EFFECT OF PSYCHOLOGICAL COUNSELING ON SELF-ACCEPTANCE AMONG PERSONS LIVING WITH HIV AND AIDS IN MATHARE CONSTITUENCY, NAIROBI COUNTY

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DECLARATION

I, the undersigned, declare that this thesis project is a product of my work and is not the result of anything done in collaboration. This work has not been previously presented in any other institution. All sources have been appropriately cited and acknowledged.

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DEDICATION

This thesis is dedicated to my family members, friends, and relatives.

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ABSTRACT

The study sought to establish the effect of psychological counseling on self-acceptance among persons living with HIV/ AIDs in Mathare constituency, Nairobi County. A descriptive research design was used in the research. The study target population was in Mathare, Nairobi County was 16, 600 PLWH. Furthermore, a sample size of 278 people was selected using simple random and stratified sampling techniques. Lux and Petosa's attitude scale, Genberg's discrimination scale, and Dunn's self-acceptance scale were the instruments of measure used to collect data. SPSS was used to analyse quantitative data. The study established that majority of PLWH in the Mathare constituency has the right to the same quality of care as any other patient 24.9% (n=63). Also, respondents indicated that advice from counseling sessions enabled them to accept themselves by 20.0% (n=51). Educational level significantly contributes to the respondents' attitude ($p=0.003<.05$). The study found that (41)16.3% of the respondents face discrimination; people living with HIV and AIDS face neglect from their families by 18.4% (n=47). The study also established that all the three demographic factors (age, gender, and level of education) have an effect on psychological counseling intervention and are significant predicators of self-acceptance among people living with HIV/AIDs.

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ACRONYMS

AIDS	Acquired Immune-Deficiency Syndrome
APHRC	African Population and Health Research Centre
CMD	Common Mental Disorders
CUEA	Catholic University of Eastern Africa
HIV	Human-immunodeficiency Virus
IPAR	Interpersonal Acceptance-Rejection
LMIC	Low and Medium Income Countries
NACOSTI	National Commission for Science Technology and Innovations
NGOs	Non-Governmental Organizations
PLWH	Person Living with Human Immunodeficiency Virus
RGADS	Revised Generalized Anxiety Disorder Scale
RMDES	Revised Major Depressive Episodes Scale
RPSDS	Revised Post-Traumatic Stress Disorder Scale
RSAS	Revised Self-Acceptance Scale
TUC	Tangaza University College
TUCREC	Tangaza University College Research Ethics Committee
USA	United States of America
VCTs	Voluntary Counselling and Testing Centres

DEFINITION OF TERMS

Discrimination: this is the unfair and unjust treatment of someone based on their real or perceived HIV status.

Psychological Counselling: This has been used in this study to integrate psychological theories with therapeutic practices.

Self-Acceptance: Development of a positive attitude towards oneself, marked by one's ability to recognize areas of self-criticism and rejection.

Social Support: this refer to social networks that support persons living with HIV-positive.

CHAPTER ONE

INTRODUCTION

1.1 Introduction

The subject of this chapter is the implications of psychological counseling on acceptance of oneself among individuals who are currently living with the HIV and AIDS epidemic in the area of Mathare in Nairobi. In this chapter, the importance study, scope, assumptions, and restrictions are discussed, in addition to the context of the study, problem statement, objectives, and research questions.

1.2 Background to the Study

At the global level, HIV and AIDS epidemic has infected and caused the deaths of millions of people (Beingana, Thomas & Comblain, 2005). In addition, the UNAIDS (2019) Global AIDS Statistics established that there were 37.9 million PLWH globally in 2018. Despite the ongoing campaigns against stigmatization and discrimination of PLWH, some societies have not yet demonstrated a remarkable change in their perception and treatment of PLWH. The assertion is supported by UNAIDS (2019) report, which observed that notwithstanding all of the efforts that have been made to offer medical services, there was a continuing stigma and discrimination against PLWH. Moreover, Williams (2014) exuded that persons living with HIV and AIDS often encounter societal prejudice, disgrace, and embarrassment due to their HIV status. When a person has been diagnosed with HIV-positive, they bear their share of the burden on themselves, their significant others, and society.

In the regions of North America, Central Europe, and Western Europe, there are about 2.2 million people infected with HIV and the number of people who have died from HIV in the area due to AIDS has declined by 40% since 2010. ART medications covers are essential in reducing AIDS-related fatalities in the area (United Nations AIDS, 2020). 4 out of 5 individuals

who are HIV positive (81%) are treated; 2 out of 3 people who are HIV-positive (67 percent) are virologically under control (UNAIDS, 2020). An approximated 2.1 million persons in Latin America have HIV infection. From 2010 to 2019, the region saw a 21 percent increase in new HIV cases, while 8% lowered fatalities from AIDS.

An estimated 5.8 million persons in the Pacific and Asia live with HIV. The incidence of new HIV cases has decreased by 12 percent year throughout 2010 (UNAIDS, 2020). Nevertheless, patterns vary per country, and regional decreases in other nations could mask rising. The territory is also home to India and China, the world's two most populous nations, and even low incidence translates to massive populations (UNAIDS, 2020).

It is estimated that roughly 4.9 million people in Central and West Africa are now living with HIV infection. Throughout 2010 and 2019, there was a 25 percent decrease in new adult HIV infections. However, 58% of the region's expected 240,000 additional HIV cases are accountable to women and girls. In the last years, the fall in antiretroviral treatment coverage for expectant mothers is another problem facing the region (from 62 percent in 2016 to 58 percent in 2019). Eastern and Southern Africa, which accounts for over half (54 percent) of all HIV-positive individuals globally, has approximately 20.7 million people. Two-thirds of HIV-positive children live in this area (67 percent). Nearly every region has an overall HIV pandemic, representing more than 1% of its national HIV incidence. South Africa has the most HIV-positive people globally (7.5 million). The nation's most extensive prevalence of HIV/AIDS is Eswatini (formerly Swaziland) (27% (UNAIDS, 2019).

More than 20.6 million people in Southern and Eastern Africa are HIV-positive, which accounts for around half (54 percent) of all cases. Two-thirds (65 percent) of HIV-positive people (UNAIDS, 2018) are in this region. Meanwhile, new illnesses have emerged in the area diminished by 28 percent since 2010. Despite this, almost every country in the region is the middle of a severe AIDS pandemic, as evidenced by the fact that the HIV incidence rate in

each country is over 1 percent. The greatest HIV population in the world is found in South Africa (7.7 million). Eswatini is where it's most common (27.3 percent) in the entire world (formerly named Swaziland) (UNAIDS, 2018).

105,200 children were among the estimated in 2017 in Kenya had, 1.5 million persons living with HIV, also known as PLHIV., despite the significant drop in HIV prevalence (KNBS, 2018). A top target in the African continent's Sub-Saharan region, Kenya thus perceived universally as reversing HIV in the region. While the global Hiv epidemic was 1.98 percent in 2017, translating to 184,718 young men living with the virus, the national HIV prevalence for 15- to 24-year-old women and men was 1.34 percent and 2.61 percent, respectively (UNAIDS, 2018). After Nairobi, the counties of Homa Bay (4,558), Kisumu (4,012), Siaya (4,033), and Migori (2,812) (accounted for 7,159 of the total 52,800 infections reported in 2017).

Patients who are aware that they are HIV-positive may experience severe emotional and psychological distress due to their fears of being rejected, the development of the disease, the uncertainties surrounding HIV management in the future, and societal stigma (Duffy, 2010). Psychological counseling can lessen morbidity and its incidence, and good clinical management demands that such issues be addressed with consistency and skill (Suyanti et al. 2018). In the broader context of diagnosis, screening, and treatment, as well as public disclosure in Africa, appropriate HIV/AIDS psychological therapy is a key element (Horter and al., 2017). For family and friends, however, it can be frightening and difficult to accept an HIV diagnosis because of a variety of causes (Obare et al., 2009). The field of HIV detection, testing, and treatment has advanced quickly on a global scale (Horter et al., 2017). The identification of HIV will not be regarded as a terminal illness due to the availability of HIV/AIDS treatment, despite the susceptibility and anticipated fatal outcome of a new diagnosis (Obare et al., 2009).

Self-acceptance and denial of HIV/AIDS are persistent and pernicious epidemics in all conversations regarding effective pandemic-reduction strategies. Adopting HIV/AIDS not only threatens people's family, social, and economic lives, but it also makes it difficult for them to obtain care for prevention, treatment, and care. During the past 25 years of the HIV/AIDS pandemic, the only reason that its impacts have been decreased globally is that people living with HIV/AIDS have become more aware that the severe treatment they endure has little bearing on society or its procedures (Suyanti et al. 2018). Acceptance and supportive treatment was recognized as one of the five major imperatives to succeed in explaining the prolonged reactions to the HIV/AIDS epidemic, according to Piot, who is the Executive Director of the Joint United Nations HIV/AIDS Programme. This was recognized as one of the five major imperatives to succeed in explaining the prolonged reactions. At the same time span, Duffy (2010) makes the observation that the AIDS program places attempt to recognize oneself in the lowest position.

Self-recognition and therapeutic counseling are important areas of study due to the prevalence of HIV/AIDS. Patients suffering from chronic conditions typically have a lesser level of well-being than those who are healthier and those who have HIV and AIDS exhibit the same pattern (Roth & Robins 2004). Ones-acceptance of HIV and AIDS demands a conscious choice to experience the unpleasant emotions and sensations connected to the condition (Delaney & O'Brien, 2012). Understanding the root of the infection and having the ability to adopt health-promoting activities into daily life necessitate a healthy readiness to embrace oneself (Moitra, Herbert & Forman 2011). (Moitra, Herbert & Forman 2011). Through psychological counseling, persons who suffer with their physical, mental, and emotional well-being can reduce anxiety, deal with emergencies and improve their sense of health (Collins et al., 2014).

Self-reception has an impact on both mental and physical health, according to Mereish and Potent's (2015) research. In an elderly community with a variety of different health concerns, including diabetes, respiratory issues , high blood pressure, asthma, and circulatory issues, an acceptance readiness exercise was carried out. Including McDonald (2011). Patients had greater degrees of condition awareness and advancement in many health outcome indicators, notably expected aftercare, despair, and dread. To promote acceptance-based compliance therapy (ABBT) among patients with HIV/AIDS, Moitra et al. (2011) carried out a pilot study. Blood tests also showed that the individuals' CD4 counts were greater and that their viral loads were lower. Researchers discovered that providing care necessitates a certain level of patient condition auto-acceptance, and acceptance processes may be an effective means of achieving this.

PLWH discrimination is a result of a variety of factors, including lack of knowledge about the condition, misconceptions about how HIV spreads, barriers to treatment, careless reporting by the media, the disease's inevitability, and worries and prejudices about socially sensitive topics like sexuality (Chibanda et al., 2015). The widespread concept that "PLWH are sometimes perceived as invasive agents in a healthy community" and the notion that HIV/AIDS is a fatal illness are the main causes of these perception gaps (Varas-Diaz et al., 2015). These societal injustices have led to "a variety of forms of adverse treatment, including social exclusion, rejection, and denial of urgently needed assistance under the presumption that they receive what they deserve" (Parker & Aggleton, 2012). Similar to this, "early AIDS metaphors like death, horror, vengeance, guilt, humiliation, and otherness have amplified these worries, reinforcing and legitimizing discrimination" (ibid).

According to Hershey (2014), HIV/AIDS prejudice severely affects PLWH's physical, emotional, and psychological well-being. Discrimination impedes HIV prevention, treatment, care, support, and pursuing an education or career (Hershey, 2014). As a result, prejudice has

a detrimental impact on how effectively people affected with HIV learn to live with the condition and adjust to their new status, making them more vulnerable to stigmatization. In addition, internalizing stigma causes most PLWHs to have difficulty socializing with family and friends, which negatively impacts their psychological well-being.

Clinical counseling for HIV/AIDS is a key component of HIV therapy. It talks about the psychological needs of those who have HIV or AIDS. Offering Clinical Therapy is the best technique to assist a patient in coping with this condition and its implications (Brandt, 2009). An individual's immune system is harmed by HIV, and it also has an impact on their mental health. HIV/AIDS patients deal with a variety of difficult issues related to their well-being, social, and health, employment challenges, and family (Brandt, 2009). The biggest source of insecurities is that people with HIV are stigmatized and scared (Brandt, 2009). Therefore, it is crucial to counsel HIV at the moment of diagnosis in order to effectively handle the child's psychological problems.

Despite the fact that breakthroughs in pharmaceutical therapy have reduced mortality rates, it is well recognized that HIV-positive communities have major influence on a person's mental state such as prejudice, depression, and low autoacceptance. Due to the chronic nature of HIV, these carriers will undergo substantial life changes. Existing technologies must be enhanced and new technologies must be comprehended and treated. Respecting the autonomy of persons with HIV or AIDS is essential. When the individual living with HIV is accepted for who they are, they feel more optimistic. Those who are influenced by self-acceptance, on the other hand, may find themselves less motivated and distressed, which has severe implications for their psychological and mental health. Given the situations, the current study goals to determine how psychological therapy influences the acceptance of HIV and AIDS patients in the Mathare Constituency of Nairobi County.

Mathare constituency in Nairobi County has the highest HIV rate of any parliamentary district, with roughly 60,000 people, including 4,000 children, living with the disease. HIV incidence rates have been gradually declining in recent years, from 14 percent at the outbreak's peak to 8 percent at present, but the number of new infections in Mathare is still high at 1,400 per year, with 39 percent of those co-infected with HIV and tuberculosis, and there are still nearly 2,000 AIDS-related deaths (UNAIDS, 2018).

Interventions are being implemented at the individual level, the group level (GLI), and the community level (CI) in order to improve the mental health of PLWHA (UNAIDS,2018). According to Kabiru et al. (2018), community-based psychological therapies are still acting as a safety net for families who have PLWHA members in their household. (Kabiru et al., 2018) The goals of the community-level interventions are to change norms, enhance systems, and reduce risk in a specific group of individuals who have been identified as engaging in risky behaviors.

In addition, Mathare has a high HIV prevalence and between 18 and 30 percent of the populations considered to be vulnerable, such as people who work in the sex industry and addicted to opioids (UNAIDS, 2018). This demonstrates that there is a gap in knowledge in this area, and there is a pressing need for additional research to be conducted in the Mathare Constituency in order to fill that gap. HIV counseling is a confidential interaction between a client and a counselor that aims to assist the client in coping with stress and making decisions regarding their personal relationship with HIV/AIDS. The counseling procedure includes both an assessment of an individual's risk of HIV transmission and a discussion of infection prevention. It focuses on the psychological and social problems connected with possible or present HIV and AIDS infection (Kabiru et al.,2018). In the constituency of Mathare in Nairobi County, the authors of this study investigated how HIV/AIDS patients responded to psychological counseling in terms of their acceptance of themselves.

1.3 Statement of the Problem

Since the preliminary report of AIDS was detected in Kenya in 1984, hundreds of thousands of people have perished due to HIV, leaving millions of orphaned children. Prejudice caused by HIV is still a big issue in Kenya, despite the fact that the country's response to the pandemic has recently seen some advances. In addition, despite the efforts that have been made to provide health care, PLWH still struggle with issues of self-acceptance and mental health (UNAIDS, 2018). As a result, the spread of HIV and AIDS in Kenya may have an effect on associated psychiatric disorders as well as on the degree to which people accept themselves.

In spite of shifting perceptions regarding people who are transgender or gender non-conforming (PLWH), many societies all over the world continue to view them as social misfits. According to UNAIDS (2018), in 2017, Kenya had a population of around 1.5 million individuals who suffered with HIV. There were a total of 1,400,000 adults who had reached the age of 15 or older. According to AVERT's data, Kenya is in fourth place among the countries that have the highest HIV and AIDS prevalence (2018). According to another estimate from the study, there were 53,000 new cases of HIV infection in 2017.

In addition, the Kenya HIV Reports 2018 study found that the total number of new HIV infections across all age categories decreased from 77,200 in the year 2010 to 52,800 in the year 2017. The prevalence of HIV in adults decreased from 13,500 in 2010 to 8,000 in 2017, and from 0.35 percent in 2010 to 0.19 percent in 2017. Moreover, there were 28,200 deaths in 2017 compared to 53,900 in 2010. The number of treatment and preventative programs, as well as community-level, individual-level, and group-level interventions that promote the psychological health of PLWHA, contributed to these outcomes.

However, things are very different for people who live in urban slums and poor neighborhoods in general. Common Mental Disorders (CMD) were found to be among the most prevalent conditions experienced by those who are HIV-positive in low- and middle-income countries, according to research carried out in 2015 by Chibanda et al with forms of mental and neurological illness (LMIC).The informal settlement designation of the Mathare constituency worsens the CMD conditions of the PLWH. In urban slums, cultural biases, inaccurate information, and a lack of education continue to impede HIV prevention efforts. Those who are already infected are subjected to deplorable living conditions and denied access to superior medical care.

Significant psychological distress is more prevalent in PLWH compared to the general population. Hershey (2014) states that psychological therapy for PLWH can improve quality of life, mental health symptoms, and adherence to HIV care. However, the effectiveness of mental health therapies for PLWH in the Mathare region is not understood. This study sought to determine how psychological treatment with PLWH in Nairobi's Mathare Constituency affected their capacity for self-acceptance.

1.4 Purpose of the Study

This research investigated the ways in which getting psychological counseling can affect a person's degree of self-acceptance. The participants of this study were individuals who were suffering from HIV/AIDS in the Mathare constituency of Nairobi County.

1.5 Objectives of the Study

The findings was directed by the general objective and particular objectives:

1.5.1 General Objective

Assessing the impact of psychological counseling and ones-acceptance on HIV/AIDS patients in Nairobi's Mathare Constituency.

1.5.2 Particular Objectives

The following particular aims guided the study:

i. To investigate the opinions of PLWH residents of the Mathare constituency in Nairobi County on the topic of accepting oneself.

iiAnalyze the advantages of volunteering for Patients in Nairobi County's Mathare constituency and discover what they are.

iii. Determine whether or not there is a connection between PLWH self-acceptance and the experience of prejudice in the Mathare constituency of Nairobi County.

iv. Conduct research into how patients living with HIV/AIDS in the Mathare constituency of Nairobi County react to receiving psychological therapy aimed at promoting self-acceptance.

1.6 Research Questions

The study offered responses to the following search terms:

i. How do PLWH in Nairobi County's Mathare constituency feel about their own acceptance?

ii. According to residents of the Mathare constituency in Nairobi County, What are the advantages of making self-acceptance a regular practice?

iii. How does the prevalence of prejudice in the Mathare constituency of Nairobi County affect the ability of people who are practising homosexuality to accept themselves?

iv. How do psychological counseling interventions in Mathare Constituency, Nairobi County, improve the PLWH's level of self-acceptance?

1.7 Significance of the Study

This research will aid those responsible for developing HIV/AIDS policy and services to enable persons with the disease to accept themselves.

If counseling services are not made available to patients suffering from AIDS, the outcomes of this investigation will also assist officials working in the health sector in understanding the likelihood that these patients will have a distorted view of themselves.

The findings of this research will provide therapists, volunteers, and counselors who work with persons who are dealing with AIDS be conscious of the facts essential to enhance the counseling services that are now available.

Non-Governmental Organizations (NGOs) in the Mathare Constituency of Nairobi County would benefit from this study because it would make it easier for them to plan activities that could make the lives of people living with HIV and AIDS better.

The findings of the investigation will raise awareness among loved ones of the vital role that they play in assisting individuals with HIV/AIDS to rebuild their minds, feelings, behaviors, attitudes and accept the reality of the condition. This is because loved ones play a vital role in assisting people living with HIV and AIDS to rebuild their minds, emotions, behaviors, and attitudes. The dissemination of the information that was gleaned from the study will be the means by which this goal will be accomplished.

The conclusions of this study could serve as a roadmap for future academic and scientific research.

1.8 Scope and Delimitation of the Study

278 people made up the study's maximum allowed sample size. In Nairobi's Mathare Constituency, the study's main focus was on the effects of psychological counseling on HIV/AIDS patients. But the information shared by the participants applied to all HIV/AIDS patients in the Mathare Constituency. Only HIV/AIDS patients in Nairobi County's Mathare Constituency were included in the study. The survey responses from PLWH in the Mathare constituency and the data acquired were all that were required for the research's aims.

1.9 Assumptions of the study

The investigator made the presumption that all individuals who had HIV or AIDS had taken part in the counseling sessions that were associated with the study.

In order to evaluate the effect of psychological therapy on the degree to which HIV/AIDS patients in the Mathare Constituency, Nairobi County, are able to accept themselves as they are, the people living with HIV/AIDS themselves have submitted relevant information.

1.10 Chapter Summary

The global, the regional, and the local histories of HIV/AIDS have all been covered in this chapter's discussion. Both the significance of the study and the difficulty of the research were outlined. In addition, the definitions of terms in their operational sense as well as their purposes are examined. The researcher also acknowledged the extent of the work as well as its boundaries. The following chapter offers a summary of the previous research that has been done on the topic that is currently being discussed. Following that was a presentation of the theoretical underpinnings of the study as well as a critique of the subject matter.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a literature review on the influence that psychological counseling has on the ability of persons living with HIV and AIDS to accept themselves in their current state. The focus of this review is on the ability of people to accept themselves as they are. Empirical literature, a theoretical framework, a conceptual framework, and a chapter summary make up its subheadings.

2.2 Empirical Literature Review

This section examines prior research pertaining to the study's key factors.

2.2.1 Attitude of PLWH towards Self-Acceptance

Actions demonstrate that a particular thing or structure is relatively stable and is mostly taught by a person (DeElefs et al., 2003). It consists of a perceptual, emotional, and compartmental component and contains assessment concepts important to the thoughts, emotions, and behaviors of individuals (Peltzer et al., 2014). According to Vance, Moneyham, Fordham, and Struzick (2008), attitudes influence a person's behavior intention. You have attitudes regarding your awareness, feelings, and actions. In most cases, a person's frame of mind in relation to a certain behavior will be favorable if he or she believes that the behavior will mostly result in a positive consequence (Ajzen 2012). According to Peltzer et al. (2014), those with such knowledge and convictions about HIV/AIDS also have strong feelings about the disease, which influences their behavior. When someone has a positive attitude toward condoms, they are significantly more inclined to employ them. This is an illustration of how attitudes and conduct are related. Keller (2008) stresses the need of developing a comfort zone around a phenomenon. A situation that is described as comfortable and familiar, without concern for the issue at hand. According to Keller (2008), venturing outside of one's comfort zone causes worry and suffering.

Significant shifts must occur in awareness, behaviors, or attitudes (Simbayi, 1999). According to Peltzer's 2003 research, research revealed that increased HIV awareness was associated with a more effective strategy for AIDS patients, experience cultivates a more hopeful attitude of AIDS. Otaala (2000) argued that because the intervention delivers knowledge on HIV/AIDS, attitudes must be considered. Hendricks (2002) claimed that "The first step in preventing disease is telling the truth, meaning that Africans have little choice but to be honest, forthright, and accepting of this. Grundlingh (2001) stated in his AIDS address: "An additional educational program ought to place an emphasis on the dangers posed by diseases and have a conversation about social conduct, threats, perception, and attitudes.

People utilize their attitudes to defend themselves from their surroundings, preserve the impression of themselves, and communicate their core convictions (Deetlefs et al., 2003). As Peltzer (2003) proved, they could not afford to put their lives at risk by cohabiting with an AIDS patient. Students were demonstrated to be pessimistic about the disease and its sufferers. According to the findings of research conducted by Ordirile (2000) at the University of Botswana, the stigmatized community is often filled with fear. It was feared that tainted kids would be served to and surrounded by other students. In spite of this, compared to the findings from Singh in 2004, there was no indication of a growth in the stigmatization of females who with HIV/AIDS.

HIV/AIDS perspectives are marked by apprehension, fear, and denial (MOE,1999). Self-denial leads to an unwillingness to acknowledge the disorder as well as UNAIDS (2018), whose symptoms include fear, stigma, and denial. The stigma that is typically associated with HIV/AIDS was highlighted in a number of the speeches made during a group conversation in Uganda. For instance, a male stated that he would murder his wife, their child, and himself if she had AIDS (HRW, 2003; Peltzer, 2003). Additionally, he threatened to kill her. People have positive views, despite the fact that the bulk of AIDS-related interactions continue to be based on harmful feelings that injure the affected individual.

2.2.2 Benefits of Self-Acceptance among PLWH

The ability to accept oneself is critical to one's mental health. The inability to completely embrace oneself can lead to emotional problems, such as uncontrollable rage and sadness. Self-evaluation rather than self-acceptance may make a person feel desperate. They may dedicate time and energy to self-aggrandizement to compensate for any shortcomings one may have. One of the least complicated and most organic approaches to lessen the importance of one's own self-evaluation and increase one's level of acceptance is to adopt, rather than ignore, an attitude characterized by awareness (Langer, 1989).

In order to fully accept oneself, a person needs to be willing and eager to expose their genuine selves to the world around them. Living a life of conscientiousness requires going about your regular activities without giving any thought to how other people might see you (Langer, 1989). The individual who is attentive is "present in the moment," and they are unconcerned with how their interactions with other people will go. People are said to be aware when they engage with the world actively and pick up on new features of the situation rather than focused on obtaining the approval of others or strengthening their own sense of self-worth. Evaluation of oneself is a crucial part of the practice of accepting something as it is with oneself. According to their individual experiences and recollections, no two people can have the same interpretation of the same or the same thing based on how colors are perceived. In the same situation, each person has a unique perspective on what they consider to be "the same thing." It is a fallacy, however, to think that there are any objective truths; as a consequence of this fallacy, he begins to assume that objective evaluations of life are reliable (Langer, 2005). Some people, in spite of the evidence, prefer to believe that the opinions of other people are what matters, and they base their decisions on their own desires and the experiences they've had in the past. As a consequence of this, it is possible for a person to unwittingly use the opinions of other people as "Facts," and once again, to form self-judgments based on such knowledge that does not require critical thought.

2.2.3 Prevalence of Discrimination of PLWH on Self-Acceptance

People with HIV/AIDS (PLWH) must deal with medical and social issues related to their disease. Discrimination is one of the obstacles in reaching out to HIV/AIDS-at-risk individuals (Kulisewa. et al., 2019). Frequently, discrimination amplifies HIV transmission catalysts such as rejection and anonymity (Jewkes, 2017). Although there are numerous ways to respond to HIV/AIDS, HIV-positive support for HIV-discrimination has a detrimental influence on HIV testing and medical treatment. The degree of care that is provided to HIV

patients, as well as the negative experiences that HIV and AIDS have had on their families and cultures, are all factors that are detrimental (Peltzer et al., 2014).

The second goal is to combat discrimination against PLWH. According to Abrahams and Jewkes, discrimination towards people with HIV and AIDS is a visible social mark that subtly controls people's attitudes and reactions (2017). Such public stigmatization may have long-term psychological effects on HIV and AIDS patients (Abrahams and Jewkes,2017). For this reason, currently, in the Mathare Constituency of Nairobi County, a study is being executed with the goal of determining the consequences that psychological therapy has on HIV/AIDS patients' ability to accept their condition.

Abuse is intolerable in a violent relationship. Nearly 30 percent of women in South Africa, Uganda, and Tanzania reported experiencing physical and sexual harassment at the hands of intimate partners, according to recent polls. Angola, Kenya, and Zambia reported more than 25% of intimate partners, while Ethiopia, Malawi, Namibia, Rwanda, and Zimbabwe reported more than 20%. (Kulisewa. et al. 2019).

According to research conducted by Kulisewa and colleagues, 34.5 percent of females between the ages of 15 and 49 have been subjected to prejudice because they are HIV-positive (2019). Many HIV-positive people who were recently affected by the disease but were denied access to medical concern because of their HIV status. This happened to a significant number of HIV-positive people during the past year. Several HIV medical practitioners informed patients of their HIV diagnoses without first obtaining the patients' permission. As of this year (2019), a significant total population of Sub-Saharan Africa are typically uninformed of the significance of HIV education. More than half of those polled in Ethiopia stated that they would never buy anything that contained HIV, and 42 percent of respondents felt that HIV-positive youngsters shouldn't be in school with other children. (Kulisewa. et al.,2019). The level of prejudice directed toward HIV-positive people is, unfortunately, still fairly significant. Six

percent and thirty-one percent of those who participated in the poll and were from other countries respectively acknowledged being aware of these discriminatory sentiments.

On the other hand, there has been progress in the effort to eliminate criminal and discriminatory laws. Botswana became the newest country having such sexual interactions in June 2019. Kenya's decision to uphold this clause has unexpected implications. Bigotry and prejudice hinder treatment and prevention of HIV infection in many parts of the Pacific and Asia. WHO population-based surveys in seven countries found that 40% of respondents had never purchased from an HIV-positive vendor (Salth Organizations, 2008). More than 20% of respondents in five of the six countries said HIV-positive teens won't participate in academics like other kids (World Health Organisation, 2008).

Due to a national rule, Thailand is one of the only countries to have abolished HIV discrimination and damage. According to two polls in Thailand (2014-2015 and 2017), sexism and bias in hives care have decreased (Punpanich, Ungchusak, and Detels, 2018). HIV-positive adults who encountered health bias and discrimination in 2017 claimed internalized guilt prevented them from obtaining care. One-third of HIV-positive people had these experiences.

HIV is widely misunderstood in the U.S. Ten out of eighteen countries agreed that supermarket stores shouldn't buy HIV-infected veggies. Respondents cited inequality in Mauritania, Sierra Leone, Senegal, Benin, and Ghana. Greater than thirty percent of respondents in seven countries with relevant information say HIV-positive youngsters shouldn't attend school (UNAIDS,2020).

Environmental law enforcement and healthcare are degree options in several countries. Only 25% of the region's countries have undertaken national initiatives, suggesting they are rare (in comparison to 44% in Southern and Eastern Africa). Abuse and assault of females is also a problem. At least 25% of adult females (15–49) in five of the eleven most populous countries reported been the victim of sexual assault or physical assault in an intimate relationship within the past year. China, India, Indonesia, the Philippines, Russia, and the U.S. (UNAIDS,2020).

In numerous Latin American and Caribbean nations, HIV is a barrier due to prejudice and discrimination. 30% of respondents in five of seven nations indicated they had not purchased fruits and vegetables from HIV-positive vendors (El Salvador, Guatemala, Panama, Paraguay, and Colombia). Guatemala had a 57 percent rate. In the Caribbean, HIV myths, fear, and discrimination have not decreased. 67 percent of Jamaicans answered that they would not purchase items from HI V merchants. Additionally, discriminatory behaviors were pervasive in a number of other nations, including Guyana (29%), Belize (32%), the Dominican Republic (49%), and Haiti (64 percent . For example, 18% of those surveyed in Belize said that 54% of HIV-positive children in Haiti are not permitted to attend school with other students (UNAIDS,2020).

There has been progress made on eliminating prejudice and discrimination, including the launch of measures in March 2018 by the National Caribbean Network of Living People with HIV and AIDS. These measures include: (Kulisewa. et al., 2019). The campaign encourages governments, elected officials, civil society organizations, national media outlets, and major demographic groups to employ social media to challenge prejudice and discrimination that prevents disadvantaged communities from receiving access to care, services, and support.

Discrimination and misinformation around HIV are endemic throughout much of the Middle East and North Africa. Almost eighty percent of Egyptians and Yemenis who were polled stated that they would not buy produce from an HIV dealer. For instance, violations of patient confidentiality are a common cause for concern, and it is not unheard of for HIV-positive individuals to be turned away from medical facilities in certain nations (Kohi et al., 2006). It is made more difficult for individuals to access preventative or treatment services when they are subjected to health bias and discrimination. Their goal is to eliminate discrimination against HIV-positive women and groups like MENA-Rosa, hence improving access to, and safeguarding the human rights of such individuals.

Studies on populations in Europe and Central Asia have made it abundantly clear that people living with HIV face discrimination in this region. For instance, at least forty percent of those polled stated that children living with HIV would not attend school with girls in at least three nations, and seventy percent of those polled stated that people should not purchase vegetables from an HIV-positive shopkeeper in at least four nations. Both of these statements were made.

The research that was looked at did not provide either descriptive or quantitative analysis. Because of this, a sizeable number of the empirical research that we looked at were qualitative and did not conduct an in-depth investigation into the phenomenon that was being studied. In addition, the contexts of the study that were examined tended to concentrate on various aspects of the connection between receiving mental counseling and coming to terms with one's own identity among PLWH.

2.2.4 Self-Acceptance among PLWH

According to Ellis (1977), Self-acceptance is a key component in the resolution of the difficulties involved with unrestricted self-recognition. People who are concerned with judgment of oneself, as well as respect for oneself can be described as unconditionally and wholeheartedly accepting oneself by performing properly and rationally without the approval of others. Acceptance occurs when a person recognizes his or her own and others' fragility. Furthermore, life's circumstances are accepted for what they are. They are visible. Many people who are more accepting of themselves are aware of how complicated the universe is and how unpredictable events are.

Accepting oneself unconditionally means accepting oneself without regard for the affection, acclaim, or approval of others (Hill, Michael, Office, & Karlsruhe, 2008). despite the individual in question is on board, unconditional acceptance could be said if it conducts incorrectly or fails. You are not required to analyze or pass judgment on yourself or others, whether positively or negatively. To begin with, a person's inability to execute a job does not inevitably render him helpless (Neean & Dryden, 2005). Self-acceptance of HIV status is founded on a knowledge of the social, emotional, and behavioral cycles that those stricken by Hiv / Aids are forced to endure.

Research conducted by Donald et al. (2017) found that being away from one's home was the most isolating experience possible. Therefore, despite the fact that a great desire in self-acceptance is a necessary condition for the establishment of social networks, it does not necessarily result in narcissism and other forms of antisocial behavior in all cases (Marshall et al., 2013). According to Neff and Vonk (2009), self-compassion is the most important factor in achieving self-acceptance because it promotes self-accession rather than self-evaluation and eliminates the distinct risk of becoming addicted to a positive self-image. Self-compassion is the key to achieving self-acceptance. (Vonk and Neff,2009).

According to Reilly, Rochlen, and Award (2014), people who are self-loving are more likely to ignore their defects and imperfections, which is expected to result in higher assessments of their own sense of self-worth. Alternatively, self-acceptance, makes room for the potential of experiencing the capacity for self-pity as well as the growth of self-pity over time. People who are self-pitying, on the other hand, are convinced that they are to blame for the situations in which they find themselves. A shift in one causes to a rise in the other and, ultimately, to a gain of spiral progressions, as stated by Donald et al. in their research on the topic of self-acceptance and self-compassion and their relationship to one another (2017). This study makes the presumption that psychological counseling will play a moderating role in the relationship between receiving mental counseling and being able to meet oneself among HIV-positive patients in Mathare, which is located in Nairobi. As a consequence of this, the purpose of this investigation is to figure out, how much of an impact psychological counseling has on the degree to which people coping with HIV/AIDS in the Mathare Circuit of Nairobi County accept themselves.

According to the findings of a survey that was carried out by Kulisewa et al. (2019) in a variety of nations in Africa, including Angola (31 percent), Uganda (25 percent), Mozambique (21 percent), and Botswana, persons who are being HIV/AIDS positive are subjected to discrimination (13 percent). It has been reported that a significant number of people in these four African countries are ignorant regarding HIV and AIDS. For instance, in the poll conducted by UNAIDS, 64 percent of people living in Mauritius who responded indicated they had turned down medical treatment due to their HIV and AIDS status. A similar survey found that of those Ugandans who admitted to using narcotics, 64 percent claimed that if they were caught, they would quit doing so and report it to the police.

Respondents in Kenya between the ages of 15 and 49 who have tested positive with HIV reported seeing acts of violence against HIV positive people. According to the findings of this paper, discrimination is experienced by people living with HIV and AIDS in a number of different nations throughout the world. Moore et al. (2008) observed that persons who tested positive for HIV and AIDS experienced prejudice, including desertion, divorce, murder, or even exile from society by relatives and family members. Their findings were based on a convenience sample of 151 PLWH in Nairobi County. The investigation came to the conclusion that PLVH is still in a precarious position. Because of the discrimination that exists in their culture, they are able to successfully deal with HIV and AIDS. As a consequence of this, offering people living with HIV/AIDS with psychological counseling may prove to be effective in assisting them in coming to terms with their HIV/AIDS situation.

As a consequence of this, in contrast to the present study, some of the other papers that were analyzed did not make use of descriptive and quantitative analyses. Because of this, the majority of the empirical research that we looked at were qualitative and did not involve an in-depth analysis of the phenomenon being studied. In addition, the contexts of the studies that were taken into consideration had a tendency to concentrate on different facets of the connection between psychological treatment and the level of self-acceptance achieved by PLWH.

2.2.5 Effect of Psychological Counselling Intervention on Self-Acceptance

UNAIDS recommends that 90% of HIV/AIDS patients know they have the disease by 2020. Ahmed et al. UNAIDS recognized that less than half of the 35 million people on Earth people living with HIV/AIDS patients knew the situation was stable in 2012. (Ahmed et al. 2016). HIV/AIDS patients and those at risk encounter discrimination (Rankin et al., 2005). Discrimination reduces privacy, which enables HIV dissemination and increases infection risk (Greeff et al., 2008).

Even though PLWH reactions varied, good discoveries encouraged them. HIV/AIDS prejudice affects diagnostic care seeking, care quality, and decision-making. Partners, families, and communities recognize PLWH (Herek. et al. 2012). HIV isolates people and reduces their quality of life.

Forty five percent of all HIV infections are found in the sub-Saharan region of Africa. and 53% of AIDS patients worldwide, according to UNAIDS (2018). HIV and AIDS are common in sub-Saharan Africa, according to this research. Kenya recorded the fourth most significant injuries in Sub-Saharan Africa in 2015, while having just 1.5 million occupants and approximately 36,000 HIV/AIDS deaths (2018). Unintentional infections would increase if HIV-positive people were unaware that they were infected. How might HIV-infected person's mental health deteriorate?

According to a research by Madise et al., Kibera and Mathare have twice as many slums than rural and urban Kenya (2012). The HIV/AIDS pandemic has devastated the world, especially slum dwellers. Rural and urban inhabitants are affected. Mathare slum residents impact the neighboring communities. Survey findings from Mathare's Nairobi constituencies represent the local population. Given the high population of HIV/AIDS patients in Mathare, this investigation should support past findings.

Gent and Winkelman's 2007 study found that HIV/AIDS patients had a higher probability of reporting feelings of depression, loneliness, and other complications with one's mental illnesses. HIV/AIDS patients are also more likely to experience stressful occurrences. Contrary to expectations, neither trauma nor aging affects social and emotional functioning. According to these findings, people living with HIV/AIDS experience more psychological problems with social and emotional functioning, making psychological counseling a requirement in their lives. This study in Nairobi's Mathare Constituency examined how psychological therapy affects HIV/AIDS patients' self-acceptance.

HIV/AIDS patients in Latin America are clinically doing well after starting antiretroviral therapy, but problems of a psychosocial nature continue to reduce their lifestyle quality. The World Health Organization considers society and the environment when defining diseases, nutrition, and global health. The International Classification of Functioning, Disability, and Health considered activity limitations, social life restrictions, function impairments and body structure, and environmental factors. 41 HIV-positive families were found. Social and environmental influences affected life quality despite mild changes in the body's systems and mechanisms. Most houses had structural challenges, including homelessness, poverty, and single-parent families. Previous research in Latin America revealed a gap that the latest study in Nairobi County, Kenya, filled.

Xu et al. found that HIV/AIDS patients need caregivers and peers. Psychiatric patients may feel anxious, concerned, depressed, unaccepted, and untrustworthy. Discriminated people typically felt alone, ignorant, and rejected. This study examines HIV/AIDS' mental and emotional impacts. These findings may spur more research on HIV/AIDS' psychological impacts.

HIV-positive people often have psychological and mental issues, according to Mizrahi et al. (2004). Psychiatric diagnoses use DSM-IV criteria. Clinical and radiological studies evaluate neurological abnormalities and detect encephalopathy progression (presence or absence). CD4 cells helped determine the infection's severity. ADHD, stress, and hyperactivity were the most common diagnoses. More than 80% of mentally ill people have zero CD4 lymphocytes. Because of their low CD4 cell fraction, it's likely they have a psychological problem due to HIV. Clinically, depression causes encephalopathy.

According to Ncama (2007), raising awareness about the HIV/AIDS issue is vital for preventing, detecting, and helping HIV-positive people. The author knows HIV-positive people who don't notify others receive less help. According to the study, being honest about HIV/AIDS is key to self-acceptance. Nama linked HIV/AIDS self-admissibility to disease spread. Due to the fact that the Nama report suggested that strong self-acceptance of the HIV/AIDS declaration already existed, the current study would evaluate the effect that psychological therapy has on self-acceptance of HIV/AIDS in the Mathare Constituency of Nairobi. The Nama research recommends auto-approval.

In the Kenyan research being analyzed, a variety of approaches and equipment were utilized to collect data from respondents. PLWH's psychological issues and self-acceptance have not been well-studied. Nobody has discussed how psychological counseling and self-acceptance could help PLWHs reduce age, gender, and educational level effects. This inquiry will be conducted in Mathare, unlike other similar sites. This study examines whether HIV/AIDS patients in Mathare, Nairobi County, benefit from psychological counseling.

2.2.6 Effect of Psychological Counselling Intervention on Self-Acceptance

The fourth goal examines how psychological counseling helps HIV/AIDS patients accept themselves. According to Liu et al2017 .'s research, people living with HIV will acquire a fear of mortality, a sensation that their profession is dead, negative attitudes about other people and life objectives, and self-denial. These unpleasant feelings can begin almost immediately after a positive test result, and those affected may choose to isolate themselves rather than get anything done. Because of HIV stigma, they may prefer living alone and not seeking outside help (Liu et al., 2017). (2009) This may cause more stress, mental disease, and suicide (Vance et al.,2008).

Peltzer et al. (2014) emphasize Rogers' ideas on human development and meaningful interactions. Authors say a person isn't truly human without a significant other. According to Judd et al. (2005), relationships help people understand themselves and establish positive self-images. Everyone, especially family members, requires positive attention to be appreciated, accepted, loved, respected, and liked. In real life, people often receive negative attention, which can cause anxiety and tension. This causes helplessness and stress.

People often receive positive and negative attention at the same time, which helps them manage tension and stress. Family and community interactions are vital for developing love and devotion. Because love and acceptance are innate human needs (Judd et al., 2005). Is it important for HIV-positive people who prefer to live alone to be liked and accepted by the community?

Emotional support is vital in personal relationships (Chikezie, Otakpor, Kuteyi, and James, 2013). Intimate partnerships provide emotional support to its members. Those who listen, sympathize, and actively examine a person's feelings can help them get through their challenges (Jordan,2010). Emotional support from close relationships helps persons in need cope with issues, regulate pain, and maintain a healthy sense of self, contributing to their overall well-being.

HIV-positive people benefit from psychological counseling. Mereish and Potent (2015) studied risk education, safe sexual behaviors, and adherence counseling. Previous studies (Peltzer et al., 2014; Liu et al., 2017) didn't evaluate HIV-positive participants' sentiments during counseling. Ziraba et al. found that HIV patients experience emotional stress and need emotional assistance (2018). Rogers (1961) argues that a counselor-client connection gives the emotional support needed to better appreciate life events. Soon and Barnard (2000) found that HIV patients benefited from counseling because it provided reassurance, comfort, and critical disease knowledge, such as lifestyle suggestions. The stigma associated with HIV restricts the lives of HIV-positive persons, according to the study. Vance et al. (2008) said counselors could help HIV-positive people maintain optimism by encouraging self-acceptance and confronting their new reality. Counselors may do this to assist HIV patients stay positive.

The research evaluation indicated that HIV/AIDS patients encounter psychological hurdles after learning their status, necessitating counseling. The majority of the research was carried out in locations other than Mathare, which is located in Nairobi County. This knowledge gap prompted the inquiry. Previous research hasn't described how psychological treatment can assist a person be more self-accepting. Previous research didn't show how therapy affected PLWHs' self-acceptance. Age, gender, and educational background were not considered as moderators of PLWH self-acceptance.

2.3 Theoretical Framework

This chapter, covered the topics of self-improvement theory, self-verification, and the theory of interpersonal acceptance and rejections. These ideas are the foundation of the research that is being presented here.

2.3.1 Interpersonal Acceptance-Rejection Theory

The Interpersonal Acceptance and Rejection Hypothesis (IPAR Hypothesis) is a socialization and lifelong development study theory that aims to anticipate and explain the immediate repercussions, as well as other elements associated to interpersonal acceptance and rejection around the globe (Rohner & Rohner, 1980). The IPAR theory has been applied to a variety of contexts, including relationships with parents, peers, teachers, and grandparents; robust links between adults and family rule; and lifelong approval and rejection, as opposed to merely interpersonal acceptance and rejection. In order to gain a deeper comprehension of the degree to which HIV/AIDS patients accept themselves, this study will make use of the IPAR hypothesis.

The Interpersonal and Intergroup Acceptance and Rejection (IPAR) Hypothesis has been used in a variety of contexts, including relationships with parents, peers, teachers, and grandparents; familial values and adult responsibilities are closely intertwined; approval and rejection throughout one's entire life; and not just interpersonal acceptance and rejection. In order to get a knowledge of the self-admissibility of individuals living with HIV/AIDS in the Mathare Constituency of Nairobi, the IPAR theory was not applied.

Mathare and Kibera, two of the poorest neighborhoods of Nairobi, are also examples of what are known as informal settlements. Previous research that was cited by Marx, Stoker, and Suri (2013) found that residents of Kibera who have been residents of the area for a period of time greater than 16 years are more prone to experience unhappy, forlorn and undesired, and that their economic or social position is steadily deteriorating. Additionally, these residents are more likely to perceive that their economic or social position is steadily deteriorating. In addition, Marx, Stoker, and Suri (2013) discovered that people of Kibera who have resided in the neighborhood for more than 16 years had a higher probability of being unemployed than those who have spent fewer than sixteen years as residents of the community. According to the findings of the study, young individuals who have poor approval ratings are more likely to experience negative emotions such as dissatisfaction, loneliness, or a caring mood. According to the findings of the study, the presence of other people helps people relax. If a person's surroundings have an effect on how they see themselves, how would they respond if they found out they had HIV/AIDS?

The frequency of substance addiction, HIV/AIDS, violence, poor hygiene, deprivation, and other social evils may have a negative effect on significant socialization mechanisms in informal urban settlements, as stated in an article published in The Economist in February of 2014. People's actions and sentiments can be significantly influenced, as the hypothesis suggests, by the informal community subculture that exists in their surroundings. A study that was conducted at the University of Michigan in 2015 by The Economist found that children who had their families break up were more likely to suffer from feelings of dissatisfaction, low self-acceptance, worry, and disobedience. The importance of an individual's social support system to their overall health and mood is highlighted in this study.

Depression affects 322 million individuals worldwide, which is equal to 4.4 percent of the total population, based to information provided by the World Health Organization (2017). According to the same source, the population of Kenya exceeded 3 million in the year 2015. The outcomes of the research indicate that the count of people suffering from depressive disorders increased in tandem with the growth of the global population, particularly in nations with lower incomes. According to the findings of the study, depression can strike people of any age and from any walk of life. The study also found that factors such as disability, homelessness, the loss of a family member or friend, or the dissolution of a family, physical ailment, and other conditions can all of these boost the likelihood of developing depression. According to Chibanda et al. (2015), more than thirty percent of PLWH suffer from the most frequent reasons of behavioral neurological and drug use (MNS), including inability to sleep, anxiety, and coupled stress and anxiety diseases.

IPAR Theory analyzes acceptance and rejection in general, but it does not yet account for the dynamics of acceptance and rejection in relation to sexual identity. IPAR Theory's metrics are insufficient for analyzing acceptance and rejection feelings of people living with HIV/AIDS throughout the coming-out process. These evaluations can help researchers evaluate how accepting or rejecting a parent is in general; however, these evaluations are insufficient for analyzing acceptance and rejection emotions experienced by those with HIV/AIDS.

Because Rohner and Khaleque (2017) explain how human activities influence how individuals believe themselves to be loved and rejected, the idea of interpersonal acceptance-rejection (IPAR) is essential despite its limitations. The authors emphasize that a person is likely to experience neurological changes or maladjustments depending on whether or not they feel loved or rejected. On the basis of the IPAR Theory, this research would investigate how persons suffering from HIV/AIDS in the Mathare Constituency of Nairobi County react to receiving psychological care for the condition, focusing on how it affects their level of self-acceptance.

2.3.2 Rational-Emotive Theory

Confrontation therapy is based on Albert Ellis' rational-emotional theory, which was published in 1962, 1996, 2000, and 2002. The goal of this manner of treatment is to address the client's erroneous views about himself and other people in an effort to improve their quality of life. Irrational ideas are what lead to sad thoughts, anxiety, and depression, according to rational, emotional behavior therapy (REBT; Spanish initials: Real Emotive Behaviour Therapy), which was developed by Albert Ellis. Vernon (2007) also discusses negative behaviors such as disengagement, impulsivity, hostility, and a decline in academic resilience. Some examples of these behaviors are included below. Young people who have learning difficulties are impacted by a variety of factors, including behavioral and cognitive concerns, as well as interactions with other people. Alternatively, thoughts that are rational lead to emotions that are under control, which in turn helps people achieve their goals and live lives that are fulfilling (Wilde 2001).

Because psychological therapy can assist HIV/AIDS patients in knowing themselves in a way that is logical and rational, this paradigm is suitable for the work that is being done nowadays in this area of study. Ellis (1974) describes REBT as an integrated intervention that makes use of powerful emotional and behavioral restructuring approaches. REBT is a form of

therapy that has been around since the 1970s. The inaccurate assumptions held by PWLH have a detrimental effect on the research and development of efficient social intervention. In order for these ideas to be considered rational, they need to be thoroughly debunked using methods that are specific, logical, and practical. From a REBT point of view, effective psychological counseling services should focus on fostering self-acceptance as well as a positive picture of the client. Therefore, people who with HIV/AIDS and people who care for them should work to correct their mistaken belief in psychological counseling.

In their findings from the research they conducted, Bernard and Hajzler (1991) indicated that REBT considerably boosts one's level of self-acceptance. In addition to this, Morris (1993) found that REBT was helpful in the management of anxiety and depression, as well as the development of social interventions and self-acceptance (Wilde, 2001). In addition, psychological counseling should make use of a number of different tactics in order to provide PWLH with assistance in developing interventions, behaviors, and activities that are more productive and successful (Vernon 2007). This approach can also be implemented in individual treatment, which is the primary emphasis of this study, with the intention of increasing one's level of self-acceptance.

2.4 Conceptual Framework

According to Miles and Huberman, the conceptual framework consisting of, attitudes beliefs, perceptions, ideas, and hypotheses will assist direct this research. This will help the research move in the desired direction (1994). Additionally, it illustrates and narrates the key ideas, precepts, and elements that need to be looked into, along with the interactions that are predicted between them. The structure of psychological counseling and how it affects PLWH self-acceptance is shown in Figure 1. There is additional evidence of the moderating effects of age, gender, and educational attainment on PLWH self-acceptance.

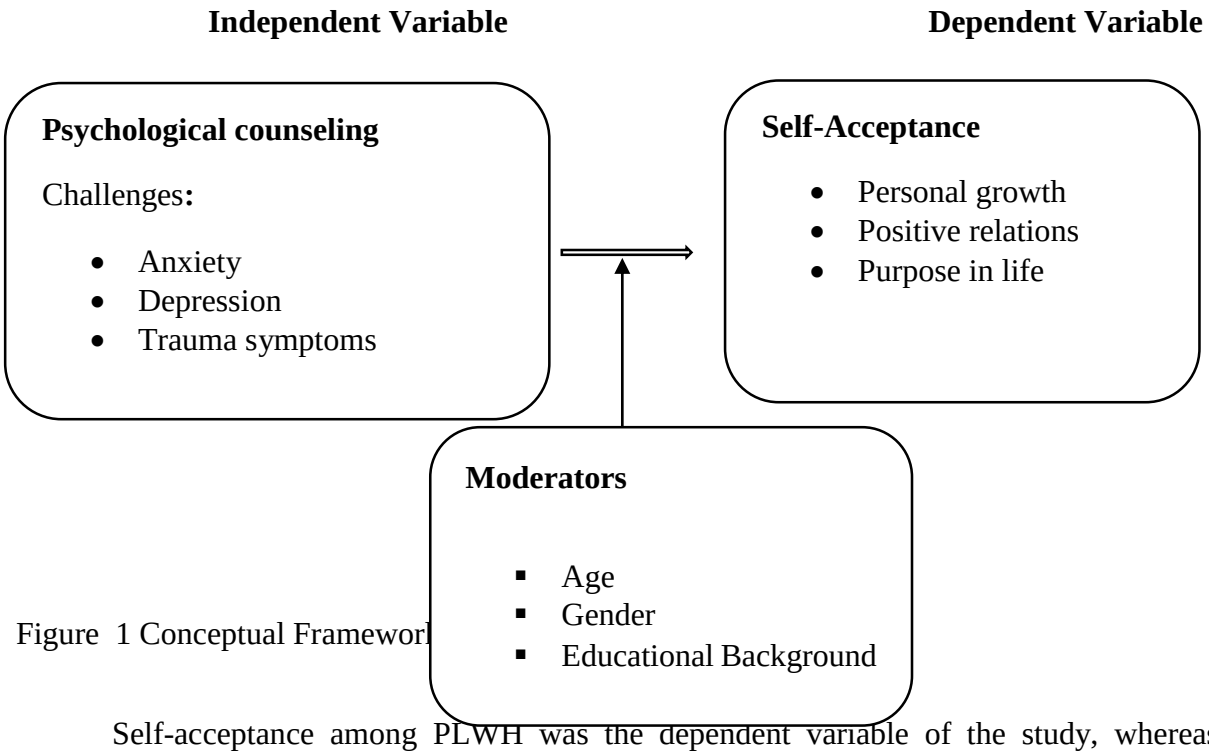

Figure 1 Conceptual Framework

Self-acceptance among PLWH was the dependent variable of the study, whereas psychological counseling for HIV/AIDS-positive patients was the independent variable. Upon learning they have HIV or AIDS, the majority of PLWH endure great agony. Several factors, such as a gloomy viewpoint or, in some instances, self-denial, might worsen this suffering. A growing proportion of PLWH grieve in silence due to specific psychological variables such as despair, denial, surprise, rage, misery, endurance, depression, worry, various moods, HIV/AIDS susceptibility, and a fear of death. As depicted in figure 1, psychological counseling was required to improve PLWH's feeling of self-acceptance and reduce their anxiety, depression, trauma, and other psychological disorders in order to lessen the impact that PLWH are subject to as a result of psychological considerations.

The study also examines the moderating impacts of socioeconomic status, level of education, and age on mental therapy and self-acceptance. Self-acceptance attitudes may be more detrimental to the mental health of middle-aged individuals than those of younger adults. The job of healthy acceptance, made possible by self-acceptance, appears to be especially crucial for middle-aged adults. Middle-aged individuals are more dependent on self-acceptance to preserve psychological stability than younger persons. Self-acceptance of PLWH is also influenced by gender; female PLWH received more unfavorable responses from society than their male counterparts, leading to higher levels of sadness, anxiety, and traumatic events in females than in males (Wilde, 2001). Consequently, the majority of women live in denial, which is challenging for them to accept their HIV/AIDS situation. In addition, education initiatives enabled educated individuals to keep their HIV/AIDS status as well as their own. In addition, learning experiences helped educated people establish positive self-esteem and decrease negative self-evaluation, and their rates of despair and anxiety were lower than those of PLWH with limited education.

2.5 Chapter Summary

According to the literature review, PLWH all over the world face a variety of psychosocial challenges following learning of their HIV/AIDS status. The majority of the research, however, was conducted outside of Nairobi County's Mathare constituency. As a result, this gap in the literature prompted the current study. These publications do not investigate or openly highlight PLWH's psychological therapy and self-acceptance concerns. There has been no previous research into the effects of psychological treatment on PLWH self-acceptance, or the moderating influences of age, gender, and educational level on self-acceptance.

In contrast to the current study, some of the other papers that were looked at did not include either descriptive or quantitative analysis as part of their methodology. Since this was the case, the vast majority of the empirical studies that were examined were qualitative in nature and did not dive very deeply into the subject matter. In addition, the research scenarios focused their emphasis greatly on components of the connection between receiving psychological treatment and accepting oneself, among individuals that live with HIV/AIDS that had not been previously explored. This was done in order to broaden the scope of the investigation. Because of this, the IPAR theory was able to help bridge the knowledge and literature gap in the area of having a clear awareness of the distinction between the psychosocial adjustment of who were treated to psychological therapy and the psychosocial maladjustment of PWLH following an HIV/AIDS diagnosis who did not receive psychological counseling. As a result of this, the IPAR theory was able to help bridge the knowledge and literature gap in the area of understanding the difference between the psychosocial adjustment of individuals who were treated to.

A range of methodologies and technologies were used to obtain data from respondents in the reviewed Kenyan research. Few studies have been conducted on the psychological difficulties and self-acceptance of PLWH. Nonetheless, no previous research has found a moderating influence of psychological counseling and self-acceptance on the age, gender, and educational backgrounds of PLWH. Furthermore, unlike other places where similar research has been undertaken, this study will be conducted in the Mathare constituency. The goal of this study was to assess psychological counseling among HIV-positive people in Mathare, Nairobi County.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter went over the research design, the location of the study, the target demographic, the sample size and sampling techniques, the study equipment, the pre-tests, the data gathering technologies, the data analysis, and the ethical considerations that arose from the research.

3.2 Research Design

Research design is cross-sectional research with a quantitative approach. Cross-sectional studies (Kothari,2004) are conducted once and aid a researcher in determining if significant correlations among variables exist at some point. As per Oladipo et al. (2015),

Cross-sectional studies are conducted only once and assist researchers in determining whether future correlations between variables will be statistically significant. The research design was appropriate for the purpose of determining the impact of psychological counseling on the degree to which HIV/AIDS patients in the Mathare constituency of Nairobi County accept themselves as they are.

3.3 Location of the Study

The Mathare Constituency of Nairobi served as the site of this study. According to the appendix, "Mathare Constituency" is south-east of Nairobi and is home to about 500,000 people. the 2017 Mathare Constituency Strategic Plan. Six wards make up the constituency: Huruma, Ngei, Mango Kubwa, Kia Maiko, and Hospital. "Common Mental Disorders (CMD)" are among the most prevalent forms of mental disease experienced by HIV-positive individuals in "low- and middle-income countries (LMIC)," according to Chibanda et al. (2015). The study area may offer the most insight into how psychological counseling affects PLWH in Mathare, Nairobi County because it is an informal settlement, a setting known to exacerbate CMD symptoms in PLWH.

3.4 Target Population

A population, according to Kombo and Tromp (2009), is a group of humans, things, artifacts, or entities that share at least one or more characteristics of interest to the researcher and are utilized as testing samples. These humans, things, artifacts, or entities can also be referred to collectively as an entity. According to Ogula (2009), the population consists of all of the individuals, categories, or items that the researcher uses to acquire information and draw conclusions about the phenomenon under investigation.

16,600 adults aged 18 and older with HIV and AIDS made up the study's target population (Mathare Constituency Strategic Plan, 2018). Adults over the age of 18 who are aware of and accepting of their status were the study's target population. Each of the constituency's six wards has an HIV-positive men and women's support group, per the Mathare 2018 Constituency Strategic Plan.

3.5 Sampling Techniques and Sample Size

This section details the techniques for collecting samples as well as the overall number of samples that will be collected.

3.5.1 Sampling Techniques

The techniques of stratified sampling and plain old random sampling were utilized in order to collect information from those who volunteered to fill out the questionnaire. According to Kothari (2004), the purpose of utilizing stratified sample sampling in the survey is to ensure that existing demographic groupings are accurately represented. Using the method of stratified sampling, the support groups for the Mathare Constituency have been divided into a total of six subgroups, each of which is representative of an electoral ward. In addition, a stratified sampling procedure was used so as to guarantee that the viewpoints of people living with HIV/AIDS from each ward were appropriately represented in the sample. This was done in order to assure the reliability of the results obtained.

In addition, using the method of stratified sampling, the participants of each support group located within the ward were separated into male and female groups. The method of stratified sampling was utilized in order to collect the responses of the sample's male and female populations regarding HIV/AIDS patients.

In accordance with the results presented in Table 1, a number of participants were selected from each support group using a method known as simple random sampling. Because the number of people living with HIV/AIDS varies between each of the six support groups, the proportional allocation of sample sizes was used in order to allocate proportional sample sizes to each of the six wards, support groups, or strata. This was done in order to account for the fact that each of the six support groups has a different number of people living with HIV/AIDS. This was done because of the fact that the proportional allocation of sample sizes was used.

Utilizing a Random Number Generator that is located on a computer (Stat Trek, 2012), the participants for the simple random sampling were selected at random, and their results are presented in table 1. There were 278 participants to complete the questionnaire after participants were chosen from each support group. Prior to data collection, respondents were informed of sampling procedures in order to decrease attrition.

3.5.2 Sample Size

Using the Taro Yamane formula, the representative sample for this investigation was determined with a 94 percent level of confidence (Kothari & Garg, 2014). 16,600 people in Nairobi's Mathare Constituency with the report's data covered HIV/AIDS. (Mathare Constituency Strategic Plan, 2017). Taro Yamane's mathematical equation is as follows:

$$n = \frac{N}{1 + N\ (e)^2}$$

Where:

$$n = The\ required\ sample\ size$$

$$N = Number\ of\ population\ (Persons\ Living\ with\ HIV\ in\ Mathare\ Constituency)$$

$$e\ = Margin\ of\ error\ (in\ percentage)$$

Substituting numbers in Yamane's formula:

$$n = \frac{16{,}600}{1 + 16{,}600\ (0.06)^2}$$

$$n = 277.7610452$$

(Rounded up) $n \approx 278$

A sample size of 277,764,452 HIV/AIDS patients in the Mathare Constituency is obtained using Taro Yamane's formula. Because of the very reality that the number of

HIV/AIDS patients in a discrete variable that pertains to Mathare Constituency, the number of observations in the sample has been rounded up to 278. Respondents were made aware of the research's aim before data collection to minimize the attrition rate, and the researcher sought the respondents' consent to fill the questionnaires.

In order to generalize the findings to the HIV-positive population in Mathare Constituency, Nairobi County, a sufficient amount of data was obtained by an examination of a layout consisting of each of the six support groups received a total of 278 responses.

Table 1: Target Population Sampling

Support Groups (Strata)	Number of people in Support Groups in Wards (stratum) population	Percent
Mango Kubwa(N2)	34	12.23
Sabatini (N3)	29	10.43
Hospital (N1)	61	21.94
Huruma (N4)	71	25.54
Ngei (N5)	43	15.47
Kia Maiko (N6)	40	14.39
Total	**278**	**100**

3.6 Research Instruments

To gather primary data, the researcher used a self-administered questionnaire. A questionnaire is a list of inquiries intended to elicit responses with statistically significant

information. It is a method for getting data from respondents by asking them a series of questions (Gravetter & Forzano, 2018). According to Orodho (2010), questionnaires allow for quick data collection and have significant administrative benefits.

By Lux and Petosa, 1994. Attitude scale. The main tools used to gather quantitative primary data are the discrimination scale by Genberg (2013) and the advantages of the self-acceptance scale by Dunn (2012). It was requested of the participants that they respond to the research questions using a Likert scale. The following is how the response was scored using a Likert scale with five points: A score of 1 indicates that you strongly disagree, 2, that you disagree, 3, that you are neutral, 4, that you agree, and 5 that you strongly agree. The scale consists of only one of those dimensions. From very much agree to severely disagree, the Likert scale is used to assign a point value to each question. The questionnaire's items 2, 5, 6, 8, and 9 are coded backwards. Higher scores on the scale, which has values ranging from 0 to 30, indicate higher levels of self-acceptance. Responses to items 1, 2, 4, 6, and 7 were either in agreement or strongly in agreement, whereas those to items 3, 5, 8, 9, and 10 were either in disagreement or strongly in disagreement. The 4-point items are added to the negatively phrased items after reverse coding in order to score the scale.

The research tool for this investigation was a questionnaire. The instrument was split into five sections, each of which matched a particular goal of the study. For instance, Section A covered demographic data, Section B covered psychological counseling's advantages, Section D covered the frequency of discrimination, and Section E covered the use of psychological counseling. This made sure that the most pertinent information was gathered for each unique objective. As a consequence of this, the participant had sufficient time to read the questions, comprehend them, and respond with some level of consideration. To assist with the

distribution and collection of the numerous questionnaire copies, four research assistants were hired and trained.

The study used manual therapy based on the Cognitive Behavioural Theory (Muoz et al., 2000) to examine how psychological counseling interventions affected the self-acceptance of HIV/AIDS patients (appendix II).

3.7 Pre-testing

The questionnaires were pretested to see if they would work in the study's setting. Participants were made aware of the pre-purpose before receiving the questionnaire. The amount of time needed to complete the pre-testing questionnaire provided essential information for modifying or maintaining the research instrument's completion time. Members of the Mama Lucy support group who are HIV- and AIDS-positive will make up the pre-testing sample. Because of this, the sample from the pre-test wasn't included in the one for the study. Because the pre-test sample from Mama Lucy and the sample population from the Mathare Constituency have similar characteristics, they were both chosen for the study. As a result, a deliberate sample of Mama Lucy residents living with HIV/AIDS was taken for pre-testing. 8% of the total sample size, or seven people, took the pre-test. It was argued by Kothari and Garg (2014), in support of the pre-test sample, that anywhere between one and ten percent of the pre-test sample would be adequate for a qualitative survey. The seven individuals who were chosen to be a member of the pre-test sample were selected using the process of purposeful sampling to guarantee that the observables are organized into units were drawn from the study sample's inherent subgroups.

3.7.1 Validity of the Instruments

A method for calculating validity was proposed by Crocker et al. (1986), and it involves measuring the value coefficients in order to calculate the proportion of variation for a

component in the parameter index that serves as a measurement factor or a predictive component. Pilot tests are utilized to assess the validity. The objective of target collection is to obtain feedback on the clarity and relevance of the issues (Nunnaly, 1978). A method for calculating validity was proposed by Crocker et al. (1986), and it involves measuring the value coefficients in order to calculate the proportion of variation in reference to a determinant of measurement or a component of forecasting in the parameter index. To determine the internal validity of the data, the researcher improved questionnaires based on respondent feedback and calculated the reliability factor using the split-half method and Cronbach's Coefficient of 0.7.

3.7.2 Reliability of the Instrument

When questions from different rating scales are integrated to make a scale questionnaire, it is normal practice to utilize the Cronbach's alpha coefficient as a method for evaluating the research instrument's internal consistency. This method was applied in this research. Cronbach's alpha can range from 0 to 1, and it indicates the degree to which the various components of the measurement are related to one another. If the coefficient is 0.70 or above, it demonstrates that the data set is quite reliable. As a consequence of this, items having a low coefficient alpha will undergo adjustment. After a pilot study with seven participants was carried out with the goal of improving the reliability of the questionnaire instrument, the Cronbach Alpha Coefficient was omitted from the final report of the research.

3.8 Data Collection Procedures

The researcher attempted to obtain authorisation by approaching the research coordinator. After obtaining clearance from the appropriate authorities, including the National Commission for Science, Technology, and Innovation (NACOSTI), the researcher and research assistants with degrees and experience in data collection approached the participants with the approval of their respective lecturers in order to collect their information for the study.

They began by presenting themselves to the people who took part in the survey and discussing the goals of the research with them.

The locating and booking of community halls for the purpose of conducting data gathering under the direction of the leaders of support groups. Before commencing to collect data, the participants in each group were given background information regarding the goal of the inquiry. A "Partner's Consent Form" had to be filled out in its whole and signed by each participant before they could get the questionnaire. After that, the questionnaires were filled out by the persons that had been identified. Following the completion of the data gathering procedure, each questionnaire was compiled, and then the results of that compilation were assembled into a compendium. After being edited and examined, the data have been cleaned up, and information that is unnecessary or irrelevant will be removed.

3.9 Data Analysis

Quantitative data analysis techniques were employed in the research. To analyze quantitative data, descriptive and inferential statistics were utilized. Version 21 of the Statistical Package for the Social Sciences was used to calculate the numerical answers (SPSS). The descriptive statistics were displayed using frequency distribution tables and graphs, whereas the inferential statistics were represented by correlation coefficients. The moderating the influence that mental therapy has on HIV/AIDS patients' levels of self-acceptance in the Mathare constituency were revealed by cross-tabulating the data using simple regression. The simultaneous execution of data analysis, presentation, interpretation, and thesis writing.

3.10 Ethical Considerations

The researcher submitted a request to the "Tangaza University College Research Ethics Committee (TUCREC)" for permission to Carry out some information after successfully defending the project and implementing all recommended changes. After receiving TUCREC's

approval, the "National Commission for Science, Technology, and Innovation (NACOSTI)" certification and approval was sought prior to information collected from HIV/AIDS support groups run by residents of the Mathare Constituency in the city of Nairobi. The researcher requested permission from those in charge of the support group meeting locations.

The researcher described the study's goal to respondents to acquire consent to gather data. The participants were expected to offer their answers willingly. There was no intention of deceit. The participants were asked to put one's signature on a release form to confirm that they had read and comprehended the conclusions of the research aim and to acknowledge their willingness to participate formally. The researcher promised the respondents that the information they gave would be kept secure, private, and anonymous.

The respondents were advised that engagement in the study was completely optional and that they may opt out at any moment, even after giving their agreement. Nevertheless, instead of using official names to sample the participants, numerical numbers were utilized to alleviate the worry that some personal information might become public knowledge. The respondents were also instructed not to put their identities on the questionnaire.

After conducting preliminary research on the questionnaire and discussing the results with the supervisor, every effort was made to guarantee that the revised questionnaire had only essential items. To maintain the study's neutrality and prevent compromising the participants' privacy, the investigator used scholarly caution by following the standard data collection method. Counselors were made accessible to participants who indicated a need for psychological counseling if the data collecting process negatively influenced them.

CHAPTER FOUR

RESULTS

4.1 Introduction

Tables, frequencies, and figures were used to show the data and analysis of the findings in this section. The participants' background characteristics are shown in the first section. The research topics are then followed by additional parts that are organized thematically.

4.2 Reliability Test

Checking the internal consistency was one of the purposes of the reliability analysis that was utilized in the study. The Cronbach's alpha was applied to this case since it is widely regarded as a more precise method for measuring the degree of internal consistency. The exam highlights not just how the data are consistent as a whole but also how the items on the test are connected to one another. Because the accuracy of the test improves in tandem with the value of the coefficient that is being tabulated, it is preferable for this number to be as high as possible. In terms of the threshold coefficient, this value lies somewhere in the middle of the range that extends from 0 to 1.00.

When the questionnaires were put through their paces, the data that were provided in Table 2 revealed that the variables' Cronbach's alpha was reliable. Cronbach's alpha for the prevalence of discrimination was 0.758, Cronbach's alpha for the benefits of self-acceptance was 0.899, and the Cronbach's alpha for the psychological therapy intervention was. A Cronbach's alpha score of 0.842 was obtained for the PLWH attitude. Of 0.812. It can be shown that the questionnaire had internal consistency due to the fact that every score was higher than 0.7.

Table 2: Reliability Results

Variables	Cronbach's Alpha	Comment

Attitude of PLWH	0.842	Reliable
Benefits of self-acceptance	0.899	Reliable
Prevalence of discrimination	0.758	Reliable
Psychological counselling intervention	0.812	Reliable

4.3 Response Rate

This research took into account the participants' rate of response. The participants' number of responses was as stated in table 3 below.

Table 3: Response Rate

Response	Expected	Actual	Percent
PLWH	278	254	91.37
Unreturned		24	8.63%
Total			**100%**

According to Mugenda and Mugenda (2003), it is necessary for descriptive research to have several responses with a percentage of more than fifty percent. In addition, Babbie (2004) claimed that return rates of above fifty percent are suitable for study and publication, sixty percent are considered to be good, and seventy percent are considered to be excellent. According to these claims from famous researchers, the study's response rate of 93.75 percent is ideal. As a result, the study's response rate of 90.90 percent was excellent. This indicates that PLWH is highly interested in how psychological counseling and self-acceptance are perceived and how those who are in the Mathare Constituency of Nairobi, those who are suffering from HIV/AIDS have the choice to acknowledge their status as living with the virus.

4.4 Socio-Demographic Characteristics of the Respondents

A descriptive method was applied to the study of the respondent demographic profiles, and it was conducted across five variables: Sex, age, level of education, membership in the support group, and counselling sessions as the main area of psychological counselling and self-

acceptance (Table 4.3). The results indicate that among 254 participants, 51.7% (n=132) of the respondents were females compared to 48.3% (n=122), which were men. When it comes to age, a greater share of the respondents were 47% (n=119), were between 34-41 years, while a lesser proportion of respondents responded, 12% (n=30), were between 18-25 years. The study also revealed that most respondents had a secondary certificate 48.6% (n=123) while a few of the respondents, 1.2% (n=3) had postgraduate degrees. The analysis also indicated that most residents of the Mathare constituency who are afflicted with HIV and AIDS had been members of the support group for 5-6 years (n=105), while few individuals have been members of the support group for over nine years 9.3% (n=24). The results further indicated that the vast majority of persons in the Mathare constituency who are afflicted with HIV or AIDS have been receiving counselling sessions. Table 4 mirror the population distribution of HIV/AIDS patients in the Mathare constituency, Nairobi County.

Table 4: Socio-Demographic Characteristics of the Respondents

Characteristics	Description	Frequency	Percent
Sex			
	Male	122	48.3
	Female	132	51.7
Age			
	18-25	30	12
	26-33	71	28
	34-41	119	47
	Above 41	33	13
level of education			
	Secondary school certificate	123	48.6
	College diploma	80	31.3
	Undergraduate degree	48	18.9
	Postgraduate degree	3	1.2
Member of support group			
	below 2 years	39	15.4
	3-4 years	68	26.6
	5-6 years	105	41.2

7-8 years	19	7.5
9 and above	24	9.3
Counselling sessions in the support group		
Yes	251	98.7
No	3	1.3

4.5 Attitude of PLWH towards Self- Acceptance

In the first place, the purpose of the research was to determine how people who are infected with HIV and AIDS who reside in the Mathare constituency of Nairobi County feel about accepting themselves. Table 5 shows people living with HIV/AIDs responses using a 5-point Likert scale.

Table 5: Attitude of PLWH towards Self-Acceptance

The attitude of PLWH toward Self- Acceptance	Frequency	Percentage
Differently treated due to the presence of HIV/AIDS.	17	6.5
Dealing with HIV/AIDS impacts both coping strategies and life in general.	30	11.9
Patients suffering from AIDS have the same right as patients who are currently living with any other ailment to get greater medical attention.	63	24.9
The majority of persons who have AIDS are solely to blame for their condition.	17	6.8
Having compassion for the suffering that people living with AIDS go through.	31	12.3
I would like to contribute in some way to making life more convenient for PLWH.	49	19.1
The people who are close to me believe that I should steer clear of activities that involve risk.	15	6.1
AIDS poses a significant threat to the health of every person in the world.	9	3.6
Those who know they have HIV have a responsibility to tell others about their status.	22	8.8
Total	**254**	**100**

The study findings in table 4.4 indicate that most PLWHs have the right to receive treatment of the same high quality as any other patient, 24.9% (n=63), followed by their desire to do

something to make life easier for them PLWHs. Also, respondents are understanding and compassion for the suffering that persons living with AIDS go through 12.3 % (n=31). Based on attitude toward self-acceptance, dealing with HIV/AIDS impacts both coping strategies and life in general.

Table 6: Model Summary Demographic variables and Attitude

Model	R	R Square	Adjusted R Square	Std. Error of theEstimate
1	.124[a]	.015	-.001	2.08561

a. Predictors: (Constant), Gender, Age,Gender, Level of education.

According to the data taken from the output summary of the regression model, which can be found in Table 6, the R-value is.124, and the R Square value is.015. The fact that the R value is positive suggests that the independent factors and the dependent variable indeed share a considerable portion of the total variance. In addition, the value of R Square indicates that the independent factors (moderators; age, gender, and education level) in this study explain 15% of the variance in the dependent variable (attitude). These independent variables include age, gender, and education level. This indicates that demographic factors cannot account for 85 percent of the variance in attitude on their own.

Table 7: ANOVA

Model	**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Regression	99.332	3	24.833	7.181	.000
Residual	121.043	251	3.458		
Total	220.375	254			

a. Dependent Variable: Attitude

b. Predictors: (Constant), Age, Sex, Level of education

Table 7's analysis of variance (ANOVA) reveals that the F-ratio is 7.181, which is statistically significant at p =.000,.05. The significance level was set at.05. Therefore, demographic factors are linked to a perspective held by the respondents.

Table 8: Regression Coefficients

	Unstandardized Coefficients		t	Sig.
	B	Std. Error		
(Constant)	0.334	3.386	4.234	0.000
Age	-0.310	0.840	-0.371	0.097
Gender	-0.150	0.780	-0.191	0.505
Level of Education	0.255	0.111	0.229	0.003

a. Dependent Variable: Attitude

The coefficients that explain the unique contributions that each variable makes to the model are provided for us in the output of Table 8's regression. The p-values associated with the coefficient can be used to assist in determining whether or not the associations are statistically significant. Based on this output, the Y-intercept value (B) is calculated to be 0.334. This can be understood to suggest that the model predicts that the attitude score will be 0.334 if the demographic characteristics of respondent X are equal to 0. Therefore, if the age of respondents from this output is -0.310, which implies that if the age of respondents (the predictor variable) is increased by one unit, our model predicts that attitude inversely lowers by 0.310, the implication is that younger respondents have a more positive attitude. This suggests that age does not play a significant role (p=.097 >.05) in the association that respondents have with an attitude. The value of gender is -0.150, which indicates that if gender increases by one unit, the model predicts that attitude correspondingly drops by 0.150. However, this was not significant at (p =.505 >.05), which shows that gender does not produce a solid prediction of attitude among respondents. The level of education is 0.255, which indicates that our model predicts that attitude will increase by 0.255 if the educational level of respondents (the predictor variable) is increased by one unit, with a p-value of 0.003 and a significance level of.05. As a consequence of this, the respondents' level of finished education is a crucial factor that adds to their mindset.

4.6 Benefits of Self-Acceptance among PLWH

The study's second objective sought to establish the advantages of having a positive view of oneself for persons who are afflicted with HIV in the Mathare constituency of Nairobi County. Table 9 shows individuals with AIDS responses using a 5-point Likert scale.

Table 9: Benefits of Self-Acceptance among PLWH

Benefits of Self-Acceptance	Frequency	Percentage
Even if I believe that some people have doubts about my value, I do not question it myself.	32	12.6
I do not consider myself to be wholly unique in comparison to other people.	17	6.5
I take full responsibility for my acts and am willing to live with the outcomes of my actions.	18	6.9
When determining what to do, I do not base my choice on the expectations of others.	83	32.7
When I am alone and not with others, I appreciate my own company more than when I am by myself.	17	6.5
I rarely let my concerns about others' situations affect me.	3	1.0
When I'm in a bunch of people, I tend to keep my mouth shut out of concern that I'll say something inappropriate.	19	7.6
I frequently put on a show in order to impress other people.	7	2.6
If it means getting what I want out of life, I don't see any problem with stomping on the toes of other people a little bit to get there.	4	1.4
My life is far too influenced by the expectations of others.	10	3.8
I have a habit of conforming to the expectations of others so that I can get along with them.	7	2.9
In the company of other people, I tend to keep to myself.	12	4.9
I have certain pals who make me feel like a lesser person than I am.	27	10.6
Total	**254**	**100**

The study findings in table 10 indicate that most respondents when deciding what to do, they should not base their choice on the expectations of other people. 32.7% (n=83), followed by not questioning their worth even if they think that others do 12.6% (n=32). Also, respondents feel inferior to some of my friends 10.6% (n=27). Few respondents seldom worry about other people's affairs 1.0% (n=3).

Table 10: Model Summary Demographic variables and Benefits of Self-Acceptance

Model	R	R Square	Adjusted R Square	Std. The error in the

				Estimate
1	.684[a]	.452	.003	1.08598

a. Predictors: (Constant), Gender, Age,Gender, Level of education.

Table 10 contains the statistics that were derived from the output summary of the regression model. These data revealed that the R-value is 0.684 and the R Square value is 0.452. The fact that the R value is positive suggests that the independent factors and the dependent variable indeed share a considerable portion of the total variance. The value of R Square reveals that the independent variables are responsible for explaining 45.2% of the variance in the dependent variable (benefits of self-acceptance) (moderators; age, sex, and education level) in this study. This means that demographic variables cannot explain 54.8% of the variation in self-acceptance benefits alone.

Table 11: ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	20.132	3	4.026	.924	.460
Residual	1270.137	251	4.350		
Total	1290.268	254			

c. Dependent Variable: Benefits of self-acceptance

d. Predictors: (Constant), Age, Gender, Level of education

The evaluation of variance (ANOVA) in Table 11 shows that the *F*-ratio is 0.924, which is insignificant at $p = 0.460$, >0.05. Thus, demographic variables are associated with the respondents' self-acceptance benefits.

Table 12 : Regression Coefficients

	Unstandardized Coefficients		t	Sig.
	B	Std. Error		
(Constant)	25.935	0.799	32.440	0.000
Age	-0.363	0.296	-0.073	0.320
Gender	-0.064	0.320	-0.013	0.745
Level of Education	0.019	0.173	0.108	0.817

b. Dependent Variable: Benefits of Self-Acceptance

The coefficients that describe the variables of the model are provided in Table 12's regression output. The coefficient's accompanying p-values can be used to determine whether or not the associations are statistically significant. The output indicated that B, which represents the Y-intercept, has a value of 25,935. This indicates that the model forecasts respondent X's benefits of self-acceptance score will be 25.935 if respondent X's demographic variables equal 0. Consequently, if the age of respondents from this output is -0.363, our model predicts that the benefits of self-acceptance will decrease by 0.363 units if the age of respondents (the predictor variable) is increased by one unit. This indicates that age does not play a significant role (p=0.320 >.05) in the relationship between the advantages of self-acceptance and the survey participants. The value of gender is -0.064, which indicates that if gender increases by one unit, the model predicts that the benefits of self-acceptance decrease proportionally by 0.064, but this was not significant at (p= 0.745 >.05); therefore, gender does not accurately predict the benefits of self-acceptance among respondents. The level of education is 0.019, indicating that our model predicts that attitude will increase by 0.019 if the respondents' educational level (the predictor variable) is increased by one unit; the significance level for this prediction is 0.817>05. As a result, the respondents' degree of education did not significantly contribute to the advantages of self-acceptance.

4.7 Prevalence of Discrimination on Self-Acceptance among PLWH

The third goal of the study was to determine the extent to which the common occurrence of discrimination has an effect on the level of self-acceptance held by PLWH living in the Mathare constituency of Nairobi County. A Likert scale with 5 points is utilized to display the replies of persons afflicted with HIV/AIDS in Table 13.

Table 13: Prevalence of Discrimination among PLWH

Statement	Frequency	Percentage
Discrimination is faced by people who are living with HIV and AIDS.	41	16.30

It is important to provide people living with HIV and AIDS the opportunity to interact with others in the workforce.	57	22.50
People who are living with HIV and AIDS are deserving of our compassion.	11	4.30
Those who are HIV positive and AIDS afflicted frequently experience neglect from their families.	47	18.40
The vast majority of people, if they knew the shopkeeper or food vendor had AIDS, would not buy veggies from them.	11	4.40
Health care personnel ought to treat persons living with HIV/AIDS in the same manner as they treat patients suffering from other diseases.	26	10.30
People living with HIV should be able to take part in the community's many social activities to the fullest extent possible.	36	14.30
Abuse of the body is a reality for people living with HIV and AIDS.	8	3.10
People who are thought to have HIV or AIDS are looked down upon by their peers in the community.	16	6.40
Total	**254**	**100.00**

According to the findings of the study, which can be found in table 13, the majority of respondents believe that people living with HIV and AIDS should be allowed to work alongside other people. This was followed by those people living with HIV and AIDS who face neglect from their families, which received 18.4 percent of the vote (n=47). Additionally, 16.3 percent of respondents (n=41) reported that people living with HIV and AIDS encounter discrimination in their daily lives.

Table 14: Model Summary Demographic variables and Prevalence of Discrimination

Model	R	R Square	Adjusted R Square	Std. Error of theEstimate
1	.675[a]	.456	.645	1.123654

a. Predictors: (Constant), Gender, Age,Gender, Level of education.

Table 14 contains the statistics that were derived from the output summary of the regression model. These statistics revealed that the R-value is 0.675 and the R Square value is 0.456. The fact that the R value is positive suggests that the independent factors and the dependent variable indeed share a considerable portion of the total variance. In addition, the value of R Square indicates that the independent factors (moderators; age, gender, and education level) in this study explain 45.6% of the variation in the dependent variable (prevalence of discrimination). These independent variables include age, gender, and education level. This demonstrates that demographic factors cannot, on their own, account for 54.4% of the variation in the effect that the incidence of discrimination has on a person's level of self-acceptance.

Table 15: ANOVA

Model	**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**

Regression	27.284	3	64.571	.974	.003
Residual	1270.204	251	.495		
Total	1297.488	254			

e. Dependent Variable: Prevalence of Discrimination

f. Predictors: (Constant), Age, sex, Level of education

The results of the analysis of variance (ANOVA), which can be seen in Table 15, reveal that the F-ratio is 0.974, which is statistically significant at p = 0.003, 0.05. Thus,demographic variables are associated with the respondents' prevalence of discrimination against self-acceptance.

Table 16: Regression Coefficients

	Unstandardized Coefficients		t	Sig.
	B	Std. Error		
(Constant)	-1.282	0.275	-4.664	0.000
Age	0.500	0.035	1.448	0.149
Gender	0.305	0.178	0.225	0.092
Level of Education	0.495	0.175	0.130	0.072

c. Dependent Variable: prevalence of Discrimination

The coefficients that explain the model's variables are provided for us in the output of Table 16's regression. The p-values associated with the coefficient can be used to assist in determining whether or not the associations are statistically significant. The value of the Y-intercept, denoted by B, was determined to be -1.282 by this output. This can be understood to mean that the model predicts that the prevalence of discrimination on self-acceptance score will be -1.282 if the demographic characteristics of respondent X are equal to 0. Therefore, if the age of respondents from this output is 0.500, which means that if the age of respondents (the predictor variable) is increased by one unit, our model predicts that the prevalence of discrimination against self-acceptance will increase by 0.500, we can conclude that the majority of people do not accept themselves as they are. This suggests that age does not play a major role in its association with the prevalence of discrimination against self-acceptance among the respondents (p=0.149 >.05), as indicated by the finding.

The value of gender is 0.305, which indicates that if gender increases by one unit, the model predicts that the prevalence of discrimination against self-acceptance proportionately increases by 0.305; however, this was not significant at (p= 0.092 >.05); consequently, gender does not make an accurate prediction of the prevalence of discrimination on self-acceptance among respondents. The level of education is 0.495, which indicates that our model predicts that the prevalence of discrimination will increase by 0.495, p=0.072>05, if the educational level of respondents (predictor variable) is increased by one unit. This is because the level of education is a predictor variable. Therefore, the educational level completed insignificant to the prevalence of discrimination against self-acceptance among the respondents.

4.8 Psychological Counseling Intervention on Self-Acceptance among PLWH

The fourth goal of the study was to determine the impact that psychological counseling intervention had on the level of self-acceptance held by PLWH in the Mathare Constituency of Nairobi County. Table 4.16 shows respondents' responses using a 5-point Likert scale.

Table 17: Psychological Counseling Intervention among PLWH

Psychological Counseling Intervention	Frequency	Percentage
My ability to accept myself has improved as a result of counseling.	53	21.00
I have been going to counselling sessions ever since I was given the diagnosis of HIV/AIDS.	45	17.80
Before attending HIV/AIDs counselling I had seen a counsellor before	9	3.40
Advice given during counselling sessions has enabled me to accept myself	51	20.00
I find it easy to attend counselling sessions	10	4.10
I used to feel bad about the people who gave me HIV, but counseling helped me overcome those feelings.	10	3.90
Counselling therapy has enabled me to accept my HIV/AIDs status	15	6.00
I am confident that I have what it takes to deal with the challenges of life.	26	10.20
I am now able to handle anything that comes my way thanks to the actual inner strength that I have gained via counseling sessions.	23	9.00
I have no qualms about disclosing that I am HIV positive.	12	4.60
Total	**254**	**100.00**

The results of the research are presented in table 17, which shows that counselling impacts my self-acceptance by 21.0% (n=53), followed by advice from counseling sessions that has enabled them to accept themselves by 20.0% (n=51). In addition, 17.80 percent (n=45) of respondents had been attending counselling sessions ever since they were given an HIV/AIDS diagnosis.

Table 18: Model Summary Demographic variables and Psychological Counselling Intervention

Model	R	R Square	Adjusted R Square	Std. Error of theEstimate
1	.858[a]	.737	.715	0.480980

a. Predictors: (Constant), Sex, Age, Level of education.

The statistics that were produced from the output summary of the regression model are presented in table 18, which may be found here. Based on these findings, the R-value comes out to be 0.858, and the R2 value comes out to be 0.737. The fact that the R value is positive lends credence to the notion that the dependent variable and the independent factors do, in fact, share a sizeable amount of the total variance. In addition, the value of R Square indicates that the independent variables (moderators; age, gender, and education level) investigated in this study are responsible for explaining 73.7 percent of the variation in the variable that was being investigated (the dependent variable) (Psychological Counselling Intervention). Age, gender, and degree of education are all examples of these modifiers. This suggests that demographic characteristics cannot alone account for the 26.3 percent of variance in the effect that psychological counseling has on a person's sense of self-acceptance that is shown to be caused by the intervention.

Table 19: ANOVA

Model	**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Regression	84.262	3	21.0655	.847	0.00[b]
Residual	16.837	251	.0438		

Total	101.099	254

g. Dependent Variable: Psychological Counselling Intervention

h. Predictors: (Constant), Age, Sex, Level of education

Table 19, which contains the results of an analysis of variance (ANOVA), reveals that the F-ratio is 0.8474, which is statistically significant at p = 0.000, 0.05. Thus,demographic variables are associated with the respondents' self-acceptance benefits.

Table 20 : Regression Coefficients

	Unstandardized Coefficients		t	Sig.
	B	Std. Error		
(Constant)	2.754	0.205	13.434	0.000
Age	0.124	0.117	1.063	0.039
Gender	0.174	0.700	2.491	0.013
Level of Education	0.153	0.294	0.180	0.027

d. Dependent Variable: Psychological Counselling Intervention

The coefficients that explain the model's variables are presented to us in Table 20 of the regression output. The regression model that was developed as a result of this research shows that there should be a change of 0.124 units in the level of psychological counseling intervention, 0.174 units in the gender of the respondents, and 0.153 units in the level of education for every unit change in the age of the respondents. This is true even though other factors, which were not investigated in this research, were held constant as represented by (2.754). In the model that was developed, all three demographic characteristics have an effect on psychological counseling intervention, and their p-values indicate that they are significant predictors of self-acceptance among people living with HIV/AIDS. The p-values are as follows:.039; 0. 013; and.027.

4.6 Limitation of the Study

There was a dearth of previous research that was applicable to the subject of the investigation. The researcher was required to purchase a membership to the Kenya National

Library Services (KNLS) in order to gain access to a larger collection of literature and research materials from all over the world that were both more recent and more pertinent. There was reluctance on the part of some participants in the support group to fill out the questionnaires. This limitation, however, was overcome by scheduling a meeting with the leaders of the group and guaranteeing that the material provided is kept confidential and is only utilized for academic purposes. After receiving responses that met with the researcher's approval, the researcher was given permission to gather data.

Inferential statistics, such as simple regression, which is frequently used in social sciences due to the very nature of its ability to determine the strengths of correlations, were utilized in this particular study. Nevertheless, this analysis may not provide causality of psychological counselling and self-Acceptance among PLWH in Mathare constituency, Nairobi County; hence chi-square and correlation analysis may be more appropriate in future studies.

CHAPTER FIVE

DISCUSSION

5.1 Introduction

In this part of the report, a summary of the findings of the study and a discussion of the research aims that served as the foundation for the investigation are offered to the reader. The four specific goals that were thoroughly discussed in this chapter are as follows: to establish the benefits of self-acceptance among PLWH in Mathare constituency, Nairobi County; to assess the attitude of PLWH toward self-acceptance in Mathare constituency, Nairobi County; and to establish the prevalence of psychological counseling intervention among PLWH in

Mathare constituency, Nairobi County. [This chapter] also aimed to establish the prevalence of psychological counseling intervention among PLWH in Mathare constituency, Nairobi County.

5.2 The Attitude of PLWH Towards Self-Acceptance

The first objective led to the research question, which was to determine how the PLWH in Nairobi County's Mathare constituency felt about themselves. According to the findings of this research, PLWHs have the same entitlement to receive high-quality care as other patients, which was expressed by 24.9 percent of respondents (n=63). 19.1 percent of people who participated in the survey (n=49) indicated that they intended to do something to help better the lives of PLWH. Depending on how one approaches self-acceptance, being infected with HIV or AIDS can have an effect not just on coping techniques but also on day-to-day living.

This finding supported the finding by Moneyham, Fordham, and Struzick (2008) that a person's attitudes affect their intent to act. The results of the current study supported those of Ajzen (2012) who found that you have attitudes toward your awareness, feelings, and actions. A person will typically have a positive attitude toward a particular behavior if he or she thinks that carrying it out will mostly result in positive outcomes.

The acceptance of PLWH is positively correlated with education level (p=0.003.05). People will have a positive outlook after learning about HIV/AIDS, which will increase their level of self-acceptance. According to the study, attitudes have the distinct advantages of shielding people from their surroundings, maintaining their self-esteem, and helping them express their fundamental beliefs. According to Vance et al. (2008), one's intention to act is influenced by attitudes.

5.3 Benefits of Self-Acceptance among PLWH

The second goal was to determine the advantages of self-acceptance among people with HIV/AIDS. The survey outcomes revealed that 32.7 percent (n=83) of PLWH in Mathare constituency, Nairobi County do not base their decisions about what to do with their lives on the opinions of other people or outside influences. In addition, the vast majority of PLWH in the Mathare constituency do not doubt their value, even if they believe that others do 12.6 percent (n=32). Only 1.0 percent (n=3) of PLWH in the Mathare constituency are concerned about the issues of others regularly. The study's findings also revealed that a person's degree of education has a favorable but small association with the advantages of accepting oneself. There is no correlation that can be proven to be statistically significant between age and gender and the degree to which PLWH accept themselves in the Mathare constituency.

Self-acceptance enables PLWH to acknowledge their strengths and weaknesses without feeling guilty. Accepting oneself opens the way to self-care and a good picture of oneself, allowing them to flourish. The current study's findings are consistent with those of Langer (2005), who found that self-acceptance creates the potential for one to develop and improve one's quality of life. The findings of Duffy (2010) are also supported by this study, which indicates that the desire and willingness to allow others to see the true self is a key element of loving oneself. To live conscientiously means to live every day without pretense or worry about how others might evaluate you (Langer, 1989).

5.4 Prevalence of Discrimination on Self-Acceptance among PLWH

The third purpose of the research was to establish. the extent to which PLWH are discriminated against on the basis of their level of self-acceptance. The study's conclusions suggest that 22.5 percent (n=57) people living individuals with HIV/AIDS should be permitted to work alongside those without the disease. The results of the study show that 18.4% (n=47) of families neglect children and adults with HIV and AIDS. The study also found that 41 people with HIV and AIDS, or 16.3% of them, experience prejudice. Based on the findings of the research, a small but significant relationship that is favourable between discrimination, age, gender, educational attainment, and level ($p > 0.05$).

The study's conclusions, which demonstrate society's bias against PLWH, are in line with UNAIDS' stance on the subject of discrimination against PLWH. According to UNAIDS (2018), at least 40% of those surveyed believed that in three countries, it is not appropriate for youngsters infected with HIV to attend schools with female students., and 70% believed that in at least four HIV-infected nations, people should not be permitted to purchase vegetables from a shopkeeper who is HIV positive. According to the current study, Mathare constituency in Nairobi County has prejudice against those with HIV and AIDS, which is in line with the United Nations Development Programme (2018). Discrimination frequently reinforces the rejection and anonymity that act as catalysts for HIV transmission (Jewkes, 2017).

5.5 Psychological Counseling Intervention on Self-Acceptance among PLWH

The intention of this study's fourth objective was to determine the impact of a psychological therapy intervention on the level of self-acceptance among PLWH. The study established that counselling impacts self-acceptance by 21.0% (n=53). The study also revealed that PLWH, since they were had been attending counseling sessions since they were HIV/AIDS positive by 17.80% (n=45). The study also established that age, gender, and education level

affect psychological counselling intervention and are significant predictors of self-acceptance among those who are now afflicted with HIV/AIDS as the relationship is positive (r= 0.124, 0.174, and 0.153), respectively.

The findings suggest that psychological counselling intervention influences HIV/AIDS patients' self-acceptance in Nairobi's Mathare Constituency. Depression, social difficulties, and withdrawal are significantly more common in those than there are people living with HIV/AIDS in the general population. People with HIV/AIDS go through more traumatic experiences than people without the condition. Contrary to expectations, neither these traumas nor the participants' ages have any impact on their social or emotional functioning. According to these findings, people who have HIV/AIDS have a greater number of psychological problems than people who do not have HIV/AIDS in terms of their ability to function socially and emotionally. As a result, they require psychological counseling.

The current study agreed with Gent and Winkelman (2007), who discovered that people with HIV/AIDS have more psychological issues in terms of social and emotional functioning than those without HIV/AIDS, necessitating psychological counseling. According to Xu et al. (2009), The impact of HIV/AIDS is detrimental on people's psychosocial health. Misdrahi et al. (2004) also discovered that HIV-infected people had psychological and psychiatric problems. Ncama (2007) also stated that HIV/AIDS disclosure is critical for self-acceptance. The current study concurred with the previous studies that psychological counseling intervention impacts self-acceptance. The current study found that psychological counseling intervention positively correlated with self-acceptance among PLWH.

5.6 Improvement of Theory

5.6.1 Interpersonal Acceptance-Rejection Theory

The study was based on the interpersonal acceptance-rejection theory as its primary framework. A socialization research theory is the IPAR Theory and continuous improvement which tries to anticipate and explain the immediate effects and other correlated factors of interpersonal acceptance and rejection throughout the world (Rohner & Rohner, 1980). Relationships that matter significantly in one's life, such as those with parents and spouses, are described by the IPAR theory (Rohner & Rohner, 1980). This theory also accounts for additional outcomes, reasons, and expressive correlates that affect how someone perceives their own acceptance and rejection by significant others (Rohner & Rohner, 1980).

Interpersonal acceptance-rejection theory centers should be established specifically in Kenya to advance the theory. Counseling services for various populations, including emerging and young adults, should be provided by qualified professionals in Kenya and Africa. Studies evaluating its tenets should be encouraged in Kenya to help contextualize the interpersonal acceptance-rejection theory. Unfortunately, this study did not investigate how the acceptance-rejection theory principles interact with psychological counseling and self-acceptance among HIV/AIDS patients in Nairobi County's Mathare constituency. A pilot study is required to determine whether participants will associate the theory's tenets with psychological counseling and self-acceptance in the future.

5.6.2 Suggested Improvement of Rational-Emotive Theory

This investigation was guided by rational-emotive theory. According to this theory, illogical thinking impacts people to create negative consequences and how these beliefs function as roadblocks to living a happy and fulfilled life (Dryden,2003). In most cases, a person's irrational ideas are consistent with their behaviour, as evidenced by the person's attitude, which contains cognitive, emotional, and behavioural components. The theory posits that if illogical beliefs (such as others should or must not dispute with me) are associated with such occurrences, the individual's behaviour becomes problematic (Wilde 2001).

This theory is relevant to the current study because psychological counseling can assist PLWH in rationally and logically understanding themselves. REBT, according to Ellis (1974), is a comprehensive intervention that combines emotional and compelling behavioral restructuring techniques. However, psychological variables such as experiencing illogical thoughts regularly and having a solid social support network and adequate coping abilities will decide whether someone from this background develops depression. Another factor overlooked is the function of general medical conditions, as evidenced by the fact that hypothyroidism, stroke, and multiple sclerosis all induce depression.

Therefore, to improve on the theory, studies on psychological variables, coping abilities, and social support should be conducted in Kenya. Counseling services for HIV/AIDS should be made available to a wide variety of clientele, including adolescents and young adults in Kenya and Africa in general, according to those who are trained and certified in the field. In a similar vein, research that assesses the premises of the rational-emotive theory ought to be pushed harder in order to improve the theory's contextualization in Kenya. Sadly, the purpose of this research was not to determine how the components of rational emotive theory interact with psychological counseling and self-acceptance among PLWH in Mathare Constituency, which is located in Nairobi County. To find out whether participants connect the theory's

principles with psychological counseling and self-acceptance, a pilot study is necessary before this theory can be applied in the future.

CHAPTER SIX

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

6.1 Introduction

The study's overall summary, conclusion, and recommendation are laid out in Chapter six.

6.2 Summary

The study comprised 51.7% (n=132) females and 48.3% (n=122) male. The professional training of each respondent ranged from certificates to master's degrees. Most of the respondents had a secondary certificate, 48.6% (n=123). The analysis also indicated that most people living with HIV/AIDs in the Mathare constituency had been members of the support group for 5-6 years (n=105). This could imply that the support group offers counselling services to PLWH, reducing stress, anxiety, and trauma resulting in self-acceptance.

The majority of PLWH in the Mathare constituency have the right to receive treatment of the same high quality as any other patient, 24.9% (n=63) followed by they would like to do something to make life easier for PLWH. Also, respondents are understanding and compassion for the suffering that persons living with AIDS go through 12.3 % (n=31). The educational level completed significantly contributes to the respondents' attitude ($p=0.003<.05$).

The study found that (41)16.3% of the respondents' face discrimination; People who are HIV positive and AIDS afflicted are often neglected by their families by 18.4% (n=47). The study also established that all the three demographic factors (age, gender, and level of education) have an effect on psychological counselling intervention and are significant predictors of self-acceptance among persons whose lives have been affected by HIV/AIDS.

6.3 Conclusion

People living with HIV/AIDS in the Mathare constituency of Nairobi County are more likely to accept themselves when they have a positive attitude, according to a survey. In Mathare constituency, Nairobi County, people living with HIV/AIDS are more likely to accept themselves when they have a positive attitude. Persons living with HIV/ AIDs need to come up with ways to support a positive attitude so they can live healthy by accepting their current situation and ways to live with it. The method and drivers for positivity should be formulated so that all persons living with HIV/ AIDs embrace a positive attitude toward their situation to improve self-acceptance.

The study's findings suggest that HIV/AIDS counselors in Nairobi County's Mathare constituency should use psychological counseling intervention techniques. This feature will enhance psychological counseling interventions and self-acceptance among HIV/AIDS patients in Nairobi County's Mathare constituency. The most crucial task for strategic counselors is to concentrate on developing efficient counseling strategies. In the Mathare constituency of Nairobi County, it is a crucial component of self-acceptance for people with HIV/AIDS. This feature will improve the self-acceptance of HIV/AIDS patients in Nairobi County's Mathare constituency.

6.4 Recommendations

For the purpose of this study, a questionnaire with closed-off responses was employed to collect data. Using a mixed method could enable PLWH to provide answers on a questionnaire with little room for open-ended questions and allow them to express themselves and discuss in depth challenges that they face, which affect their psychological wellbeing.

Because this study employed a cross-sectional design, it is necessary to conduct longitudinal research in the future. Thus, the reasons for, as well as the results of, the connection between psychological counseling and self-acceptance can be established.

Only participants who were currently afflicted with HIV were included in the analysis in Nairobi County's Mathare constituency. More research should be done by other nations. Also, environmental factors could be added as mediating variable to establish whether it influences the relationship between psychological counseling and self-acceptance.

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APPENDICES

Appendix A: Introduction Letter

Date……...

Dear Respondent,

I am a graduate student of Master of Education Guidance and Counselling at Tangaza University College. As part of the requirement for graduation, I am undertaking a research to establish **"Effects of Psychological Counselling on Self-Acceptance among Persons Living with HIV and Aids in Mathare Constituency, Nairobi County."** The purpose of this letter is to kindly request you to spare your time and complete this questionnaire or respond to the questions therein. The information obtained will be purely for this study only and will be treated with utmost confidentiality. Your wealth of knowledge in completing the questionnaire will be of great value and will be highly appreciated.

Thank you for your cooperation and assistance.

Regards,

Mary Mwaura

Appendix B: Participants' consent form

Tangaza University College – CUEA

Effects of Psychological Counselling on Self-Acceptance among Persons Living with HIV and Aids in Mathare Constituency, Nairobi County

This study is done as a requirement for the Degree of Master of Arts in Counselling Psychology

- The study has no known risk to participants.
- Participation in the study is voluntary
- Participants are required to fill in a questionnaire.
- All information will be treated with utmost confidentiality
- You may withdraw from the study if you wish without any consequences
- There is no monetary benefit in participating in the study
- It will take about 20-25 minutes to fill the questionnaire

Name : Mary Mwaura

Student: M.A in Counselling Psychology

Contact address: Tel: +254 712884804

Contact of the College: P.O Box 15055-00509 Langata South Rd, Nairobi, Kenya,

Signed by researcher …… Date

……..

Statement to be signed by the participant:

- I confirm that the researcher has fully explained the nature of the study and what is expected of me.
- I confirm that I have had adequate opportunity to ask question about this study.
- I understand that my participation is voluntary and that I may withdraw at any time without having to give a reason.
- I voluntarily agree to take part in this project.

Appendix C: Questionnaire

Instructions

This questionnaire is designed by MARY MWAURA, a student pursuing a Master of Art Degree in Counselling Psychology, Tangaza University College- CUEA. The questionnaire solicits information on the Impact of Psychological Counselling on Self-Acceptance among Persons Living with HIV/AIDS in Mathare Constituency, Nairobi. Respondents are invited to honestly answer questions. Participation in this study is voluntary and there is no monetary compensation. The respondents are provided with writing materials for completing the questionnaire. All collected data are exclusively to be used for academic purposes and therefore will be treated with utmost anonymity and confidentiality.

PART A

Please mark (indicate) ☑ appropriate responses in the boxes (spaces) provided.

1. Gender of the Respondent

Male [ ] Female [ ]

2. Age (in years):18-25 [ ] 26-33 [ ] 34-41 [ ] Above 41 [ ]

3. Kindly indicate your level of education

1. Secondary School Certificate [ ] 2. College Diploma [ ] 3.Undergraduate Degree [ ] 4. Postgraduate Degree [ ] 5. Doctorate Degree [ ] 6. Other [ ]

4. How long (in years) have you been a member of your support group?

Below 2 [ ] 3- 4 [ ] 5-6 [ ] 7-8 [ ] 9 and above [ ]

5. Have you been receiving counselling sessions in your support group? Yes [ ] No [ ]

6. If 'Yes' how often are you counselled? Twice a month [ ] Once a month [ ] Once after 2 months [ ] Once after 3 months [ ] State any other_____

7. Do you think that counselling sessions have been of use to you? Yes [ ] No [ ]

PART B: Attitude of PLWH towards Self-Acceptance (Lux &Petosa, 1994)

		1	2	3	4	5
	People treat me differently because of my HIV/AIDs status					
	Living with HIV/AIDS affects my coping skills and my life					
	I think that patients with AIDS have the right to the same quality of care as any other patient					
	Most people who have AIDS have only themselves to blame					
	Most people who have AIDs deserve what they get					
	Young children should be removed from the home if one of the parents is HIV positive					
	I am sympathetic toward the misery that people with AIDS experience					
	I would like to do something to make life easier for people it AIDS					
	People around me think I should avoid risky behaviours (unprotected sex, injection of contaminated blood, and tattoos resulting in AIDS).					
	Most people who are important to me want me to avoid risky behaviours which lead to HIV infection					
	In my opinion, AIDS is a serious problem for the health of all people.					
	In my opinion, people with AIDS should inform others about their condition					
	If my friend gets AIDS, I will cut my relationship with her					
	If a family member gets AIDS, they should be left alone.					
	People with AIDS should be kept away from school.					

PART C: Benefits of Self-Acceptance (Rosenberg, 1965)

On a Five-Item Scale, rate the extent to which the following statements apply to you;

1 = Not At All True of Myself; 2 = Slightly True of Myself; 3 = About Half-way true of Myself;

4 = Mostly true of Myself; 5 = Completely True.

		1	2	3	4	5
	I do not question my worth even if I think that others do					
	I do not regard myself as totally different from others					
	I consider myself equal to others					
	I assume responsibility for and accept the consequences of my actions					
	I do not rely on external pressures in deciding what to do					
	I enjoy myself when alone than when I am away from other people					
	I seldom worry about other people's affairs					

	I do not worry when others pass judgment against me					
	When I am in a group, I do not say much for fear of saying the wrong thing					
	I do not see the need to do good to others unless I am assured of a payback					
	I often put on a show to impress others					
	Even when people think well of me, I feel guilty because I know I am fooling them					
	I see no objection to stepping on other people's toes a little if it will help me to get what I want in life					
	I live too much by other people's standards					
	To get along with others, I tend to be what they expect me to be					
	I am quite shy in social situations					
	I feel inferior as a person to some of my friends					

PART D: Prevalence of Discrimination on Self-Acceptance (Genberg, 2013)

In a Five-Item Scale rate, the extent do you view that the following statements apply to you;

1= None At All; 2= rarely; 3= several days; 4 = after every other day; 5 = Nearly Everyday

		1	2	3	4	5
	People living with HIV and AIDS face discrimination					
	A person with HIV and AIDS should be allowed to work with other people					
	People who have HIV and AIDS deserve compassion					
	People living with HIV and AIDS face neglect from their family					
	Most people would not buy vegetables from a shopkeeper or food seller that they knew had AIDS					
	People living with HIV and AIDS face rejection from their peers					
	People living with HIV/AIDS should be treated similarly by health care professionals as people with other illnesses					
	People with HIV should be allowed to participate fully in the social events in this community					
	People living with HIV and AIDS face ejection from their homes by their families					
	People living with HIV and AIDS face physical abuse					
	People who are suspected of having HIV/AIDS lose respect in the community					

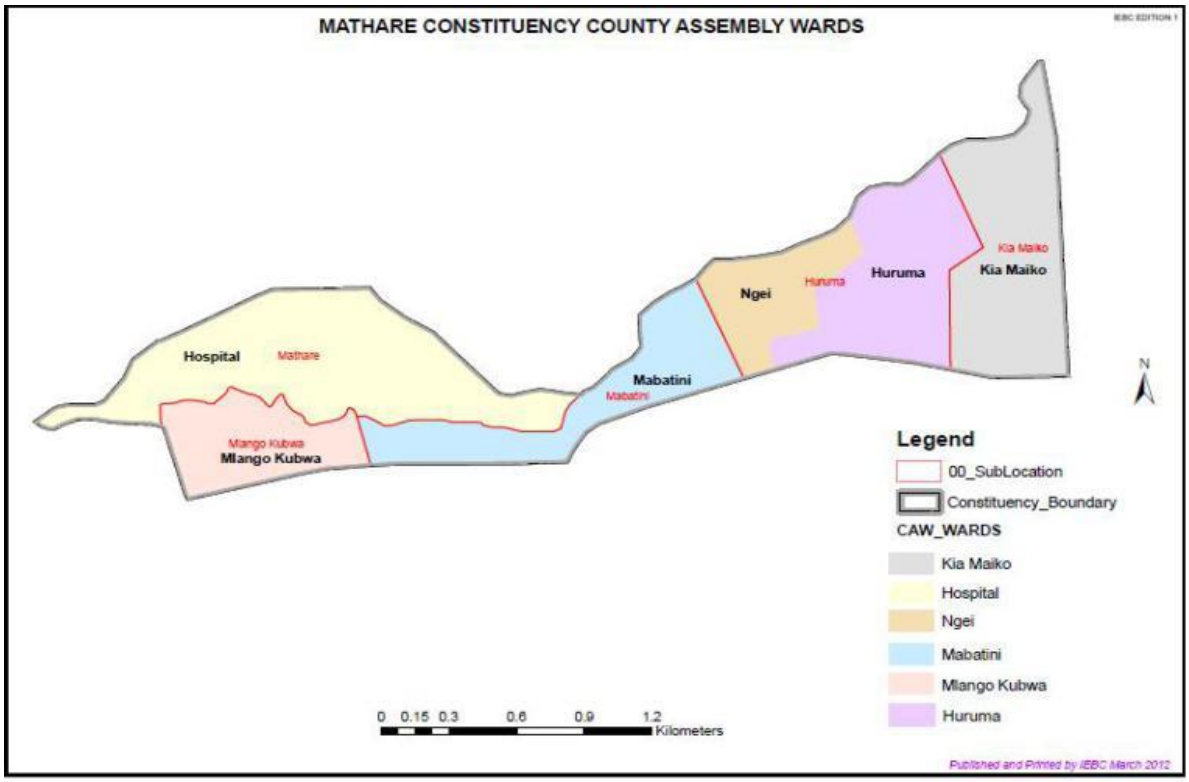
PART E: Psychological Counselling Intervention on Self-Acceptance (Muñoz et al.,2000)

	1	2	3	4	5

	Counselling has an impact on my self-acceptance					
	Since I was diagnosed with HIV/AIDs, I have been receiving counselling					
	Before attending HIV/AIDs counselling I had seen a counsellor before					
	Advice given during counselling sessions has enabled me to accept myself					
	I find it difficult to take any criticism					
	Counselling has made me avoid feeling guilty about those who infected me with HIV					
	Advice given during counselling sessions has enabled me to accept myself					
	I trust I have got all it takes to cope with life					
	Counselling therapy has given me real inner strength in handling anything that comes on my way					
	I am not afraid to express my HIV status					

Thank you

Appendix D: Mathare Constituency Map



Appendix E: Research Permission

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **130956**

Date of Issue: **14/April/2021**

RESEARCH LICENSE

This is to Certify that Miss.. Mwaura Wambui Mary of Tangaza University College, has been licensed to conduct research in Nairobi on the topic: EFFECTS OF PSYCHOLOGICAL COUNSELING ON SELF ACCEPTANCE AMONG PERSONS LIVING WITH HIV AND AIDS IN MATHARE CONSTITUENCY, NAIROBI COUNTY. for the period ending : 14/April/2022.

License No: **NACOSTI/P/21/9845**

130956

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

Appendix F: Ministry Research Authorization

Republic of Kenya

MINISTRY OF EDUCATION

STATE DEPARTMENT OF EARLY LEARNING AND BASIC EDUCATION

Telegrams: "SCHOOLING", Nairobi
Telephone: Nairobi 020 2453699
Email: rcenairobi@gmail.com
cdsnairobi@gmail.com

When replying please quote

REGIONAL DIRECTOR OF EDUCATION
NAIROBI REGION
NYAYO HOUSE
P.O. Box 74629 – 00200
NAIROBI

Ref: RCE/NRB/RESEARCH/1/64/VOL.I

Date: 16th April,2021

MARY WAMBUI MWAURA
TANGAZA UNIVERSITY COLLEGE
P.O BOX 15055-00509
NAIROBI

RE: RESEARCH AUTHORIZATION

We are in receipt of a letter from the National Commission for Science, Technology and Innovation regarding research authorization in Nairobi County on **"Effect of Psychological Counseling On Self-Acceptance Among Persons Living with HIV and AIDS in Mathare Constituency,Nairobi County."**

This office has no objection and authority is hereby granted for a period ending **14th April, 2022** as indicated in the request letter.

Kindly inform the Sub County Director of Education of the Sub County you intend to visit.

16 APR 2021

MAINA NGURU
FOR: REGIONAL DIRECTOR OF EDUCATION
NAIROBI

Copy to: Director General/CEO
National Commission for Science, Technology and Innovation
NAIROBI