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Enhancing Psychosocial Wellbeing and ART Adherence: The Critical Role of Peer Navigators in Supporting Adolescents with HIV in Western Kenya

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Adolescents and young adults living with HIV (AYAH) face intersecting psychosocial challenges that significantly impact their mental wellbeing and adherence to antiretroviral therapy (ART). Despite growing global emphasis on improving ART adherence, there is a notable gap in integrating psychosocial wellbeing into HIV care particularly in resource-constrained settings like Kenya. Peer navigation, delivered by trained individuals with lived experience has emerged as a promising strategy to bridge this gap by offering empathetic contextual relevant support. This study aimed to explore how peer navigation may support the wellbeing of AYAH in Western Kenya

A qualitative approach was employed, utilizing in-depth interviews (IDIs) with Peer Navigators (N=9) and AYAH who received peer navigation (N=20) in an ongoing clinical trial. The semi-structured interview guide explored themes related to emotional support, stigma, mental health, ART adherence behaviors, and the navigator-participant relationships. The Capability, Opportunity, Motivation –Behaviour (COM-B) provided a framework to examine how peer navigators and AYAH perceived the intervention's impacts on wellbeing. Findings revealed that peer navigators' capabilities were significantly strengthened through structured training giving them the ability to address key psychosocial well-being challenges faced by AYAH including stigma, disclosure, and intimate partner violence (IPV), enabling them to provide targeted support. They said that ongoing mentorship, debriefings, and collaboration with families and healthcare teams enhanced their ability to provide consistent, empathetic support. In turn, peer navigators supported AYAH in terms of improved emotional regulation, communication, self-management, and clinic attendance. Peer navigators reported that the intervention fostered self-efficacy among AYAH, helping them to manage health-related challenges, reduce internalized stigma, and increase ownership of their care.

Peer Navigators reported that both electronic (phone-based) and in-person peer navigation sessions offered an opportunity to provide AYAH support. However, in-person session was felt to be more in-depth. Despite barriers like limited financial resources, participant relocation, communication, and gender dynamics which occasionally disrupted opportunities to provide the intervention, peer navigators remained adaptable.

AYAH reported that the intervention provided the opportunity to have a safe, non-judgmental space that encouraged open discussions, as well as feeling understood and less alone resulting in reduced stigma. While some participants appreciated the inclusion of family members for added support, others preferred private sessions due to concerns about stigma and confidentiality.

Both navigators and AYAH reported that motivation was developed through the establishment of strong, trusting relationships between navigators and AYAH. AYAH reported that peer navigation contributed to positive identity transformation and empowerment. Nonetheless, concerns regarding confidentiality, particularly related to facility identification and phone-based communication, emerged as challenges requiring creative strategies to maintain trust.

Overall, findings underscored the pivotal role of peer navigation in delivering integrated psychosocial wellbeing tailored to unique needs of AYAH. Through the lens of COM-B framework, it became evident that enhancing individual capability, enabling opportunities and sustaining intrinsic motivation are essential for promoting behaviour change. Embedding peer-driven strategies that address the overall wellbeing of AYAH offers a promising pathway to improve health outcomes and support the psychosocial needs of this population.

Authors declare no commercial interests related to this study

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