**Abstract**

**Association for the Social Sciences and Humanities in HIV (ASSHH)**

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**Title:** Applying social stress theory to understand HIV care engagement among hospitalised patients with advanced HIV infection in rural Kenya.

**Background**

Despite widespread antiretroviral provision, hospitals in many African countries including Kenya are overburdened by patients with advanced HIV illness, often due to adherence challenges and treatment failure. Drawing on social stress theory, we explored the role of social circumstances and relationships in the HIV treatment histories of hospitalised patients with advanced HIV infection.

**Methods**

Fifteen in-depth interviews were conducted with hospitalised patients with advanced HIV who had previously initiated first-line antiretroviral therapy in Homa Bay, Kenya. Topic guides covered patients’ health journeys, experiences with treatment and pathways to care. Observations were undertaken in the hospital. Interviews were audio-recorded, transcribed and translated into English. Data were coded inductively, aided by NVivo, and analysed thematically.

**Results**

Stress which manifested through despair, anger and loss of hope was prominent throughout participants’ accounts of their lives with HIV. Two main sources of stress were identified. Firstly, chronic poor health meant that some participants lost sources of income and were dependant on family members, leading them to experience a variety of financial concerns. Secondly, conflicts within intimate relationships were common, and often related to sero-discordancy, disagreements surrounding polygamous living arrangements, or tensions over marital and childbearing desires. Many women reported sexual, emotional or physical violence from intimate partners.

Participants responded to these sources of stress in different ways: some related somatic symptoms to their anxiety, including headaches, chest pain and stomach disorders. Many described how stress undermined their ability to follow their treatment regimens or visit health services during periods of ill-health prior to hospitalisation. Some participants mentioned intentionally stopping their antiretroviral therapy drugs to end their life. Conversely, others described gaining courage and hope from supportive community outreach workers, peers living with HIV, or family members helping them to re-engage with HIV care.

**Conclusions**

The social nature of the stresses experienced by participants in this setting and their responses to them were often closely tied to their engagement with HIV care prior to their hospitalisation for advanced HIV-related illnesses. Structural interventions, community outreach services and the provision of mental health services for people living with HIV may facilitate long-term (re)-engagement in HIV care.