploy local resources for HIV prevention and health promotion programmes, and limited availability and use of protection such as condoms. The inception of VCT Services in Kenya have given people the opportunity to learn, test and accept their HIV status in a confidential environment, hence playing an integral part in prevention, care and treatment of HIV/AIDS. However, inspite of the improved individual decision making to reduce the risk of infection and increased advocacy to safe sexual practices, the Maasai people prefer seeking herbal treatment instead of formal clinical care. (Pakdamana et al., 2014).

Effective interventions for the Maasai community should pay attention to addressing the identified vulnerability factors. Bershteyn et al. (2018) mobility is a major factor influencing the spread of HIV/AIDS, especially among female commercial sex workers and their clients who are Maasai livestock herders. The study on mobility is relevant when exploring the spread of HIV/AIDS among the Maasai community as they move seasonally from one place to another with their livestock. Besides, re-location of high-risk populations is an aspect of mobility that negatively impacts the transmission of HIV/AIDS.

9.2 Mother to-Child Transmission

The level of education of a mother and participation in counselling programs during antenatal care reduces the risk of HIV mother-to-child transmission. It is apparent that mothers adopt breastfeeding practices geared towards ensuring protection of their babies. Participation in prevention of mother-to-child transmission (PMTCT) programs positively effects on the reduction of infection incidences of newborns by their mothers. However, mother-to-child transmission of HIV increases due to poor adherence to infant prophylaxis, lack of awareness about HIV status of the mother, and lack of education and counseling in antenatal care clinics (Peltzer et al., 2007). HIV positive expectant women underutilize PMTCT services due to protracted high cost of seeking medical care, healthcare attitude, and public discrimination and stigmatization that is widespread in the Maasai community. Poor utilization of PMTCT services and lack of awareness and counseling practices at clinics are associated with increased transmission of HIV infection from mother to child.

9.3 Drug abuse and risky sexual behaviours

Alcohol consumption increases the involvement in unprotected sex, thereby increasing HIV/AIDS transmission rate (Papas et al., 2018). High-risk sexual activities are significantly higher in adolescents who are oblivious of their sexual partner's HIV status and those who use illicit drugs. Risky sexual behaviours are more prevalent in women as compared to men. They remain significant drivers of HIV epidemic due to drug use and engaging in risky sexual behaviours. (Ssebunya et al. (2019).

The geographic location of nomadic pastoralist communities in remote areas compounds the influence of risky behaviours on HIV/AIDS infection since it promotes free interaction and access to sexual partners and influences patterns of occurrence of STIs (Hazel et al., 2018). It is difficult to access healthcare services in rural in order to get proper prevention, treatment and care services, due to poor infrastructure and low-density settlement. The geographical location of Narok region mainly inhabited by pastoralist communities of Maasai make it difficult to access healthcare services due to poor infrastructural accessibility. Lack of access to immediate health care response accelerates the spread of viral STIs, as it encourages the formation of highly concentrated sexual networks. The Maasai culture allows sexual concurrent relationships that can lead to acquiring deadly sexual viruses including HIV/AIDS. Therefore, it can be concluded that living in remote regions of Kenya nurtures contact structures for increased HIV transmission among individuals who are disproportionately susceptible to outcomes of untreated STIs resulting from drug use and practicing risky sexual activities.

9.4 Effects of Stigma on Individuals and the Society

This study explored various causes of stigma and how it affects individuals and the society. First, it established that among the Maasai community, people experience felt stigma, which makes them to internalize negative perceptions of themselves. Stigmatization is deeply rooted in cultural beliefs about sexual infections, sexuality, beliefs on contamination, and religious constructs. (Mbonu et al., (2009). The main effect of stigma is that it impedes the provision of effective medical and social services to those affected hence altering care seeking behaviour of individuals.

HIV/AIDS related stigma results into fear and discrimination of work-related HIV infection, not taking extra precaution among intimate partners, unethical treatment of individuals diagnosed with HIV, unofficial disclosure of HIV status, and feelings of discomfort around people living with HIV/AIDS. The perception of institutional support, attending training on HIV/AIDS stigma and discrimination, having detailed knowledge on HIV/AIDS, the availability of ART services in nearby public healthcare facilities,

educational attainment of a degree or higher level of education can significantly reduce HIV infection (Hargreaves et al., 2008).

People experience HIV/AIDS related stigma in different forms such as verbal, perceived, and social stigmatization. These include relational discrimination, workplace discrimination, blame and rejection by spouses, and mistreatment by health care workers. In addition, stigma leads to internalized negative feelings about oneself, non-adherence to medication, non-disclosure of status to others and increased mental health problems and instability. HIV/AIDS among the Maasai people can occur due to their patriarchal and cultural power dynamics, persistent gender inequality, seasonal migration, understanding of sex and sexuality, immense and protracted poverty, the pace of HIV/AIDS infection response, perceptions about the nature and the type of HIV virus, and the condition of infrastructure in rural areas. (Feyissa et al., (2012). It is significantly important to know that understanding the causes of stigma and discrimination within communities are vital in formulating and developing necessary strategies for reducing the HIV/AIDS scourge.

Stigma associated with HIV/AIDS accelerates the infection rate at which the virus is spread in communities. Programmes and practices aimed towards supporting both the infected and affected people in communities can positively impact on curbing down the spread of HIV/AIDS. These include the perception of institutional support, attending training on HIV/AIDS stigma and discrimination, having detailed knowledge of HIV/AIDS, the availability of ART service in the nearby public healthcare facilities, attainment of degree or higher level of education and HIV/AIDS community programmes. Feyissa et al., (2012) argues that lack of detailed knowledge and understanding on HIV/AIDS and community orientation regarding policies on stigma and discrimination lead to higher levels of stigma and discrimination among the pastoral communities who otherwise live a communal life. It is therefore crucial for healthcare providers and other stakeholders to offer the requisite by establishing clear guidelines and policies as well as training of various community groups through programmes that focus on different ways of managing and living with HIV/AIDS.

Rural communities especially those in marginalized areas are affected by the influence of stigma and sexual discrimination that positively contribute to HIV/AIDS infection rate among nomadic pastoralist communities. Furthermore, provision of healthcare in rural areas is compromised due to poor infrastructure and low-density settlement. Hence, STIs including HIV spread rapidly due to inaccessibility to necessary functional structures leading to increased HIV transmission among individuals who are disproportionately susceptible to outcomes of untreated STIs.

Perceptions about HIV/AIDS and ignorance are main contributors to HIV/AIDS infection within the Maasai community. The stringent power dynamics and authoritative knowledge on socio-cultural practices can promote ineffective HIV/AIDS prevention efforts that can make it difficult to achieve specific goals and outcomes, unless people correctly understand factors that contribute to HIV infection. The main factors that contribute to HIV/AIDS stigma include migration, the pace of HIV/AIDS infection response, immense and protracted poverty, patriarchy and cultural power dynamics, the nature and the type of virus, perceptions about sex and sexuality, persistent gender inequality, and the condition of infrastructure in rural areas (Reid-Hresko et al., 2016).

10. DISCUSSION

The prevalence of HIV/AIDS among the Maasai community is influenced by various factors that differ with gender, age and geographical location. Cultural norms, adherence to and abuse of the same, influence the stigma around the spread of HIV/AIDS. The Maasai community of Kenya widely practice circumcision. This practice is a salient factor in the transmission of HIV/AIDS among the community members due to sharing of the same instrument used during the communal exercise. In addition, it is believed that men who are circumcised are safe from contracting HIV/AIDS infection (Westercamp et al., 2006). The inevitable implication of this belief is that the men engage in unprotected sex even with partners whose HIV status is known. The perception that circumcision reduces the risk of infection promotes irresponsible sexual behaviours among men. Being a woman is a high-risk factor for HIV infection among the Maasai women due to the patriarchal culture and seasonal migration of the Maasai men. (Serbessa (2019).

Culture reflects the way of life of the Maasai people which determines how HIV is transmitted within the community. Cultural practices of polygamy, wife inheritance, circumcision and transactional sex account for the high infection rate within the pastoralist population. Individual and community-wide perceptions and attitudes about sex and sexuality affect how people view and practice sex causing HIV/AIDS related stigma and discrimination. Sex has been contextualized in the community as people view unprotected sex as an inherent practice that is woven into the social fabrics and cannot be eradicated (Kwena et al. 2019). Polygamy encourages a family system where a person has more than one partner in marriage. It is therefore likely that some members of a polygamous family are at risk of HIV infection, especially when the spouses engage in unprotected sex without the knowhow of the HIV status of other members in their circle.

Ward-Peterson et al. (2018) argues that individuals who agrees to join a polygamous home when the existing couples are HIV positive, but conceal this information then the person is at risk of acquiring the virus and vice versa. The influence of inheriting a wife whose spouse died of unknown cause increases the risk and vulnerability as most of the death occurrences in the community are due to HIV/AIDS. (Serbessa et al., 2016). The prevalence is high because men who inherit widows do not take any initiative to test themselves and the partners they are entering partnership with in order to have mutual disclosure of their HIV status. Unprotected transactional sex is common in the community due to poverty and gender disparity. Transactional sex is a leading cause of sexual related infections among females, since the women are more adversely affected by poverty and gender inequality than men. (Dunkle et al., 2004).

The geographical location of Maasai land as a pastoralist community makes it vulnerable to HIV/AIDS infection due to poor infrastructure and limited access to social amenities such as schools and hospitals. Poor roads and the underdevelopment of the Maasai region limit access to crucial preventive care services such as HIV testing, counseling, awareness creation, and antenatal education (Bershteyn et al., 2018). Members of the community must walk long distances to access healthcare services, hence access to preventive services such as antiretroviral drugs, and promotive services such as testing and counselling services remain limited thereby forcing people to engage in unsafe sex practices. In regard to these factors, interventions should target poverty alleviation,

sustained and efficacious behaviour change, cultural dilution, and advocating for a paradigm shift regarding the patriarchal mindset to incorporate gender neutrality. The Maasai are known to move across border between Kenya and Tanzania and in between remote places within Kenya. This remoteness creates sex networks that are difficult to monitor and control through formal programs and public health policies. The concurrency of intimate partners is the common denominator in relation to the spread of HIV/AIDS and remoteness of a place. (Kuteesa et al., 2019).

Stigma and discrimination are caused by factors that are based on culture and geographical location of a community. Stigma is caused by cultural understanding of HIV/AIDS, sex and sexuality and beliefs on contamination. In addition fear of work-related HIV infection, not taking extra precaution among intimate partners, unethical treatment of individuals diagnosed with HIV, unofficial disclosure of HIV status, and feelings of discomfort around people living with HIV/AIDS contributes to stigma. Factors that influence the spread of HIV/AIDS include seasonal migration, immense and protracted poverty, patriarchal and cultural power dynamics, the nature and type of virus, perceptions about sex and sexuality, dominant gender disparity, and the poor condition of infrastructure in rural areas that affect the pace of HIV/AIDS infection response.

Stigma affects individuals through the manner in which effective medical and social services are rendered to them. It also leads to relational discrimination, workplace discrimination, blame and rejection by spouses, and mistreatment by health care workers. Stigma causes internalized negative feelings about oneself, non-adherence to medication, non-disclosure of status to others, and increased mental health problems such as depression (Feyissa et al., 2012). Nevertheless, stigma can be alienated within the Maasai community through increased mass media penetration in different geographical areas, increasing social support services, providing ethically responsible and inclusive healthcare, and educating the community about preventive and promotive measures of HIV/AIDS. Stigma is a key challenge towards HIV/AIDS reduction among the Maasai community, because people infected keep their status secret from their loved ones hence creating new HIV infections.

Mother-to-child infection is also a crucial issue in eradicating HIV/AIDS within the Maasai region. When mothers actively participate in PMTCT programs, it indicates that their commitment to the good health and well-being of their children is taken seriously into consideration. Attending antenatal care counselling and breastfeeding education programs enlighten mothers in the community about both preventive and promotive ways, hence reducing the transmission of HIV to their children. This is because HIV positive mothers who receive counselling on infant feeding during antenatal care visits offer safer feeding practices to their children to avoid infecting them. The government has put emphasis on free maternal care on PMTCT and increase safe births (Okolo et al., 2017). Therefore, it is hopeful that the Maasai community could benefit from this healthcare program and curb the incidence of newborn HIV infection.

The scoping literature review aided the analysis of the study questions through a detailed exploration of related literature. Since the study topic is qualitative, using scoping review was vital because it enabled me to collect detailed information about factors influencing the spread of HIV/AIDS among the Maasai community of Narok in Kenya and stigma in the society. The research questions were answered and the aim of the study was explored imperatively.

11. CONCLUSION

Based on the conducted research analysis, it is evident that HIV/AIDS stigma related cases among the Maasai people continue to push the growth of the disease that is otherwise a global public health issue. The culture of stigma continues to worsen the HIV/AIDS pandemic by people not seeking the right medical diagnosis freely. This alters their care-seeking behaviour and openness with sexual partners through proper communication about their respective HIV status. Adolescent, which is a period mainly characterized by immense HIV/AIDS pandemic is typified by psychological, physical, and social maturation because of increased cases of unplanned sexual activities that increase the chances of contracting HIV/AIDS.

Lack of awareness as a result of stigmatization and discrimination remains the primary reason for the pervasiveness of STIs, particularly HIV/AIDS among the Maasai

community. It can be argued that the general lack of awareness is due to education disparities and gender inequity given the remote geographical location of the Maa region. Despite healthcare resources provided to communities through local health clinics by the government and NGOs including STI testing kits and free condoms, their reception still remains tepid. This being the main reason for the increased prevalence of HIV/AIDS. Lack of motivation to use resources geared towards protecting populations from contracting STIs can be attributed to factors such the Maasai cultural practices adopted and practiced from a very young age.

Maasai people largely depend on livestock farming to enhance their financial stability. Therefore, majority of families have concentrated on cattle raring and they have failed to prioritize education of young people over farming practices. Moreover, the girl-child education is not keenly taken into consideration because of gender preference of boys to girls in their community. It is evident that lack of access to education and cultural factors play a key role in the spread of HIV/AIDS among the Maasai community. This is because the Maasais have not detached themselves from community norms governing sexual behaviours after circumcision. The community believes that circumcision offers protection against HIV/AIDS and therefore, tend to engage in irresponsible sexual behaviours. Some even exchange wives and girlfriends after circumcision so long as they belong to the same age-group. Thus, culture has exposed the Maasai to dangers of HIV/AIDS because of their maladaptive sexual behaviours. The cultural beliefs of a society shape individuals' behaviour, hence determining the pattern of spreading HIV/AIDS amongst themselves.

In addition to cultural factors, the use and abuse of drug substances and engaging in risky sexual behaviours contribute to the high prevalence of HIV/AIDS among Maasais. Young individuals make up the majority of new HIV/AIDS infection in Sub-Saharan Africa. Having multiple sexual partners has increasingly become the norm among the Maasai community, yet it is risky because it increases the chances of one contracting the disease. Additional risk factors include being female, older age group, multiple sex partners, living in an urban setting, and being in a polygamous marriage. Besides, substance abuse is increasingly becoming prevalent on the African continent, hence fueling the spread of

HIV/AIDS. Socio-demographic factors also influence drug and substance consumption and the risk of contracting HIV/AIDS.

HIV infection risk behaviours are influenced by economic pressure, gender disparity, low-risk perception, sharing of personal instruments such as needles, and inadequate availability of protective measures. Prior engagement in high-risk sexual activities is significantly higher in adolescents who are oblivious of their sexual partner's HIV status and those who use illicit drugs (Ssebunya et al., 2019). Proper and sustainable interventions should emphasize the improvement of mutual HIV status disclosure between sexual partners and discourage them from using illicit drugs in addition to implementing effective interventions for preventing mother-to-child transmission and enhanced access to other HIV/AIDS preventive services.

12. RECOMMENDATIONS

Different recommendations are highlighted in line with the findings of this study. In order to curb the HIV menace, it is important to take into consideration the susceptibility to HIV infection when designing measures for preventing and controlling any sexually related infection. Cultural stigmatization is the primary reason for the high HIV/AIDS prevalence among the Maasai people. Stigma leads to internalized negative feelings about oneself, nonadherence to medication, nondisclosure of status to others, and increased mental health problems. Relevant policies ought to be directed towards strengthening the present measures and educating people on various strategies that can be adopted to reduce the prevalence of the HIV infection.

In order to curb the HIV/AIDS scourge within the Maasai community, it is crucial to formulate and implement effective and sustainable interventions that aim at poverty alleviation, sustained and efficacious socio-cultural behaviour change and advocating for a paradigm shift regarding the patriarchal mindset to incorporate gender neutrality. In addition, enough resources should be directed towards awareness and addressing the causal factors for the high prevalence of HIV/AIDS for the people residing in the Maa region. Campaign programs to should be rolled out to sensitize the Maasai youths on desirable behaviours that when adopted could result in low STIs prevalence. The

programs should focus on promoting positive behavioral changes among all members of the community. Behavioral change is anticipated to significantly lower the risks associated with HIV infection. Activities to address stigma should be incorporated in various implemented programme and at all stages because stigma leads to continuous HIV infection incidences.

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