

Experiences and coping strategies of adolescents living with HIV at community level in Zambia

Purity M. Linyaku, Oliver Mweemba, Joseph M. Zulu

ABSTRACT

Aims: Although interventions for addressing the health aspects of adolescents living with HIV are in place, studies however indicate that there is limited documentation of experiences of adolescents living with HIV. Such knowledge could help HIV programs to better respond to their needs. This study explored experiences of adolescents aged 10–19 living with HIV in Kanyama community, Lusaka district of Zambia. **Methods:** A phenomenological study design was used to explore experiences of adolescents living with HIV and what helps them to cope with their condition. Data were collected using in-depth interviews with 24 adolescents living with HIV and analyzed using thematic analysis. **Results:** There were variations regarding their experience with HIV disclosure process. While some adolescents felt good after disclosure, others were sad after being told that they were HIV positive. Some adolescents were not pleased with the idea of disclosing their HIV status without their consent. Most adolescents felt

supported by their family members while a few experienced stigma which contributed to stress and depression. Adolescents appreciated the use of drugs, however, they reported that they experienced difficulties in adhering to treatment. Some adolescents reported being denied to visit friends as their guardians feared that they may forget to take the drugs. Both girls and boys had concerns about antiretroviral therapy services provided only during week days as they expected to be in class thus limiting accessibility to services. Coping strategies for the challenges experienced included resilience, treatment, non-disclosure, spiritual intervention, social support and support from non-governmental organizations. **Conclusion:** Understanding both the positive and negative experiences of adolescents living with HIV and coping strategies may help in developing interventions that enhance positive living among adolescents.

Keywords: Adolescents living with HIV, Coping strategies, Experiences

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INTRODUCTION

Globally, about 3.2 million children were living with HIV and 120,000 adolescents aged 10–19 died of AIDS in 2013 [1]. More than 60% of all young people living with HIV are young women and 72% of them are in Sub-Saharan Africa [2].

Recent information of mortality ratio among adolescents shows that there is an increase of 50% between 2005 and 2012. Adolescent boys aged 15–19 recorded 75% of mortality rate which is much higher [1].

HIV infected adolescents have a lot of issues which lead them to depression. Some of them experience stigma and discrimination from peers and family members [3, 4]. They are also at risk of unprotected sex and treatment non-adherence [5].

There are a number of interventions focusing on addressing HIV related issues with adolescents. They have for example benefited from counseling and antiretroviral therapy (ART) services provided in healthy facilities [6]. Sexually active adolescents also benefit from screening and treatment of opportunistic infection including condom distribution. However, these interventions provided for people living with HIV are not really tailored to meet the needs of the adolescents living with HIV in Zambia [7]. In Zambia, the Zambia Demographic Health Survey estimated a population of adolescents aged 10–19 to be 3,479,000 by 2013. Out of that number, 79,000 was estimated number of adolescents living with HIV and 3,900 were estimated AIDS related deaths [1]. Despite having a large population of adolescents living with HIV, there is no policy for adolescents living with HIV in Zambia.

Although interventions for addressing the health of adolescents are in place, studies, however, indicate that there is limited documentation of experiences of adolescents living with HIV in planning and implementing these interventions [8]. There is in general, limited documentation on the experiences of adolescents living with HIV as most of the studies done in Africa focused on disclosure, stigma and discrimination [5, 6, 9–13]. This study addressed the experiences and coping strategies of adolescents living with HIV in Kanyama community.

MATERIALS AND METHODS

Study design

It was a qualitative phenomenological study design which focused on the experiences of adolescents living with HIV. Phenomenology includes discovering, analyzing, clarifying and seeking patterns of certain phenomena based on individual's daily life experience. It emphasized on describing the meaning of several individual's perceptions, feelings and lived experiences in order to have a deep understanding of the phenomena

[14]. Respondents were given an opportunity to discuss the topic in their own words. A phenomenological approach was relevant for this study because its major focus was to describe and to understand lived experiences and coping strategies of adolescents living with HIV [15].

Sample size and sampling procedure

The study was conducted in Kanyama community located few kilometers west of Lusaka town. It is a high density populated area which comprises people working secularly and business men and women.

The participants were selected from Kanyama ART department and the community based organization using maximum variation sampling which was a type of purposive sampling aiming at capturing the central themes that cut across participant variations like adolescents who are orphans and non-orphans, married and unmarried, school going and non-school going. Adolescents in each category had different experiences and coping mechanism which were vital to the study [6]. The sample size of 24 adolescents was derived at by selecting two boys and two girls from the six categories. The working sample was 24.

The participants were drawn from Kanyama clinic and non-governmental organization (NGO) known as Children International Zambia. Both facilities were purposively selected based on the services offered. Kanyama clinic offers antiretroviral services in the community through antiretroviral therapy department. The ART department has a support group for people living with HIV known as Musayope (meaning do not be scared). The support group provides physical and emotional support to group members. The group members meet every Tuesday afternoon to encourage each other through sharing their experiences and coping mechanisms

The children's support group comprises children aged 18 and below as long as they are aware of their HIV status and have disclosed their status.

Children International Zambia is an NGO, which deals with orphans and vulnerable children aged 2–19 years. It provides food support and helps the children to find a sponsor for their education. Food is provided to children aged 2–12 while education sponsorship goes up to 19 years. Currently, they have 26 children living with HIV on their food support program.

Data collection technique

In-depth interview with adolescents

In conformity with the phenomenological approach, data was collected from adolescents living with HIV in Kanyama community using in-depth interview guide [15]. The interviews were conducted on the days that the support group meets to avoid attracting too much

attention from other people if the meeting was called on a different day.

Interviews were conducted at two places, Kanyama ART department and Children International Zambia. Face-to-face in-depth interviews were conducted with adolescents living with HIV to determine their experience and coping strategies by using an in-depth interview guide. This data collection technique enabled adolescents living with HIV to tell their stories about their daily realities of life.

Interviews were conducted in English, Nyanja and Bemba which are commonly languages used in Lusaka. Interviews were recorded using a digital audio recorder. Nyanja and Bemba interviews were translated to English. In cases where the participants refused to have the interview recorded; detailed handwritten interview notes were taken and written in an interview notebook.

Data analysis

A digital audio recorder was used to record the in-depth interviews and later transcribed the information into a verbatim which was reviewed by all the authors involved in the study. Data was arranged and coded using NVIVO (version 10). Data was analyzed using the thematic framework analysis which was a method used in identifying, analyzing and reporting information in themes within the data collected from the participants. Thematic analysis was performed through the process of coding in six phases in order to create established, meaningful patterns. These phases are: familiarization with data, generating initial codes, searching for themes among codes, reviewing themes, defining and naming themes, and finally producing the final report [16, 14].

The first stage was familiarization with the data. At this stage the authors read and re-read the transcripts on experiences and coping patterns in order to understand the collected data while paying attention to patterns and occurrence.

After familiarization, generation of initial codes was done by documenting who (orphan or non-orphan) and how patterns occur in the various categories. The coding process was achieved by reducing data into labels in order to create categories for more efficient analysis. Here an inference on the meaning of the generated codes was done.

The next level involved searching for themes among codes which involved combining codes into similar ideas that accurately depict the data and grouped together to form categories. The searched themes were later reviewed by critically looking at how the themes support the collected data, when the analysis seemed incomplete.

The categories were interpreted in order to determine the real meaning of the text. At the end of the analysis the themes were cross-checked with the interview transcripts to check the validity of the data [15].

Ethics

Approval to conduct the study was got from ERES CONVERGE IRB (Ref. No. 2015-June-021). The participants were informed about the purpose and nature of the study before the actual participation. Confidentiality was ensured throughout the entire research process. The identity of participants was anonymous as numbers were used instead of their real names. To further ensure anonymity and confidentiality of the participants, cryptogram (secret code) IDI and CI followed by a number were employed to present data. Codes starting with IDI represents participant drawn from the support group at Kanyama clinic while CI represents participants from a non-governmental organization located in Kanyama community. Privacy was maintained by talking to the participants in a room. In order to reduce stigma which could have resulted from participating in the study, interviews were conducted only on Wednesdays when children and adolescents met as a support group. The participant had the right to withdraw from the discussion at any stage. The participants 18-year-old and above were asked to sign a consent form based on rights of self-determination and full disclosure. Adolescents below the age of 18 signed an assent form while their caregivers signed a consent form.

RESULTS

Socio-demographic characteristics of adolescents

The study included 24 adolescents who are living with HIV in Kanyama community. The age of these participants ranged from 10–19. The 24 adolescents comprised of 15 males and 9 females, 14 were single orphans, 6 double orphans, 4 non-orphans, 21 school going, 3 non-school going and no one was married. Table 1 indicates that more males were interviewed than females. It also gives that all respondents were not married. Most of them were orphans and were still in school.

The major themes and sub-themes

The major themes that came out from the data were; experience with disclosure, experience with family and friends, experience of health services and coping strategies of adolescents living with HIV. Experience with disclosure had three dimension; disclosure to adolescents, adolescents disclosing to others and caregivers/guardians disclosing adolescents' status to other people. Experience of health service had four sub-themes; experience with treatment, health service, relationship with health care providers and experience with support group.

Table 1: Characteristics and sex of adolescents

Type of adolescents	Female	Male	Total
Orphans	7	13	20
Non-Orphans	2	2	4
School Going	8	13	21
Non School Going	1	2	3
Unmarried	9	15	24

Experience with disclosure

The research findings show that adolescents had different feelings after they learnt about their status. Some girls and boys felt good after disclosure due to the fact that they were already on treatment which can help them to live longer. Disclosure empowered them with knowledge which enabled them to understand their situation and live positively in life. Few girls and boys disclosed to biological parents or immediate caregivers. Out of those who disclosed their status only one disclosed to his friends and class teacher.

“It did not pain me much, I felt good because the person who is not taking drugs may die while the one on drugs may live longer”

(12-year-old boy)

“I felt good since I am already on treatment”

(15-year-old girl)

“I felt good to tell my mother about my status. I enjoy the way my mother and grandmother remind me to take my drugs”

(15-year-old girl)

“I feel good to disclose to my friends and my teacher because they encourage me to continue with life”

(19-year-old boy)

Other adolescents were however annoyed and cried after receiving the news of being HIV positive. They felt betrayed by their caregivers for denying them their right to information about their own life.

“I was annoyed when my grandmother told me about my HIV status”

(19-year-old boy)

“That day I cried, I felt like I can’t move on with life”

(18-year-old girl)

Most of the adolescents who were tested for HIV at a tender age experienced third party disclosure where their caregivers disclosed their status to other people without their consent. Few boys interviewed did not like the idea of disclosing their HIV status without their permission. They felt that it was only their biological parents or their immediate caregivers in case of orphans who have the right to know their HIV status. Some of the adolescents

were depressed about the action of their caregivers of disclosing their HIV status without their consent.

“I felt bad when I realized that some of my relatives are aware of my status. One of my relatives disclosed our status to neighbors and my sister heard, she cried I am scared that they may reveal my status to others”
(14-year-old boy)

Experience with family and friends

The findings of this study show that majority of the girls felt supported by their family members. They interacted well with their families and found comfort and encouragement from the family circle. The quotes below prove this point:

“I enjoy being with my family because they take nice care of me”

(18-year-old girl)

“We lead a normal life. Other family members treat me well”

(15-year-old boy)

This study however revealed that few adolescents experienced stigma including those who did not disclose their HIV status to their peers. Their peers were exquisite about their health especially when they become sick on and off.

“You know in village when you come back from school, some school mates would ask about my HIV status so that they know everything. Fortunately, my grandmother threatened me that my other relatives will beat me. You will see them; they will take you to the police station so that you can tell them where you got the information. That’s how her stopped. I really felt bad about the reactions of my schoolmates”

(16-year-old girl)

Few adolescents experienced stigma from family members regardless of gender which contributed to stress and depression experienced by adolescents living with HIV.

“I went for holiday and then started school in grade five. They were shouting at me. I felt bad..... That’s what they were saying, I felt bad, and the following day I packed my cloths so that I can start off. Before starting off, I was told to return the clothes they gave me and I came back to my father”

(12-year-old boy)

Experience of health services

The study revealed that adolescents had various experience with regard to health care services. Four sub

themes with regard to adolescents' experience of health care services were identified. The sub-themes were experience with treatment, health services, health care providers and support group.

Experience with treatment

Taking antiretroviral therapy (ART) is vital to adolescents living with HIV because it reduces on the progression of the disease and promote health. All the girls and few boys appreciated the use of drugs as they reported that they enabled them to be health despite being HIV positive. Adolescents reported that they are experiencing good healthy due to treatment compared to the way they were before starting drugs. No one experienced side effects of the drugs. The statements below show the feelings of adolescents taking ART in Kanyama community:

"I am fine. I no longer get sick as I used to be before starting treatment"

(18-year-old girl)

"I feel good to take drugs because I am now healthy. I no longer get sick as I used to be"

(12-year-old boy)

However, they reported that they experience difficulties in adhering to treatment. It was reported that it takes courage and determination to continue taking drugs for life. Some of the girls had concerns about treatment despite taking their drugs. They were concerned about lifelong treatment and were worried about drug fatigue.

"Treatment makes me become healthy and I feel good about it. The only challenge is to take drugs for life"

(15-year-old girl)

"I am getting tired of taking drugs daily throughout my life"

(15-year-old boy)

Some children reported being denied to visit friends or relatives for fear that they may miss taking the drugs. They argue that each person has the right to interact with other people but some adolescents living with HIV are denied this right by their caregivers.

"I feel bad for mum to deny me chance to visit because she thinks that I won't take my drugs"

(16-year-old girl)

Health services

As much as both girls and boys have appreciated the positive effects of treatment, most of them were concerned about the time the services are provided. The provision of ART services during weekdays when school going adolescents are expected to be in class posed a

challenge of striking a balance between accessing health services and attending classes. This contributed to poor performance due to low class attendance as adolescents could not go to school the days they go to the clinic for either clinical or pharmacy visit. The study revealed that both girls and boys had concerns about ART services provided during week days.

"I am not happy with the provision of ART services during the week because I do not go to school when I have an appointment to collect my drugs from the clinic"

(15-year-old girl)

Relationship with health care providers

All adolescents were in good terms with health care providers who included nurses, doctors, adherence counselors, pharmacy technicians. They appreciated the encouragement they got from health workers. Despite their busy schedule, health worker had time to counsel adolescents on the need to attend their clinical and pharmacy visits and how they should manage their situation in order to promote health and reduce infection.

"They are friendly and encouraging. I was able to express myself freely"

(18-year-old girl)

Experience with support group

The study revealed that both girls and boys enjoyed being part of the support group where they were able to share information with their fellow HIV positive adolescents. They meet to share their experience of being HIV positive and to encourage each other to live positively with their condition. This was their source of comfort and encouragement in life. They no longer felt lonely as they realized that a lot of their peers had similar experiences in life and they were able to cope with their condition.

"I feel good to be among my fellow HIV positive people. I am no longer feeling lonely"

(13-year-old child)

"I felt very nice to be in the support group. I am no longer feeling lonely"

(15-year-old boy)

Coping strategies of adolescents living with HIV

Coping strategies are ways adopted by adolescents to cope with their negative experiences such as stigmatization, drug fatigue and being refused to visit. The coping strategies included resilience, non-disclosure, spiritual intervention and the use of supportive systems.

Resilience

Adolescents were able to cope with their situation of being HIV positive by accepting their status. Some girls and boys accepted their status to the extent that they were not bothered by what people say about them. They are able to talk about their status with anyone.

“I have accepted my status. I do not complain about my condition because I cannot do anything to change my situation. No matter what people say about my status, I will live positively with it and encourage others to test for HIV”

(18-year-old girl)

“I do not bother about what people say, I never mind about them”

(19-year-old boy)

Treatment

Majority of girls and more boys were empowered with information about the positive effects of treatment during adherence counseling. They became aware that treatment is able to prolong their life, so they vowed to continue taking drugs so that the virus can be suppressed and reduce in number. This became a source of comfort and enabled them to cope with their condition especially those who want to achieve their future goals such as becoming a doctor, lawyer and an accountant.

“I will continue taking drugs so that I live longer and achieve my goal of becoming a lawyer”

(16-year-old girl)

“I am feeling alright because I cannot do anything to stop this disease, the only thing I can do is to continue taking my drugs so that I can live longer”

(15-year-old boy)

Non-disclosure

As much as disclosure is vital in HIV care, some adolescents opted to keep their status as a secret in some situations in fear of rejection from their peers as a coping mechanism. They felt comfortable to be with friends who do not know their status. Five girls kept their status a secret. One of them only disclosed to the father of her child but decided not to disclose to her fiancé.

“I will keep my status a secret because I might be rejected the same way the father to my child did. He married another woman who is negative like him”

(19-year-old girl)

“They might even leave me; I cannot have any friend so now I make this disease as a secret”

(15-year-old boy)

Spiritual intervention

The coping search for meaning often leads some adolescents to search for spiritual and religious answers. They rely on religion and spiritual beliefs for health outcomes. This enables them to pray to their God for divine direction and help to endure their condition. For some, their spirituality or religiosity serves as a protective factor and contributes to their ability to cope effectively with their HIV status.

“I pray to God telling him that I am innocent as far as HIV transmission is concerned, I only found myself positive. He should make it possible for me to be healed”

(14-year-old girl)

“I pray to God. I communicate to God that he should safeguard my enemies. They should live to see my achievements”

(16-year-old girl)

Social support

The study revealed that adolescents were able to cope with their condition through the support from family, community, health care providers, peers, support group and NGOs.

Open family conversations about HIV have helped some adolescents to cope with individual and interpersonal stigma in order to live positively and cope with their situation. Families played a very important part in adolescents' life. Adolescents were able to cope with their condition through the encouragement from family members. Most girls and some boys were able to adhere to treatment because of the efforts of their relatives who acted as buddies and reminded them to take their drugs at the right time.

“My mother, my sister and all the people at home remind me to take my drugs”

(16-year-old girl)

“Mum reminds me to take my drugs”

(12-year-old boy)

Health care providers encourage adolescents during adherence counseling. This enables all adolescents interviewed to cope with their situation because they want to continue living despite being HIV positive.

“...tell us that we should continue taking drugs, we should not forget because if we forget we will be sick again and die then they will bury us. Even when your mother is not at home, you should take your drugs”

(10-year-old boy)

Adolescents also encouraged each other during support group meetings on how they can cope with their situation. Peers support HIV infected adolescents

to adhere to treatment and care and this helps them to strive with their condition despite the hardships they encountered in life. They shared various coping strategies which empowered every one with information to manage their situation as they proceed to adulthood. Some girls appreciated the support they received from their peers found in the support group.

“We share ideas on how we can continue taking ARVs with my fellow HIV positive adolescents, so that we should not stop because if we stop we won’t achieve our goal in life such as becoming a nurse”

(19-year-old girl)

Support from non-governmental organization

The findings of the study showed further that the presence of non-governmental organization (NGO) enabled adolescents to cope with their situation through nutritional, psychosocial and educational support. An adolescent getting nutritional and educational support from an NGO (Children International Zambia) located in Kanyama community said,

“The food I get from Children International Zambia helps me to be healthy and manage to take my drugs daily. It was going to be a challenge to take drugs without food”

(12-year-old boy)

DISCUSSION

The study revealed that adolescents had various experiences with regard to health care services and they were able to cope with their condition using various strategies despite experiencing unfavorable reactions in life. With regard to experience of health services, the study showed that adolescents were complaining of missing lessons at school whenever they were due for either clinical or pharmacy visit. This limited access to HIV services by adolescents due to timing raised ethical questions about right to health by adolescents, beneficence and the extent to which adolescents can exercise autonomy. Perhaps the situations calls for need of coming up with a policy which would make it possible for antiretroviral therapy (ART) services to be provided during weekends and holidays so that school going children living with HIV can have free time to go to the clinic. Mburu et al. stated that lack of health policy related to adolescents living with HIV as factors which contributed to ongoing limitation of adolescent’s ability to access relevant services [6].

Despite the concern raised on health services, we found that adolescents appreciated the encouragement they received from health care provider which enabled

them to ask their caregivers about their HIV status, this contributed to adolescents’ ability to take medication independently. As adolescents grew into adulthood there was need for them to independently start going to the clinic to get medical attention and take their drugs correctly instead of relying on their caregivers who may not always be available.

With regard to drugs, adolescents raised concerns about getting fed up of taking their drugs since it is a lifetime treatment. The study shows that most of the adolescents who disclosed their HIV status were able to adhere to treatment despite the concerns raised. Taking antiretroviral therapy (ART) is vital to adolescents living with HIV because it reduces on the progression of the disease and promote health. Berger and others stated benefits of disclosure as improvement in adherence to ART, access to health care and lower social related stigma [17]. More has to be done in order to find solutions to these concerns as they could contribute to poor adherence which could lead to poor health. Poor adherence contributes to resistance, treatment failure and can lead to death.

Regarding the support group, all adolescents regardless of gender who were members of the support group enjoyed sharing information with their fellow HIV positive peers. The interchange of information empowered the adolescents with knowledge about their condition and that was a source of comfort and encouragement in their life. They no longer felt lonely but learnt from their peer’s experiences and coping strategies. Finally, they were able to acquire psychosocial support from peer support groups [18].

The situation at family level is complex for some adolescents. Some children reported being denied to visit friends or relatives for fear that they may miss taking their drugs. They argued that each person has the right to interact with other people but some adolescents living with HIV were denied this right by their caregivers.

The study showed that few adolescents experienced stigma from peers and family. Similar findings were found by Jena, who reported that most adolescents experienced stigma [9]. It can thus be said that there was reduction of stigma against adolescents living with HIV as shown by this study.

The study showed that there were various ways through which the study participants coped with the challenges with one being resilience. The current study revealed that adolescents were able to cope with their situation by accepting their status to the point that they were not bothered by what people said about them. They did not focus on what people said about them but instead they concentrated on living positively with their condition so that they can be responsible adults. The Columbian study on Latino youths revealed that despite experiencing challenges they gained appreciation for what mattered in life by adopting achievable goals in life [3].

The information adolescents acquired during adherence counseling enabled them to cope with their

condition. They were given information on effects and benefits of treatment which became a source of comfort and enabled adolescents living with HIV to cope with their situation. Wodi conquers with the finding of this study by stating that knowledge gained through treatment system helps adolescents to care for themselves and develop self-esteem that protected them against stigma [19, 18].

Despite being health because of the treatment adolescents were taking, some of them opted to keep their status as a secret as a coping strategy. They considered HIV to be sensitive in their life and that enabled them to keep their HIV status as a secret in fear of rejection, stigma and discrimination as noted in this study. Fair and bright had similar findings [20].

Spiritual intervention was another strategy used by adolescents living with HIV to cope with their condition. The findings of the study showed that adolescents living with HIV relied on God to help them to endure their situation. They poured their hearts to God in prayer because they believed that it was only God who had the capacity to give them power beyond what was normal which helped them to cope with their life situation. Abrahams and Jewkes had similar findings which stated that the coping search for meaning often leads some to search for spiritual and religious answers [21]. Spiritual intervention enabled them to pray to their God for divine direction and helped them to endure their condition. Conner and others, support the ideas of Abraham and Jewkes on the role of spirituality and religion as a coping mechanism of adolescents living with HIV in Columbia. Individuals' attribution and faith had an impact on their mental health, disease progression and long-term survival [22].

The results of this study further indicated that adolescents living with HIV were supported by their family members. Although almost all the respondents were orphans they were staying with family members who supported them physically, psychologically and emotionally. The encouragement provided by family members enabled adolescents to cope effectively with their situation. The findings of Fielden was in agreement with these findings which states that open family conversations about HIV had helped some adolescents to cope with individual and interpersonal stigma in order to live positively [23]. Families supported HIV infected adolescents to adhere to treatment and care and this helped adolescents to strive with their condition [8].

In addition to family support, adolescents also encouraged each other during support group meetings on how they coped with their situation. Most of the adolescents appreciated the support they received from their peers. Peers supported each other to adhere to treatment and that helped adolescents to strive with their condition [8]. Adolescents who were aware about their own HIV-positive status were in a better position to access antiretroviral therapy (ART) from health facilities and adhere to treatment since they knew the benefits of taking the drugs

correctly. Finally, they were able to acquire psychosocial support from peer support groups [18].

Adolescents who disclosed their HIV status to their teachers had less challenges at school because they were able to go to school late after visiting the clinic for drug collection or clinical visit. The result of the Columbian study showed that youths needed support from family, peer, teachers, health care providers and the clergy [22]. Therefore, one may argue that to effectively help adolescents cope with HIV, it was important to develop support networks or strategies that took an ecological perspective, that is, focus or take into account the individual, group, family, community and societal level dynamics, opportunities and strengths.

Despite adolescents living with HIV experiencing challenges in life, they were able to cope with their situation by using various strategies such as resilience, non-disclosure, treatment, spiritual intervention and social support.

Strength and limitations of the study

Strength

The research findings will contribute towards the development of practical interventions which will be effective to meet the needs of adolescents living with HIV.

Policy makers will be able to develop policies based on informed knowledge of adolescents living with HIV. It will also contribute to health promotion.

LIMITATIONS

Firstly, generalizability of the findings of the study is a limitation in most studies which is not unexceptional to this study. The study was conducted in one setting with a small sample of respondents drawn from one health facility and one non-governmental organization located in Kanyama community. The findings of the study may not be representative of other settings. Similar studies are therefore warranted in other settings for comparability of research findings.

Equal numbers of participants (two girls and two boys) were supposed to be drawn from six categories (orphans and non-orphan, school going and non-school going, married and unmarried). Equal numbers of girls and boys in each category was not achieved; therefore, sex of the participants was limited to those available.

CONCLUSION

The study revealed that adolescents had different experiences. They had both favorable and unfavorable experiences. The favorable experiences of adolescents living with HIV with regard to accessing HIV services

included encouragement from support group members, treatment which resulted in good health and support from health care providers. The unfavorable experiences adolescents had to endure were lifelong treatment resulting to drug fatigue, stigmatization, being denied to visit friends in fear of poor adherence, the provision of antiretroviral services during weekdays and school time when they are expected to be in class. Despite the negative experiences adolescents living with HIV were experiencing, adolescents managed to cope with their situation by adopting strategies such as resilience, treatment, non-disclosure, spiritual intervention and the use of supportive systems. This helped them to live positively with their condition. Therefore in order to effectively help adolescents cope with HIV, it is important to develop support networks or strategies that take an ecological perspective, that is, focus on and take into account the individual, group, family, community and societal level dynamics, opportunities and strengths.

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Author Contributions

Purity M. Linyaku – Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting Revising it critically for important intellectual content, Final approval of the version to be published

Oliver Mweemba – Analysis and interpretation of data, Revising it critically for important intellectual content, Final approval of the version to be published

Joseph M. Zulu – Substantial contributions to conception and design, Revising it critically for important intellectual content, Final approval of the version to be published

Guarantor

The corresponding author is the guarantor of submission.

Conflict of Interest

Authors declare no conflict of interest.

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