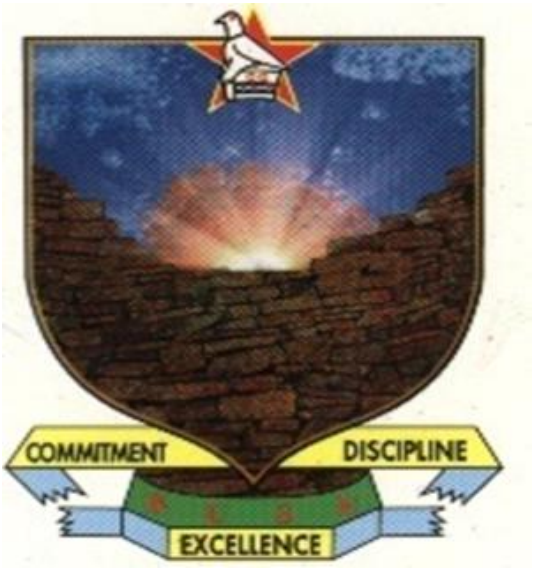
PSYCHOSOCIAL CHALLENGESFACED BYADOLESCENTS LIVING WITH HIV AND AIDS IN ZIMBABWE. A CASE STUDY OF THE ZVANDIRI CENTRE (AFRIAID ADOLESCENTS CORNER AT WILKINS INFECTIOUS DISEASES HOSPITAL)

JOYCE .R.BONGO

B1231169

SUPERVISOR

DR NYONI



DEPARTMENT OF SOCIAL WORK

A DISSERTATION SUBMITTED TO THE DEPARTMENT OF SOCIAL WORK, BINDURA UNIVERSITY OF SCIENCE EDUCATION IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE BACHELOR OF SOCIAL WORK HONOURS DEGREE.

November 2015

Approval Form

Supervisor

I certify that I have supervised JOYCE BONGO for this research entitled: "PSYCHOSOCIAL CHALLENGES FACED BY ADOLESCENTS LIVING WITH HIV/AIDS IN ZIMBABWE. A CASE STUDY OF THE ZVANDIRI CENTRE (AFRIAID ADOLESCENTS CORNER AT WILKINS INFECTIOUS DISEASES HOSPITAL)''in partial fulfilment of the requirements for the Bachelor of Science (Honours) Degree in Social Work at Bindura University of Science Education and recommend that it proceeds for examination.

Supervisor

Name.....Signature.....Date.....

Chairperson of Department Board of Examiners

The Departmental Board of Examiners is satisfied that this dissertation report meets the examination requirements and I therefore recommend to the Bindura University to accept a research project by JOYCE BONGO titled: "PSYCHOSOCIAL CHALLENGES FACED BY ADOLESCENTS LIVING WITH HIV/AIDS IN ZIMBABWE. A CASE STUDY OF THE ZVANDIRI CENTRE (AFRIAID ADOLESCENTS CORNER AT WILKINS INFECTIOUS DISEASES HOSPITAL)'', in partial fulfilment of the requirements for the Bachelor of Science (Honours) Degree in Social Work.

Chairperson

Name.....Signature.....Date.....

Declaration and Release Form

I **JOYCE .R .BONGO** studying for the Bachelor of Science (Honours) Degree in Social Work, cognizant of the facts that plagiarism is a serious academic offence and that falsifying information is a breach of ethics in Social Work research, truthfully declare that:

1. The dissertation report entitled: "**PSYCHOSOCIAL CHALLENGES FACED BY ADOLESCENTS LIVING WITH HIV/AIDS IN ZIMBABWE. A CASE STUDY OF THE ZVANDIRI CENTRE (AFRIAID ADOLESCENTS CORNER AT WILKINS INFECTIOUS DISEASES HOSPITAL)**", is a result of my own work and has not been plagiarized.

2. I have followed research ethics required in pursuit of Social Work research.

3. I grant permission to the University to use this report for educational purposes.

Student Name.....Signature.....Date.....

Permanent home address:

271Shone Avenue 3Twinlakes

Norton

Dedication

This project is dedicated to my loving parents, my late brother Ronald Jambani and my friend Ruth Chitakunye who inspired and encouraged me daily to pursue and fulfil my dream.

This dissertation is also dedicated to all the adolescents living with HIV/AIDS all over the world, who are struggling day and night to make analteration, to break forth to new heights and taking each day as it comes .Therefore this dissertation is a trumpet call to advocate for change of lifestyle among adolescents living with HIV/AIDS.

Acknowledgements

I would like to thank the Almighty God for giving me the strength and wisdom to complete this research project because it was not by my mighty or power but it was because of his grace. My greatest gratitude goes to my supervisor DrNyoni forhis patience in guiding and supervising me through this project with great commitment, clarity and positive attitude that greatly helped in making this project a success. I am greatly indebted and thankful to my parents, my aunt WadzanaiMutambi, KudzaiKatsaya, Bright Zinyemba and Joshua Shekede for sponsoring me in this project and programme. I would like also to thank my colleagues in Social Work, especially Ruth Chitakunye, Rumbidzai Chibanda.,Evans Samanyika and Patience Kasekete for their contributions and motivation all the way through. Finally I would like to thank Matron Miti (acting sister in charge at Wilkins Hospital), Mrs Ndawana Lisa and Hazel for their support, cooperation and encouragement during data collection.

Abstract

The purpose of this study was to analyse the psychosocial challenges faced by adolescents living with HIV/AIDS in Zimbabwe, a case study was carried out at the Zvandiri centre at Wilkins Infectious Diseases Hospital. The study is a case study of seventy-five (75) adolescents who participated in the study with ages ranging between the ages of ten to nineteen(10-19) years and were selected through systematic random sampling .In addition three (3) key informants were selected using purposive sampling and ten (10) parents or guardians were selected using convenience sampling .Data collection techniques includedsemi-structured in-depth interviews and focus group discussions.The research findings illustrated that this unique group in society has been receiving little attention in the previous years. The challenge that the majority of adolescents commonly experienced was stigma and discrimination and it was reported to be a major issue affecting adolescents resulting in some adolescents being given mockery nicknames .Fear of being susceptible to opportunistic infections,anxiety of what the future holds as well as pessimism of a shorter life expectancy .To add on faith healing and drug adherence, fear of handling disclosure issues with the opposite sex and issues concerning marriage and chances of having healthy babies were reported as complex issues. In trying to deal with these complexities, adolescents resorted to coping mechanisms. These coping mechanisms have been divided into two namely passive and active coping mechanisms.Recommendations posits that a lot still needs to be done in incorporating society so as to improve participation as well as policy makers to work towardsimproving the betterment of the quality of services for adolescents living with HIV/AIDS.

Contents

List of Tables

List of Appendices

List of Acronyms

AIDS	Acquired Immuno-Deficiency Syndrome
ALHIV	Adolescents Living With HIV
AMTO	Assisted Medical Treatment Order
ART	Antiretroviral Therapy
CATS	Community Adolescent Treatment Supporter
DSS	Department of Social Services
FGD	Focus Group Discussions
FMTO	Free Medical Treatment Order
HIV	Human and Immuno-Deficiency Syndrome
NAC	National AIDS Council
OI	Opportunistic Infection
OIC	Opportunistic Infection Clinic
PER	Passive Emotional Response
UNIAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations International Children Emergency Fund
WHO	World Health Organisation

CHAPTER ONE

1.1 Introductionto the study.

Adolescents living with HIV and AIDS have emerged as a distinctive population, which needs special attention. From time immemorial many adolescents have been orphaned due to the HIV pandemic and others have even been infected by the virus via vertical transmission and others through indulging in sex during adolescence .This has seen this unique group living with HIV and AIDS exposed to complex psychosocial challenges affecting their normal social functioning .Infection results in psychosocial problems since in some cases the families and society fail to accept their situation as well as helping them to cope with their challenges. This chapter identifies the statement of the problem, justification of the study, conceptual framework, and aim, objectives of the study and research question.

1.2 Background of the study

Adolescents leading a positive life are vulnerable to psychosocial challenges. Theyare experiencing a stage of storm and stress. The World Health Organisation (WHO) (2013) identifies adolescents as the period of human development between childhood (under 10 years) and adulthood (over 19). UNICEF (2013) asserts that 670,000 young people between the ages 15 to 24 were newly infected with HIV, of whom 250 000 were adolescents between 15 to 19 years old .NAC (2015) posits that deaths are declining in all age groups, except 10-19 olds .HIV/AIDS is thus creating havoc among adolescents.

In as much as statistics might give evidence of the intensity or reduction of HIV/AIDS in number of infections among adolescents, psycho-social challenges that this unique group in society is facing cannot be undermined. This is because of the intertwined relationship between adolescents and their social environment. Psychosocial challenges can be defined as the relationship between the psychological and social environment for instance the relationship between a person's fears and how he relates to others in a social setting (Lesyna, Katherine2010). This interaction will in turn consciously or subconsciously affect the behaviour of a particular individual .HIV/AIDS is a reality faced by adolescents and similarly to any other adults who are HIV positive they too grieve over their continued ill health, stunted growth and delayed puberty for some .Consequently society especially peers of their age may turn away from them, laugh or give them nicknames due to their distorted physical

appearances (Ruparanganda 2011).HIV/AIDS is a framed disease. For these adolescents leading a normal life becomes very difficult due to the tags that society will have put on the adolescents, thus in some cases adolescents refrain from passing through the normal stages of development due to fear of the unknown and as a means of avoiding shame.

Subsequently some adolescents especially girls find it difficult to date this is probably due to anxiety (what will the future hold for me, Am l ever going to live long and be capable of having a family and bore negative babies?, International HIV/AIDS Alliance, 2011) .More so issues to do with participation in development activities and other mainstream activities can be a challenge to the unique group in society hence this results in social exclusion in societal developmental programmes. This is mainly because of the effects of the virus such as stunted growth, ill health, disabilities (loss of sight, hearing) can inhibit the adolescent to take part in age appropriate activities (SAFAIDS,2006). It therefore becomes vital to clearly understand the complexities surrounding the enormity of challenges faced by this susceptible group so that issues are addressed before getting out of hand.

Furthermore stigma and discrimination is a serious challenge that adolescents have to deal with in their normal day to day lives in society. This usually takes place in families were they live, at school, health centres just to mention a few resulting in the large, burden to take medication, difficulties in accessing education, reduced school performance , other mental health problems , hopelessness and low self-regard (NAC 2010) . In addition reduced school performance might not only be because of lack of school fees but due to ill health. All these psychosocial challenges mentioned above may result in frequent hospitalisation due to the intensity of Opportunistic Infections (OI's) thus the health of positive adolescents is not only a matter of medical aspects but the social and psychological also have a part to play (International HIV/AIDS Allience,2011). Adolescents living with HIV/AIDS have to face a myriad of issues including disclosureof status and management of the health condition.

1.3 Statement of the Problem

There has been a rise in the number of people living with HIV/AIDS, particularly adolescents hence this has resulted in the birth of psychosocial challenges since adolescents have not been receiving enough attention. Much attention was focused on adults, pregnant women and little children thus adolescents received half-baked services. Adolescents and young people represent a rapidly growing share of people living with HIV and AIDS worldwide and this has gradually affected their psycho-social well-being (NAC 2010) .UNICEF (2013) asserts

that 670,000 young people between ages of 15 -24 were newly infected with HIV and 250 000 were adolescents between 15 – 19.In addition NAC (2015) reports that HIV/AIDS has become the leading cause of death for adolescents in Africa and the second leading cause of death among adolescents globally .In addition NAC statistics stipulates that deaths are declining in all age groups ,except among 10-19 olds.

There have been limited efforts by the government to try and address the psychosocial challenges affecting adolescents. For instance in terms of legislation the National Orphan Care policy, National AIDS Policy and the National AIDS Council Act among others .These legal instruments do not address peculiarpsychosocial challenges faced by this group rather they are over generalised .Thus efforts put in place are not as effective as it could have been there was a legal instrument strictly directed to HIV positive adolescents in Zimbabwe.

Adolescents living with HIV and AIDS are therefore, emerging as a unique population and their situation requires policy makers and service providers to prioritise their health and social support needs as postulated by Frank (2013) in his research on coping mechanisms adopted by adolescents. This, study seeks to fill the gap and to explore the psycho-social challenges the adolescents living with HIV/AIDS face. Little has been done by way of research to explore the problems faced by this unique group.

1.4 Aim of the Study

The aim of the study was to investigate the psychosocial challenges faced by adolescents living with HIV and AIDS. It further draws on the coping mechanisms that the adolescents are employing.

1.5 Objectives of the Study

The objectives of the study are:

- To analyse the demographic characteristics of adolescents (age, gender) living with HIV and AIDS at the Adolescents corner.
- To analyse the psychosocial factors that affect adolescents infected with HIV and AIDS.
- To investigate the coping mechanisms adopted by adolescents living with HIV/AIDS in Zimbabwe.

- To explore support system /mechanisms available to adolescents living with HIV and AIDS in Zimbabwe.

1.6 Research Question.

a) What are the psychosocial challenges experienced by adolescents living with HIV and AIDS?

b) What are the demographic characteristics of adolescents living with HIV and AIDS at the adolescence corner?

c) What are the support mechanisms available for adolescents living with HIV and AIDS at the adolescence corner?

d) What can be done to improve the psycho-social lifestyle of these adolescents living with HIV and AIDS?

1.7. Assumptionsof the study.

In carrying out the study the researcher assumed that;

1.7.1. She will get enough support and cooperation from all the respondents' authorities concerning the psychosocial factors that affect adolescents infected with HIV/AIDS.

1.7.2. Respondents will provide bias free information based on the demographic characteristics of adolescents living with HIV and AIDS at the Adolescents corner.

1.7.3. Subjects that are to be interviewedare well-versed with the coping mechanisms adopted by adolescents and will respond to all questions.

1.7.4. The methodology is ethically acceptable and the instruments are valid and reliable and will shade light on the support systems available to adolescents living with HIV and AIDS in Zimbabwe.

1.8Justification of the study.

The experience of coping with a life threatening chronic illness is one of the most distressing life events that an HIV positive adolescent has to face. Especially with the statistics proving that seventy-five 75% of deaths among hospitalised adolescents are attributed to HIV and

AIDS WHO/UNAIDS/UNICEF (2011), this may regrettably be alluded to the delay between being infected in infancy and becoming symptomatic in adolescence. This therefore resulting in high death rates among adolescents hence this makes adolescents an area of concern in the HIV/AIDS pandemic. Thus one can argue that there is relatively little knowledge of this unique group since much effort is channelled to the prevention of MTCT resulting in the declining of HIV infected infants, whilst the number of already infected children surviving to older ages will continue to increase. It therefore becomes imperative to undertake a study on the psychosocial challenges that adolescents living with HIV/AIDS encounter so as to understand their life experiences .A number of studies have been carried out and this study aims to compliment data already gathered .This study also seeks to discover if there are psychosocial challenges emerging .

Regrettably ,there has been limited efforts directed towards meeting the psychosocial challenges and needs of this emerging group in terms of programming and service provision in Zimbabwe. This has therefore widened the gap of adolescents infected with HIV/AIDS. For instance clinical aspects concerning adolescents living with HIV/AIDS have been dominating .To add on some research that has been carried out of chronic lung disease by adolescents with delayed diagnosis of vertically acquired HIV infection in Harare (Ferrand, Luethy, Bwakura, Mujuru,Miller, and Corbett, 2012).Thus most of the attention was divided on adults adolescents and children overlooking the need for specialised attention on adolescents and another research on Causes of acute hospitalisation during adolescence: the burden and spectrum of HIV-related morbidity in a country with an early – onset and severe HIV epidemic by (Ferrand, Bandason, Musvaire, Lark,NathoMujuru et al 2009). There have been very few on psychosocial challenges.

Literature built through the study will help Africaid and other organisations to better understand conditions of adolescents infected with HIV/AIDS which will help them strengthen the support mechanisms targeted at their clients .In addition it will assist the government and policy makers as well as the ministry of health to strengthen psychosocial support programmes for children and adolescents throughout the health system in shaping current support mechanisms. This will enable social workers to work effectively with this vulnerable group of young people and help to change their lives in a positive manner. As a result the social work profession will enable social change among adolescents in communities.

1.9. Definition of Terms

Psychological challenges –These are difficult experiences which involve emotions and mental reactions of individuals or group of adolescents (NAC, 2010).

Social challenges – Problems that affect the normal well-being of adolescents (NAC, 2010).

Psychosocial challenges – These are problems that affect adolescent's mental status as well as the normal functioning of adolescents in their day to day lives (EGPAF, 2010).

Adolescent- A male or female person of the ages 10 to 19 years of age (Melissa and Fullen, 2012).

Unique population – This is another word used in this study to refer to adolescents

1.10 Chapter Summary

This chapter has presented a general overview including the background to the study, statement of the problem, research question, assumptions, and significance of the study, aims and objectives of the study that funneled the research process. In addition the chapter also highlighted the scope and significance of study carried out .The next chapter will review the literature relevant to the study

CHAPTER 2: Literature Review.

2.1 INTRODUCTION:

This chapter reviews related literature in topic. It provides an insight on the psychosocial challenges that adolescents living with HIV/AIDS encounter as well as some coping mechanisms that adolescents have adopted. The theoretical framework that underpins this research is the labelling theory which was examined in the bid to express the perceptions and tags that society has on this specific group of young people. In addition several studies that elucidate the circumstances and challenges faced by adolescents living with HIV/AIDS will be cited along the course of this chapter. Critics of various publications at have been produced in the area under investigation by various researchers and scholars will be drawn in this chapter. Review of literature is organised as follows:

2.2 THEORETICAL FRAMEWORK

2.2.1 The labelling theory

The labelling theory serves as the bases of explaining how the tags that society use to describe adolescents living with HIV /AIDS influences their behaviour and the self-identity. Goffman (1963) posits that society teaches its members to categorise persons by common defining attributes and characteristics. This therefore explains how our social environment define the abnormal expectations from the normal (usual and expected) expectations where by the majority takes charge of the minority hence creating social identity (Markowitz 1998). Accordingly social identity includes professional roles, physical activities and the concept of self, this therefore explains the psychosocial factors affecting adolescents infected with HIV and AIDS. The social labelling theory states that when individuals are labelled by society they seek ways to cope, and one way of coping is to accept this label as a part of them (Becker, 1963).Therefore this explains the researcher's objective of investigating the possible coping mechanisms used by adolescents who are living with HIV and AIDS.

Furthermore,Markowitz (1998) argues that anything that disturbs the social identity such as disability or illness results in stigmatisation. Thus adolescents living with HIV/AIDS in different societies face stigmatisation as a result of the nature of illness that has few direct effects on self – perception which directly relate to the perception of stigma Fine and Wright (2000) .SAFAIDS (2006) asserts that ill health fatigue and disabilities such as loss of sight

and hearing problems due to the virus can inhibit the adolescents ability to take part in age appropriate activities. Thus the theory takes into cognisance demographic characteristics of adolescents living with HIV and AIDS since issues like age and gender. Thereby this result in rejection and social isolation to the weakened self-esteem of the adolescent especially the girl child when they reach dating stage. Due to lack of self –esteem a sense of lack of personal control is cultivated in individuals. This therefore proves the definition of stigma by Goffman (1963) who argues that stigma is something that disqualifies an individual from full social acceptance. For example labelling might result in social withdrawal and self-exclusion from participating in social activities and it also affects the psychological wellbeing among adolescents infected with HIV/AIDS .This theory therefore saves as a foundation that enables investigating into the psychosocial challenges that adolescents living with HIV/AIDS face as well as coping mechanisms that adolescents adopt.

Stigma and discrimination are heavily attached to HIV and AIDS because some people still lack information on how HIV/AIDS is transmitted .This therefore results in irrational behaviour and misperceptions such as infidelity or deviant sex as asserted by AVERT (2005).This therefore results to misunderstanding of adolescents infected with HIV/AIDS in society. Similarly Rohleder (2010) argues that diseases like HIV/AIDS and hepatitis B are examples of infectious diseases in which the mode of transmission is considered self-inflicting as a result of socially unacceptable behaviour .Thus this would result in the adolescents having a feeling of self-criticism and shame especially if the virus was transmitted via vertical transmission which in turn might yield suicidal thoughts and other self-faulting professes. In addition the fear of being stigmatised maybe a major barrier in seeking medical attention thus resulting in failure of treatment due to defaulting treatment Tanner ,Karpiak and Coffey (2007) , decline in academic achievement and can result in one being withdrawn from mainstream society. In some research in a focus group discussion with children infected with HIV, the child respondents reported fear of stigmatisation as one of the reasons for non-disclosure of HIV status (Garanganga 2009).

The labelling theory have great influence on the infected adolescent in the sense that they will start thinking of herself or himself as the labelled behaviour, resulting to the highly likelihood of acting as labelled in response of the tag thrust upon them. This can however be regarded as a coping strategy for the affected individuals. For instance adolescents infected with HIV end up socially withdrawing and excluding themselves from participating in social activities as a result of being labelled non-productive.

In conclusion the labelling theory is based on the social interactions as well as the sociocultural environment, these determine the acceptable and non-acceptable expectations of the society.This therefore explains the issues of conformity to the expected social roles and obligations so that one is not labelled deviant.

2.2 Psychosocial factors that affect adolescents infected with HIV/AIDS.

Adolescents living with HIV /AIDS are a unique group in the society which require separate attention from that of adults since they have different cognitive reasoning capacities. Their concerns need to be addressed in a way that enable them to see a brighter future ahead of them so as to avoid premature deaths and social exclusion in issues that deserve their contributions.

Psychosocial challenges refer to those problems that affects both the mind (psychological development) and the social wellbeing of adolescents .Some of the psychosocial problems include grief over loss of good health, stigma and discrimination, and feelings of anxiety about what will happen in the future as highlighted in a study carried out by (Ruparanganda 2011). Adolescents face challenges in maintaining good health because of the effects of ARV's which may result in stunted growth meaning that one's body image does not tally with the number of years as expected .This therefore may result in the adolescent being withdrawn from social activities that includes his or her age mates thereby undermining participation in decision making processes.

2.2.1. A Global overview of the psychosocial factors that affects adolescents living with HIV/AIDS

Globally,psychosocial challenges that adolescents encounter are complex and has resulted in this unique group failing to lead a normal social life. Orban,*Sten,Koenig,ConnerRexhouse ,Lewis and LaGrange*(2010) postulates that in USA three major cities on a large and heterogeneous sample of adolescents living with HIV, results indicated that drug adherence and disclosure of HIV status are the major stressor for the adolescents under study. Most adolescents used resignation as a strategy to address adherence related stressors, while problem solving and social support were the least to be used, despite their usefulness (Orban*et al.* 2010).In addition to address the challenge of disclosure USA youth commonly used passive emotional regulation. Youths in the USA therefore, employ both active and passive strategies to address various stressors as argued as postulated by Frank (2013) in his

research coping mechanism adopted by adolescents. Therefore in as much as resignation strategy worked to address adherence related stressors, social support and open communication are essential tools to deal with the psychosocial challenges that adolescents face in their day to day lives.

In addition psychosocial challenges are also rife in India where adolescents leave in fear of not being accepted due to their status. Moth, swamy, Lala, Karpagam, Gangakhedkar (2012) notes challenges related mainly to disclosure of HIV status, developmental delay, and transition from paediatric to adult care, including the choice of proper treatment regiments and adherence. Generally adolescence is a period of storm and stress and because at this stage the young people's personality are not yet clearly moulded they face a myriad of challenges usually resulting from lack of adequate knowledge, skills, health services and support they deserve to go through the enormous ,rapid changes that adolescence brings (Moth et al 2012) .This therefore shows that carrying out this research is of great essence since this area of psychosocial challenges have been researched before but still has some loopholes .

Commitments that are agreed upon by governments and other stake holders or assemblies to meet the psychosocial challenges faced by adolescents are not met due to lack of prioritisation, hence these commitments keep on being post-pond up until the challenges are wide spread. For instance most countries in the Asia Pacific region endorsed a document from the 2011 United Nations General Assembly High Level Meeting on HIV .This document explicitly committed countries to "to improve access to treatment for adolescents living with HIV/AIDS ,increased financial ,moral and social support for their parents, improved access to prophylaxis and treatments for opportunistic infections and last but not least promote a smooth transition frompaediatric to young adult treatment and related support and services (UN General Assembly ,2011).Efforts to fulfil these commitments are overshadowed by other programmes such as those targeting orphans and vulnerable children in the Asia Pacific. This is a clear indication of how the adolescents living with HIV/AIDS are being excluded in services and programmes which are meant to benefit them in future. In addition Asia Pacific countries fail to distinguish and understand how adolescents have different needs from those of children and adults .Consensus statement (2010) stipulates the failure to disaggregate treatment data by age thus statistics on treatment indicators for HIV National Strategic Plans (NSPs) report back against two age brackets: children, defined as 0 – 15, and adults, defined as 15 and up. As a result adolescents are treated as an invincible population in the region and are not being adequately captured in the existing data. The worst

part of it is that adolescents maybe diagnosed HIV/AIDS at a later stage from when they were infected leading to treatment failure and other complications.

This therefore proves that there has been limited effort in terms of addressing psychosocial challenges faced by adolescents globally although some efforts to readdress the issue are still in the pipeline .Some of the limited efforts include that of limited service provisions include counselling , support group services ,adequate medical facilities, educational services to help adolescents cope with their circumstances. It is therefore worth to carry out a research on the psychosocial challenges faced by adolescents living with HIV/AIDS since it enables further investigation.

2.2.2. A Regional Overview of the psychosocial factors that affects adolescents living with HIV/AIDS

In the SADC region, the psychosocial challenges that this unique group of society face cannot be left unattended. For example UNAIDS (2010) reports that results from 9 countries (Bangladesh, Paraguay, Rwanda, United Kingdom, Scotland, China, Dominica Republic, Fiji, Myanmar) provides detailed evidence of several means in which stigma and discrimination is demonstrated in the lives of people with HIV .Thus people living with HIV/AIDS were side lined and labelled in such a way that they were rarely included in any decision making issues. In Kenya the majority of HIV cases occur in the youth ages 15-24, the impact that the pandemic has had on children is significant and many times overlooked, most of the time resources are channelled towards the adults UNIAIDS (2010), statistics proves that in about 160,000 new HIV infections each year, about 33,000 of them are infections in children due to mother to child transmission. The total number of HIV positive children in Kenya is about 180,000,off late there has been little done on the issues to avert the transmission but however due to the intensity of the rate at which vertical transmission spread organisations and campaigns were put in place to address the issues at hand. However problems on drug adherence to ARV's has remained a major challenge among adolescents living with HIV/AIDS.

According to Frank (2013) the Kenya 2008 country progress report to the United Nations Special Session on HIV and AIDS (UNGASS), has about 17 000 HIV positive adolescents with poor psychosocial support programmes to cater for this category of the population (UNGASS, 2008).Thus one can attribute the challenge of drug adherence to lack of influential psychosocial support programmes which work can work as the source of pillar to

address issues affecting adolescents given the situation whereby there are adolescents friendly professionals.

Furthermore issues to do with social relationships of adolescents living with HIV/AIDS have been one of the leading psycho-social challenges that has hit the top of discussion forums .For example in Zambia adolescents aired out their views on dating and disclosure of status to partners of the opposite sex ,one of the fourteen year adolescent said "I'm scared of having a boyfriend because my mum has told me not to have a boyfriend .She says it is bad for someone in my condition (Alliance Zambia ,2010). Already the child is socialised to believe her condition does not permit her to live a normal life as any other adolescents of her age, hence this tag labels the child to stereotype herself and even exclude herself in activities that her age mates partake. In this research under a focus group discussion adolescents raised a concern of facing challenges on the disclosure of HIV/AIDS status to their boyfriends /girlfriends. The major challenge alluded to was that of stigmatisation and discrimination that underpins disclosure hence most adolescents concurred that they found it difficult to disclose their status especially during the infancy of their relationship. Comparatively in Tanzania and Namibia adolescents living with HIV/AIDS have mentioned personal and lasting experience of negative consequences of disclosure have stressed better security in silence (Mabala ,Badcock -Walters and Anning,2009).

This therefore proves that there is still need to address such sensitive issues to adolescents putting into consideration that this age group is still experiencing rapid physical and psychological development starting from the onset of puberty to complete growth and that they have a burden to deal with a life threatening illness.

2.2.3. A National Overview of the psychosocial factors that affects adolescents living with HIV/AIDS

Nationally, psychosocial challenges faced by adolescents living with HIV/AIDS in Zimbabwe are still associated with stigmatization and discrimination although there are several studies that proves people's understanding about the HIV pandemic. For instance through the introduction of adolescents friendly organisations which cater for the psychosocial needs of the adolescents, Mavhu,*Berwick,Chirawu,Makamba,Copas,Dirawo,Willis,Laver and Cowan,* (2010) posit that the Zvandiri support group programme is one such initiative introduced Africaid. This organisation compliments the clinic based services through initiating community based

groups and twenty of these are based in Harare and Chitungwiza Frank (2013) where in each centre two Community Adolescent Treatment Supporter (CATS) are placed. These CATS are adolescents living with HIV/AIDS as such they have a clear understanding of the psychosocial challenges that they face and are in a position to help fellow adolescents.

However due to lack of resources there have been limited access to ART provisions in Zimbabwe hence less than 300 000 of the 600 000 needing ART were receiving treatment, (Mutasa-Appollo, 2010).Another contributing factor is that of the high unemployment rates in the country which has resulted in the adolescents as dependences to suffer from malnutrition due to lack of financial resources that enable them to have a nutritious balanced diet. Garanganga (2009), notes that the government of Zimbabwe had nothing to offer for the provision of supplementary feeds whilst on the other hand food aid by non –governmental organisations was limited .Thus the adolescents were caught in between whereby family could not afford the basic commodities whilst at the same time the government and non-governmental organisations could barely supply any food handouts. Maruva, Keatinge, Miller, Foster, (2009) argues that although efforts have been made to scale up services for adolescents with HIV and AIDS by the government, resource constraints make continued expansion of services extremely difficult therefore making it difficult for adolescents to strive. Consequently some research carried out proves that developing countries usually lack resources due to the unstable economic conditions prevailing, Moyo, Mubaira and Tholana (2009) stipulates that financial constrains is a major factor affecting access to ART and other health related services in Zimbabwe Ruparanganda (2011) reviews that the issue of limited resources has resulted in clients buying ARV's which were supposed to be distributed for free but simply because they will be out of stock in public health institutions thus clients will be left with no options.

Similarly Ferrand, Lowe, Whande, Munaiwa, Langhaug, Cowan, Mugurungi , Gibb, Munyati, Williams and Corbett (2010) in their study on children accessing HIV services in Zimbabwe noted that one of the major challenges faced by children infected with HIV/AIDS revolves around the issue of unavailability of drugs .Furthermore the study produced statistics which proved that a total 40% of the health key informants interviewed reporting this as their major challenge. The same scenario can be alluded to in this research whereby a service fee $1/ one dollar is supposed to be paid in order for a client to access resupply ARV's .Some

adolescents cannot afford this service fee hence creating a barrier on the access of medication .In some cases ,adolescents who are on second line treatment face challenges to access the ARV's since they are in short supply and are only available in referral centres as compared to those who receive the first line(Ruparanganda,2011) .Usually one is given a supply for two weeks and after two weeks he or she is expected to come back and collect resupply ,this is costly especially if one lives far from the referral centre.

2.3 Demographic characteristics of adolescents living with HIV/AIDS

2.3.1. A Global, Regional and National Overview of the global Demographic characteristics of adolescents living with HIV/AIDS

The demographic characteristics of adolescents can be traced basing on the different cultures, age groups and gender .UNICEF (2013) argues that among the global statistics 2.1million adolescents aged between 10- 19 years of age 56% of them were girls, the number has remained largely unchanged over a period of five good years resulting in the widening of gender disparity. The majority 85% of the 2.1 million adolescents living with HIV/AIDS reside in Sub- Saharian Africa were located in 2012.In general terms HIV/AIDS prevalence tend to be higher in adolescent females than in adolescent males and this can be linked to the sexual risks and vulnerabilities among those who are sexually active. UNIAIDS (2013) asserts that the high rate of HIV prevalence is rampant in Southern Africa, a survey in Switzerland found that HIV/AIDS prevalence in other age groups 10-14 is but begins to widen in adolescents girls between the age ranges of 15-19 years of age and it is alleged to be five times as high as in boys in the same age range.

Similarly UNICEF (2008 -2012) reviewed that in West and Central Africa, 16% of girls had sex before the age of 15 years compared with 7% of boys, and in South Asia, 8% and 3% of girls and boys, respectively, had sex before the age of 15 years. Therefore early sex debut results in girls being more susceptible to contracting the virus, a clear look at the statistics shows that developing countries or (low and middle income countries) are the ones with adolescent girls debuting in sexual activities at an early age of approximately 15 years and below .The early sex debut and risks of contracting HIV and AIDS among adolescents can be linked to gender based violence, cultural beliefs. On gender based violence it can be alluded that girls or women in general are socialised to be submissive to the male counterparts hence

they cannot negotiate for safe sex rather they are forced to adhere to the suggestions of men on having unprotected sex .Cultural beliefs results in early child marriages especially on the girl child, resulting in early child bearing, retardation in terms of education and other life opportunities.

WHO (2010) provides evidence on an estimated 16 million births in girls aged 15 to 19 years and 2 million births in young girls aged 15 years each year. All these has negative effects on the girl child's social life disrupting the full potential of the child /adolescent due to the fact that she will be having a double burden of being a mother / at a tender age as well as having to deal with the demands of a life threatening illness.

In as much as girls living with HIV/AIDS dominate the prevalence of the pandemic, researches also prove that they have limited access to psychosocial support and health care services .For example in Zambia the deficit is alleged to be as a result of HIV/AIDS related gender based prejudice , stigma and discrimination that affects the lifestyles of this peculiar group in society .Similarly in Zimbabwe adolescent girls living with HIV /AIDS face such segregation hence leading to high rate of defaulting rates among females .

2.4 Coping mechanisms adopted by adolescents living with HIV/AIDS

2.4.1. A Global Overview of coping mechanisms adopted by adolescents living with HIV/AIDS

Globally adolescents constitute one of most invisible populations affected by HIV and AIDS in the U.S.A (Szekeres, 2000).The intensity and severity of the disease also depends on the social group that one comes from thus HIV infected adolescents, approximately two thirds of them are from the African-American or Latino communities, which are marginal groups in the country. Brown *et al.* (2000) asserts that adolescents accessing antiretroviral therapy in educational groups usually develop and share specific strategies for taking medication and adopt stress management techniques for coping with HIV in a supportive peer context, Lyon *et al.* (1998) cited in (Brown *et al.* 2000).However the case is that sometimes not all the adolescents receive the care they deserve rather some facilities are not user friendly .Frank (2013) asserts that in developed countries adolescents have better facilities which makes it very easy for them to cope with the demands of the life threatening illness .This is unlike in African where adolescents have to go through thick and thin to get attention from the

government which channels a considerable amount of funds to political development at the expense of the young people's social and health life style.

Disclosure is one of the aspects that help adolescents cope with the reality of living with HIV/AIDS .Papua New Guinea National HIV and AIDS Strategy (2011-2015) asserts that care givers needed additional assistance on disclosure in order to assist the adolescents to cope with their status. Adolescents are equipped to resist stigma and discrimination once they are ready to disclose their status thus it's a big achievement showing that they have accepted their own status and ready to let others accept their status as well.

2.4.2. A Regional Overview of coping mechanisms adopted by adolescents living with HIV/AIDS

Regionally adolescents have modelled themselves to certain coping mechanisms regardless of the issue of lack of resources, thus efforts on comprehensive programmes for treatment, care and support for children and adolescents with HIV and AIDS have been put in place .Midtbo, Shirima, Skodav and Daniel (2012), studies in Sub-Saharan Africa postulates that disclosure of status to adolescents helps them to shun stigma and discrimination in societies thus giving the young people room to cope with the perceptions of people. Disclosure in Sub Saharian Africa have shown to improve adolescents ART adherence and that strong family support have enabled them to cope much better with HIV .Thus disclosure of status have seen the adolescents being accepted in communities ,families as well as among friends . In addition Daniel, undated). Melissa and Fullem (2012) posit African countries such as Botswana and South Africa adopted a family model in the delivery of HIV care which managed to promote young people's self-management in the environment and their families. As a positive result this has marked an effective psychosocial adjustment as well as coping with medical adherence. Thus studies carried out in Sab –Saharian Africa can be credited for bringing into light the psychosocial challenges of adolescents living with HIV/AIDS regionally.

Furthermore in Rwanda despite the lack of adequate resources, efforts to address the psychosocial needs of adolescents have been put in place through the formulation of a support group services for HIV positive children and adolescents and their families. These programmes are in line with the national policy that was established by the Centre for Treatment and Research on AIDS, Malaria and Tuberculosis and other Epidemics (EGPAF, 2012).Successfully the EGPAF provides psychological and social services for children on

antiretroviral therapy at twenty two different sites within Rwanda which offers treatment and care services for children and adolescents living with HIV/AIDS. Some of the services offered which aim at motivating adolescents to accept their status as well as coping with common challenges include information dissemination, counselling and life skills training. In Uganda the same programme EGPAF support HIV positive adolescents with psychosocial support groups based at health facilities and are facilitated by peer educators and health workers .Through this programme helps adolescents to share experiences ,share information ,receive counselling and mentorship from peer educators which will assists them in coping with the demands of the life threatening disease (Frank 2013).Agot and Onyongo, (2009) asserts that adolescents friendly health settings resulted in the uptake of sexual reproductive health services ,positively enabling the adolescents to cope with sexual and reproductive challenges that disturbs the normal functioning of this unique group .

The involvement of humanitarian organisations in service provision to affected adolescents in Tanzania has resulted in the lively hoods of orphans being upraised from the grass roots levels. This enables the adolescents to cope in various ways,(Frank 2013) in his research stipulates that due to the incapability of the extended family to cater for the HIV positive adolescents who have been orphaned due to the HIV/AIDS pandemic the concept of created kin has been adopted (Daniel undated). The roles formerly played by the extended family have been substituted by the non-blood relatives and humanitarian organization, which has resulted in the provision of care as well as material assistance when no kin relatives are there to offer such support .Consequently South Africa and Botswana have accepted a family model in the delivery of HIV care and this bore results in terms of promoting young people's self-management in the context and their family. Furthermore this has resulted in a positive manor in terms of the adolescent's psychosocial wellbeing, drug administration and last but not least improved coping mechanisms as a result of support offered by the NGO's and non-blood relatives .Whilst on the other hand a study in Arusha region of Tanzania reveals that these adolescents demonstrate self-resilient and self-reliant coping mechanisms. Parker (2009) argues that the adolescents in Tanzania acknowledged the challenges that are presented by illness, orphan hood, poverty and social stigma and they have developed ways to minimize their effect. In response to this they developed, better skills in self-care, a strong sense of hope and also a strong belief in God. Accordingly Parker (2009) argues that coping mechanisms mitigate the effect of the significance of chronic disease upon the physical functioning and the general quality of life for young people living with HIV/AIDS.

2.4.3. A National Overview of coping mechanisms adopted by adolescents living with HIV/AIDS

In Zimbabwe several efforts have been put across in the bid to create the growing psychosocial support needs of adolescents living with HIV and AIDS in Zimbabwe. Mavhu*et al*. (2010), Zvandiri support group programme was one such initiative to be introduced by Africaid. The support group was incepted to compliment clinic based services. This results in the offering of psychosocial counselling to adolescents by other peer educator stationed in one of the 20 community based urban centres in Harare and Chitungwiza .The Zvandiri support group helps adolescents to cope through accepting their status first so that it will be easy for adolescents to be accepted in society. Hence the name Zvandiri (As I am) simply recommending acceptance as a measure to shun away stigma and discrimination so as to enable adolescents cope with their status. In addition the adolescents in several cities of Zimbabwe meet every last Saturday of month in the bid to address to address social, psychological ,medical to mention a few .

Similarly a study was carried out by the National Action Plan for Orphans and other Vulnerable Children NAP for OVC on 229 adolescents with HIV by Regai Dzive Shiri (RDS) (2010) a local non-governmental organisation. Upon realisation under this study was that adolescents living with HIV and AIDS in Zimbabwe endured physical challenges associated with HIV and AIDS. Issues to do with the young people's physical wellbeing were discussed, for instance stunted growth, frequent illness, skin disfigurations and physical abuse. Mavhu*et al.* (2010) articulates that because of physical wellbeing characteristics adolescents have gone through a lot of stigma and discrimination especially girls who had challenges on dating and socialising with other peers. The study also identifies the psychosocial challenges that positive adolescents encounter such as depression, stigma and discrimination at home in the community at school, and verbal abuse.

Due to the several groups that HIV positive adolescents get confined in they get exposure on real life experiences and get to understand and accept their position and status .However some young people stressed that life outside the confines of the group was totally different and more challenging as well as demanding (RDS ,2010).Some of the factors that lead to the above suggestion includes issues to do the safety of dating and the fear of what the future holds for them(anxiety), ignorance about antiretroviral drugs, stigma and discrimination

among peers. This gives evidence of the need for further investigation/research on the psychosocial challenges which continuously affect the standards of life of the adolescents.

Therefore the major methods of coping adopted by adolescents in Zimbabwe includes including adolescents engaging in income generating activities ,support from the extended family, attending support groups in various communities, receiving counselling ,sports and going to church.

2.5 Support System Mechanisms available to adolescents living with HIV/AIDS

2.5.1. An Overview of Support System Mechanisms available to adolescents living with HIV/AIDS

Generally the support system mechanisms are the back bone of showing love and care upon the infected adolescents' .As a result this enables the adolescents to fight against stigma and discrimination thus shunning the labelling tag thrust upon adolescents by the society. The fact that adolescents are still going under a transition of rapid development of the physical and psychological wellbeing guidance is needed in order to mould the adolescents because already the stage is characterised with storm and stress. Thus the combination of the positive status and the adolescence stage need the adolescents to have some people watching their back for support or else they will collapse at a premature age.

The family has a very big role to play in society since it is the basis or the foundation of all the other social relationships. Petersen *et al.* (2010) in Melissa and Fullem, (2012),reveals that the major role of the family is to influence on the psychosocial adjustment for adolescents living with HIV/AIDS .Therefore the socialisation process within the family plays a major role in shaping the nature of behaviour of adolescents. Haralambos and Holborn,(1995) assets that society functions as a system with interrelated parts which are dependent on each other to achieve maximum function (structural functionalism).For example the family ,school ,church and economic conditions has a role to play in the society as a whole .Thus the family has the role to socialise the society , the economic conditions determines the life style that one leads, church to give spiritual upliftment last but not least the health sector which offers health services. Hence their relationship to society proves their inter-dependence towards the normal functioning of the society .Most African countries are poverty stricken thus more families face poverty this result in lack of basic education ,malnutrition ,access to available medication and other basic commodities for adolescents

thereby affecting the overall function of the whole psychosocial functioning of positive adolescents. The functionalism theory view is of the view that if a society is to endure its various parts must have some certain degree of compatibility. If any one of the parts does not fit the overall function of the whole system is disturbed.

In some instances in most African countries death of HIV positive parents (bread winners) result in adolescents who have acquired the virus through vertical transmission susceptible to any form of abuse since they will be trying to earn a living. This is mainly because these adolescents will have no other means of survival especially if the other relatives deny their responsibility they are left with no other means except coming up with survival tactics that will at least help them to live. For instance girls engage in prostitution or being victims of abuse whilst boys may end-up in drug dealing which may affect their behaviour resulting in immoral sexual behaviours. Plan International, (2006) postulates that single orphaned positive adolescents in care of grandparents or chronically ill parent are most likely to face challenges of limited financial resource .Automatically this means that the guardian's ability to provide for the adolescent is crippled hence the provision of basic commodities such as medication fees, school fees, food and clothing are not guaranteed. The idea of structural functionalism therefore comes into play whereby lack of economic resources affects the physical wellbeing, the vulnerability of adolescents to opportunistic infections such as pneumonia and tuberculosis (TB) and the virus progresses and continues to weaken the immune system.

As a measure to try and mitigate the impacts of the pandemic on this unique group of people, the government of Zimbabwe has over the years implemented a number of strategies .However some of the government's efforts have been jeopardised by limited human and financial resources, due to the economic meltdown (Ruparanganda 2011) .On the same note NGO's and other private organisations have not been able to fully address the complex problems. In addition Lewis (2001) asserts that chronic illnesses can be very stressful for adolescents but in some cases adolescents form resilience and will be able to cope.

Thus this study becomes more imperative on investigating the psychosocial challenges of the adolescents living with HIV/AIDS.

2.5.2. Legislation,policies,and programmes to support HIV positive adolescents in Zimbabwe.

Most of the policies in place address the concerns of people living with HIV/AIDS as a whole without differentiating the service provision to suit a specific age group. These include the Zimbabwe National Aids Policy, the National AIDS Council (NAC), National Orphan Care policy, the National AIDS Council ACT of 1999, The Zimbabwe National HIV/AIDS Strategic Plan (2011 -2015), the HIV /AIDS Levy, National Anti-Retroviral Programme among many others. Amid the mentioned instruments the National Orphan Care Policy, National Psychosocial Support Guidelines for Children Living with HIV and AIDS and Zimbabwe HIV/AIDS policy are some of the policies that encompasses young people though they are all addressed using one instrument regardless of age and cognitive reasoning capacity differences. For example the majority of the policies undermined grouping in terms of distinct developmental stages such as 0-6years) infancy, early adolescents (10-14 years) and late adolescents (14-18 years).

Furthermore the fact that there was no comprehensive policy on pedriatic HIV precipitated the national situational analysis of the endowment of services for children living with HIV and AIDS to be piloted in Zimbabwe between 2005 and 2006 to enlighten and catalyse policy and strategy development (Maruva, Keatinge, Miller, Foster, and Bwakura, 2007).In response to this efforts were made by the Ministry of Health and Child Welfare (2009) to regulate psychosocial support services to enhance children's and adolescent's capacity to cope with the demands of living with HIV and AIDS through the formation of National Psychosocial Support Guidelines for Children Living with HIV and AIDS. Consequently health workers and other community based workers were supposed to be trained in the provision of psychosocial support services to children living with HIV and AIDS in accordance to the guide lines provided. Successively the Ministry of Health and Child Welfare developed training manuals on palliative care and nutrition support for children living with the life threatening disease in Zimbabwe.

Some of the policies put in place by the Zimbabwean government serves the needs of all the people affected by HIV /AIDS adolescents included .For instance the National AIDS ACT (1999) is the yard stick of the National AIDS council which is responsible for coordinating

government and non-governmental organisations on HIV /AIDS treatment and support services in the community. Thus NAC is significantly making progress through making arrangements for the creation of an environment conducive for HIV and AIDS multi-sectoral response through addressing issues of stigma and gender equality .NAC (2010) posit that the ZNASP II (2011-2015) main aim is to promote the prevention and reduction of new HIV infections by 50% as well as reducing mortality rates of people who are positive by 38% in 2015.In addition the Zimbabwean government crafted the National Community and Home Based Care (CHBC) strategic plan (2010-2015) which evolved to safeguard a continuum of care to adults and children with Chronic and terminal illnesses such as hypertension, and its complications, cancer ,diabetes, mental illness, epilepsy, and HIV and AIDS, as well as the elderly. The programme also provides educational training for caregivers, nutritional support to clients, assisting with access to HIV and AIDS related treatment hence in some cases they contribute in helping adolescents to cope with various demands that are required by their condition.

Unfortunately most of the legal instruments that Zimbabwe put in place do not specifically address the psychosocial challenges that adolescents encounter rather the concerns of children, adults and adolescents are addressed at once. There is need to consider the complex issues of adolescents living with HIV/AIDS as a major issue which need to be addressed independently without generalising the intensity. It should be taken heed of that children, adults and adolescents are not a cohesive group because they have different capacities to cope and react differently to situations and demands of the life threatening diseases Strode and Grant, (2011)

Some of the non-governmental organisations specialise on the psychosocial needs of the HIV positive adolescents and children include the JF Kapnek Trust, ZvandiriAfricaid programme ,SOS Children's village just to mention a few. The JF Kapnek agency offers services for children with HIV and AIDS in Zimbabwe. This agency focuses on providing food, education and health care services to young people living with HIV (Southern African AIDS Dissemination Service (SAFAIDS), 2010).The Zvandiri programme offers psychosocial counselling to adolescents living with HIV/AIDS so as to assist them to accept their status as well as cope with the demands of the pandemic.

The provision of legal laws and policies on children, adults and adolescents living with HIV /AIDS proves that the adolescents are not entirely the forgotten population but rather there is need to specialise on them as a unique group .This therefore implies crafting policies that directly address their psychosocial needs in the bid to improve their normal social functioning.

2.6 How Social Workers assist adolescents living with HIV/AIDS.

Social works can be identified as agency of positive change in society, thus they play a pivotal role in assisting HIV positive adolescents. The social work profession can simply be identified as a value based profession whose traditional values are, integrity, social justice, service, importance of human relationships and acceptance which are used as the yardstick for competent practice. In addition social work is a helping profession that enables people to solve personal, group and community problems through applying social work methods such as case work, group work, community work, research and administration Skidmore, Thackeray and Farley, (1994). Mupedziswa (1998), posit that social workers have a chief role in assisting HIV infected person accept their conditions, cope and prevent any future incapacitating possibilities. In order to effectively achieve this chief role social workers have to act as counsellors, resource mobilisers, mediation and education of ALWHA, family members and community as a whole, advocator and as a broker. More so there are executive roles that social workers have to partake in order to shun away stigma and discrimination which results in social exclusion of adolescents in major decision making programmes in societies as well as nation-wide .These executive roles consist of designing and management of legislation ,programs of ALWHA and policies.

Furthermore social workers use different theories to tackle issues affecting adolescents living with HIV/AIDS so as to better understand the psychosocial challenges faced by adolescents. Some of these theories include the systems theory, psychodynamic theories (how past childhood experiences can have an effect on adult behaviours), attachment theories, social learning theories, among others (Beckett, 2006).The systematic theory focuses on the importance of human relationships in solving cases that affects the adolescents. The theory suggest that a holistic approach when dealing with challenges that affects adolescents is vital given the scenario that human beings are social animals who depend on each other for their social wellbeing .For example in the case of adolescents they are still dependent on their

parents economically, socially (moral support) and for almost everything thus incorporating the parents in the counselling sessions will enable the social worker to acquire information from the parents. The information will helps in assisting to try and come up with possible solutions to try and solve the prevailing psychosocial challenges. The psychodynamic theory help social workers to predict why the adolescent behaves in a certain manor, the behaviour, feelings and emotions can be alluded to early childhood experiences. Carlson et al (2010) points out that the psychodynamic model focuses on the dynamic interactions between the id, ego and superego. Hence this explains how the mental state is comprised of innate emotional forces which react differently to complex issues such as stigma and discrimination.

2.7Chapter summary

This chapter reviewed the related literature to the topic under study .Among the literature reviewed are the global ,regional and national or local overview of the psychosocial challenges faced ,coping mechanisms, demographic data and last but not least the support mechanisms. In addition this chapter also provided information concerning the legal instruments that has been put in place to support the adolescents living with HIV/AIDS in Zimbabwe. Social work probable intervention methods when dealing with this unique group were also mentioned showing how the profession helps to restore the normal psychosocial functioning of the infected adolescents .Some of the literature in this chapter clearly states the gap that needs to be addressed hence this study seeks to address such concerns. The next chapter dwells on the research methodology of the study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the methodology that was employed in gathering data for this study. This includes outlining the research design, target population, sample and sampling procedure,instruments for data collection, sampling techniques, data presentation and analysis procedures. It then discusses methodological procedures used in the study and gives justification for the use of those methods, summary of the chapter is also given.

3.2 Methodology

3.2.1 Research design

This study employed a case study. Roller (2013) notes that the distinctive need for case study arises out of the desire to understand complex social phenomena. The research aimed to explore complex social phenomena's which gives an in-depth look on the individual and the surrounding influences. This was achieved through understanding complex social phenomena's like adolescents behavior, hopes, fears, fantasies, traumatic experiences, socialization process, family relationships and their health lifestyle. A clear picture on behavioral change of adolescents on issues to do with responsible sexual behaviors, drug adherence as well as coping mechanisms that this young group adopt in their day to day lives was investigated on, in this study. This helped to unveil the real world that this unique group live in and how the society perceive them in different facets of life, for instance at school, in a family set up and among themselves as peers.

In addition a case study provides a good opportunity for the researcher to understand the dynamics of adolescents living with HIV/AIDS. Thereby enabling the researcher to have an opportunity to lobby for innovative measures via policy makers on sensitive issues that affect adolescents in society such as stigma and discrimination (Chenai, 2011).The aim of this research was to influence policy makers to accommodate this vulnerable group of young people in policy making as well as the ministry of health to strengthen psychosocial support programmes for children and adolescents throughout the health system.

3.2.2TargetPopulation.

The population for this study consisted of HIV positive adolescents numbering one hundred and fifty (150) between the ages of ten to nineteen (10 – 19) who were currently subscribing to the Zvandiri adolescence corner at Wilkins Infectious Diseases Hospital (WIDH) .The research also considered seven (7) key informants who were directly linked to the adolescents either at the adolescents corner or at any WIDH department were part of the population .These included two (2) peer educators /Community Adolescent Treatment Supporter (CATS) at the adolescents corner, three (3) nurses who usually deal with health issues affecting adolescents and two (2) counsellors at the Opportunistic Infection Clinic (OIC).In total the population of the study numbered one hundred and fifty-seven (157).

3.2.3. Sampleand sampling procedures.

The study targeted one hundred and fifty (150) adolescents aged ten to nineteen (10 - 19) subscribing to the Zvandiri programme. From the targeted population a sample of (75)

seventy-five adolescents were selected. The sample size was attained through systematic random sampling whereby the researcher used the chronological order of file numbers of the adolescents retrieved from the data capturers at WIDH. Thus the first respondent was randomly selected from a total of (150) one hundred and fifty adolescents. The researcher employed a sampling interval four (4) to ensure that every respondent has an equal chance to be selected therefore after every four respondences the fifth was chosen.

A total of seventy –five (75) respondents were chosen. Three (3) key informants who were directly linked to the provision of services to the adolescents at Wilkins hospital (were be selected from the total of seven (7) key informants at the same hospital) and an additional of ten (10) parents or guardians of the adolescents. This is largely because key informants and parents or guardians understand better the concept of HIV/AIDS. These key informants included adolescent peer educators at the Zvandiri centre, OIC counsellor and a nurse at Wilkins Hospital .The key informants were selected because they have adequate knowledge of the area in study due to their exposure and work experience. The parents /guardians of the adolescent who were involved in the social wellbeing of the adolescents.

3.3 Data collection instruments

The research employed focus group discussions, in-depth interviews and key informants interviews at Wilkins Infectious Diseases Hospital (WIDH). The target population was one hundred and fifty- seven (150 adolescents subscribing to the Zvandiri adolescents corner and 7 key informants who are directly linked to the adolescence corner).

Focus group discussion were held after carrying out the in-depth interviews. A positive response was expected since the student had informed the respondences on the aims of the study and how it can influence change on the perceptions of people in different societies as well as policy issues .Separate interviews were held for key informants and the parents or caregivers. The interview schedule where in English the researcher translated them into vernacular language (Shona) so as to ensure maximized expression of thoughts, feelings, experiences, needs and challenges of the HIV infected adolescents. This broke the silence in language barriers.

3.3.1 Focus group discussions

Focus group discussion is a group of individuals selected and assembled by researchers to discuss and comment on, from personal experience, the topic that is the subject of the research (Chenai2011). Focus group discussions enabled the researcher to interact with participants, gaining an insight of different views through discussion and having quick responses unlike interviewing individuals .The research employed two separate focus group discussions: the 1st with the adolescents girls, the 2nd one with the adolescents boys. This was because there are some issues which adolescents could not raise in the presence of the opposite sex due to the cultural socialisation processes.

The two focus group discussions involved the two groups of adolescents twenty (20) girls and fifteen (15) boys in two different groups. This enabled the adolescents to freely interact with the facilitator airing out their views and experiences they have faced on psychosocial challenges without fear of intimidation of the opposite sex or their parents since they were either be all girls or all boys during the discussion. In addition the moderator was able to gain in-depth options, and feedback on the psychosocial challenges faced by this unique population. The moderator enabled a face to face interaction which enabled her to be in control of the discussion through adhering to the discussion guide (Chenai2011). During the discussion expressions other than those in verbal form such as gestures and those in stimulated activities helped the moderator to entail the useful insights.

Focus group discussion enabled feelings, perceptions and opinions of the adolescents living with HIV/AIDS to be expressed with regards to the psycho social challenges that the group face. Furthermore FGD's saved time and money as compared to individual interview especially if one is considering the current economic conditions, where-by there are limited resources. In addition the FGD enabled the researcher an opportunity to seek clarification on complex issues and since the adolescents were alone without the influence of the opposite sex, parents or guardians this created more room to clearly elaborate the topic in question. Therefore FGD's enabled the research to have adequate required information.

3.3.2 Interviews

Kothari (2004) describes interviews as face to face communication. Structured interviews are a good way of accessing adolescents, parents /guardians and key informant's perceptions and

feelings towards certain complex situations which revolve on positive living and social relationships. The interviews catered for forty adolescents and seven parents /guardians and key informants.Interviews allowed for flexibility that helped to elicit information in greater depth through structured questions and it is an open ended, discovery oriented method thus this made the key informants and adolescents provide detailed information. Observations were carried out during the research, this allowed the researcher to see the verbal and nonverbal ques. In addition in-depth interviews allowed the interviewer to explain or clarify where need be in order to increase the likelihood of useful responses (Kothari 2004).For instance in this study the researcher explained in Shona where need be so as to curb language barriers . In-depth interviews were going to be held with adolescents and parents, then key informant interviews were going to be held with key informants.

3.3.3 Procedures for collecting data

The research employed convenience sampling so as to get parents or guardians as respondents. Any parent or guardian who was available and who was willing to take part in the study was chosen upon her consent .The researcher choose a small number of ten parents or guardians (10) because adolescents are no longer so dependent on parents hence a few parents /guardians may accompany their children otherwise the rest of the adolescents come as individuals. In addition systematic random sampling technique helped to choose adolescent respondents so as to avoid bias when conducting the research among adolescents who are living with HIV /AIDS. A sample of seventy-five (75) adolescents living with HIV/AIDS where selected. These adolescents' respondents were selected through systematic random sampling whereby the researcher used the chronological order of file numbers of the adolescents retrieved from the data captures. Thus the first responded was randomly selected from a total of (150) one hundred and fifty adolescents. The researcher employed a sampling interval of four (4) to ensure that every respondent has an equal chance to be selected ,after every four respondents the fifth was chosen .Therefore random sampling ensured each element in the population an equal probability of getting into the sample; and all choices are independent of one another. In addition it gave each possible sample combination an equal probability of being chosen thus avoiding bias.

- Every kth element in a population is selected, the kth element (sampling interval) is defined as the distance between elements in a sample.
- sampling interval= $\frac{\text{population size (150)}}{\text{sample size(4)}} = 75$

3.3.4. Sampling Techniques

The research employed purposive sample, convenience sample and systematic random sampling to choose participants who will provide with information to carry out the study. The research employed purposive sampling in choosing the seven (7) key informant participants on the basis of knowledge that they possess on the topic under study for instance adolescent peer educators at the Zvandiri Centre, OIC counsellor and nurse at Wilkins Hospital. Through the use of systematic random sampling seventy-five (75) adolescents were selected. Ten parents /guardians were selected through convenience sampling .

3.3.5 Pretesting

Research instrument testing was carried-out in similar conditions to all the potential respondents, to check for faults in wording of questions, lack of precision of instructions and anything that could hinder the instrument's ability to collect data in an economical and systematic fashion. The research instruments were pre-tested at Belvedere Clinic. Belvedere clinic has recently commenced on initiating the administration of ART. Eight positive adolescents, one health worker, a counsellor and a nurse participated in the pre-test. The researcher's aim was to assess the feasibility of the research design and to enhance the focus group and interview questions so that they would yield dependable and valid findings. A few areas which needed corrections were addressed and areas which were corrected include question types (open-ended and closed-ended questions), question wording as well as question arrangement in thematic sections.

3.4. Data presentationand analysis

Data was presented in thematic content analysis through a narrative format based on transcribing (writing facts as they are from a respondents view point), then they were analysed from the researcher's view point. This therefore helps to reveal salient message in the data, thus facilitating interpretation and also aided to validity and reliability of the

research findings In addition tables and pie charts were used to present data and these were accompanied by explanations.

The research employed thematic analysis, a most common form of analysis used in qualitative research .It focuses on the human experience subjectively and evokes participant's feelings, experiences and perceptions as the core object of the study (Guest, Greg ,MacQeen ,Namey2012). Therefore the adolescents, key informants and the parents or guardians of the adolescents were given voice to free themselves from fixed response questions found in quantitative studies, hence the in-depth interviews and focus group discussions will assist this process of opening up. In addition data was analyzed in terms of research objectives.

The research relied on themes that would have come from familiarising with the findings in interviewing and from focus group discussions. Therefore the research employed the inductive approach whereby the themes identified were strongly linked to the data because assumptions are data driven(Braun, Virginia, Clarke 2006).Thus the themes that have been drawn from the way the adolescents expressed their feelings ,experiences and perceptions on psychosocial challenges that they face in their day to day lives .Expression of the above mentioned perceptions and feelings were made possible through conducting good in-depth interviews and satisfactory focus group discussions which are the link between the respondences and the research.Namey and Namey (2008) postulates that attitudes and reflections on issues which could be mostly measured is best gained through the participant's diverse statements, this explains that thematic analysis allows the themes to develop into clues and then connect them to raw data as summary indicators for deferred analysis. Therefore thematic analysis solely depend on the contributions of the participants thus showing that it's more of practical than theoretical.

3.5. Feasibility of the study

Permission to carry out the research at WIDH was granted through the Human Capital Development Office at the Head Quarters (Rowan Martin Building). (See page 74)

3.6. Limitations of the study

The smooth flow of the research was stalled mainly by three limitations namely time, financial constraints as well as the sensitivity of the study topic which limited information disclosure by some of the respondents.

Inadequacy of time was a critical set back to progress of the research since the researcher carried out the tasks and assignments of the placement organization during the research period. The fact that the researcher was not funded, saw the process being constrained hence compromising the quality of work done. In addition the data collection methods also contributed to limitations to this study since the respondents mainly the adolescents failed to answer or provide the required information for valid and reliable research findings. However to some extent the limitation was partly addressed by the manipulation of diverse data collection methods which concealed the gaps of other data collection methods. For instance the researcher addressed the issue of case sensitivity which would lead to respondent bias by assuring respondents' anonymity. Although some adolescents where not generally comfortable talking of some sexuality issues besides the issue of anonymity.

3.7. Ethical considerations

Since time immemorial, research has been shaped by ethical considerations as these ethical decisions necessarily involve one's morality in one way or the other. Social researchers should understand that research can be harmful to individuals as well as society that is if the proper procedures are not put into consideration. Basically, ethics can be defined as principles of conduct which are adopted by various professions in an endeavor to protect the dignity and rights of society. In this study, informed consent and confidentiality, non-judgmental attitude and acceptance are the major ethics that have been observed by the researcher.

3.7.1. Informed Consent

The research observed voluntary consent of participants through clearly explaining to the adolescence, parents or caregivers of the adolescence and key informants on the background and purpose of the study. In cases where the adolescent is a minor /below the age of sixteen the voluntary consent was sort through parents, guardian or caregivers. Upon agreement to take part in the study the participants signed voluntary consent forms. The forms stipulate that the research is voluntary and the participants have the right to withdraw at any stage and full identification details of the researcher were also availed to the respondents.

3.7.2. Privacy and confidentiality

The researcher will make an effort to see to it that the identities of respondents will never be linked to the information that they provided, only biographic data such as sex, age and school status will be recorded. The participants will be told that the information they provide will be treated as confidential. All information given by the participants will not be publicly revealed.

3.7.3. Non-judgemental attitude

The research upholds the uniqueness of each and every individual thus all human beings have and worth .The principle of non –judgemental attitude implies a non-blaming attitude ,in this case the principle is being applied on the HIV positive adolescence and their parents or guardians. This therefore unfolds another principle of acceptance.

3.7.4. Acceptance

This principle works hand in glove with the principle of non-judgemental attitude thus the respondences are to be treated humanely affording them their dignity and worthy. This research will uphold acceptance through acknowledging respondences points of view, listening receptively to mention a few.

3.8 Chapter Summary

The chapter described the activities and procedures undertaken during the course of the research. It emphasized on the research design, research population, research sample, sources of data, data collection techniques and a plan for data presentation analysis, highlighting the merits and demerits for using such methodologies. The following chapter is about the actual presentation and analysis of the data collected

CHAPTER 4
PRESENTATIONS AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter presentsempirical findings derived from interviews and focus group discussion as given by the respondents. The research sought to analyse the psychosocial challenges faced by HIV positive adolescents. Data was collected from seventy-five (75) adolescents, three (3) key informants and ten (10) parents/guardian of the adolescents. The information has been organized according to the main themes and data from interviews focus group discussion transcripts were used to support the findings. In addition particular quotes by respondents were highlighted using italics. The research addressed the research questions which are as follows:

a) What are the psychosocial challenges experienced by adolescents living with HIV and AIDS?

b) What are the demographic characteristics of adolescents living with HIV and AIDS at the adolescence corner?

c) What are the support mechanisms available for adolescents living with HIV and AIDS at the adolescence corner?

4.2. Demographic profile of Study Respondents

The demographic profile of respondents helps to analyse the challenges faced by adolescents considering such factors as age and sex .The research included a total of 75 adolescents, of these 30 were boys and 45 were girls.

The demographic characteristics are summarised in table 1 overleaf:

Table 1: Demographic profile of study respondents

Variable	Category	Frequency	Percentage
Age	10-14	25	34%
	15-19	50	66%
Total		75	100%
Sex	Female	45	60
	Male	30	40
Total		75	100%

School attendance statistics	**In school**	**58**	**77%**
	Out of school	**17**	**23%**
Total		**75**	**100%**

4.2.1. Sex and Age of Respondents

Sex and age of the respondents were explored.

Twenty-five (25) respondents aged (10-14 years) and 50 adolescents aged (15-19) reported on their ages. NAC (2015) postulates that the majority of adolescents infected with HIV and AIDS ranges from fifteen to nineteen (15 -19) years.

4.2.2. Education level of Respondents

There were fifty-eight (58) respondents in the age range (15-19) whowere enrolled in schools. Sixteen (16) adolescents said they were out of school and of these twelve (12) are girls whist four (4) are boys. The research findings evidenced that more females than males who are no longer enrolled in the school system. This therefore shows that there are gender disparities in terms of education between boys and girls. Some adolescent's girls said they are not enrolled at school as due to economic and cultural challenges thus giving rise to the double burden of female adolescents (being HIV positive as well as uneducated). For instances economically adolescents are greatly affected since they are deprived of their right to education due to poverty within their families. Whilst on the other hand some cultures and religious sects still segregate girls thus regarding girls as less capable in academics but good for domestic chores only.

Thirty-nine (39) respondents said they were enrolled for secondary, high school and tertiary. The respondents said that they were facing challenges concerning the difference in chronological age and educational level attainment. Thus their ages did not tally with the expected educational standard, usually they were big in terms of age as compared to the expected age range for that educational level .This have been alleged to disruptions due to illness related to OI's .Thus this has led to adolescents completing their education slightly later than the average number of years expected in Zimbabwe. Similarly a study by Ruparanganda (2011) proves that adolescents delay to complete their education due to continued ill health challenges .This therefore shows that sometimes the level of

discrimination may intensify in schools where peers will start giving nicknames due to physical appearances and late development.

4.2.3. Religion of the adolescents Respondents

The religious affiliations of the respondents was explored in this study and are presented below.

Fifty-five (55) respondents said they were Christians while three (3) respondents noted that there were Muslims. Two (2) respondents said that they are affiliated to the African Traditional Religion (ATR) and fifteen said they are not affiliated to any religion. The religion that one is affiliated to in some cases affect one's perception on the pandemic, for instance under this study Christians were caught in between drug adherence and faith healing.

4.2.4. Orphan Hood Status of the adolescents Respondents

Table 2: Orphan Status of adolescent and Relationship of Caregiver

Orphan status /Relationship of caregiver	**Single Orphan**	**Double Orphan**	**None Orphaned**	**Total**
Biological parent/s	25	32	18	45

Sibling	0	6	0	6
Other relatives	4	10		14
Grandparents	4	6		10
Total				75

The orphan hood status of adolescents living with HIV/AIDS was explored in this study and the results will be presented in the following paragraphs.

Thirty-two (32) respondents said they were double orphans, while twenty-five (25) respondents saidthey were single orphans. Forty-five (45) of the respondents said they are under the guardianship of either double or a single biological parent/parents and thirty (30) are under the guardianship of grandparents, relatives, and or siblings.

Similarly findings by Dijk et al (2009) in rural Zambia and Ruparanganda's research concur that the extended family members such as uncles, grandparents and aunts are stated to be the key caregiver of children infected with HIV/AIDS due to high HIV/AIDS related deaths (Mupedziswa, 1998).

4.3 Psychosocial Challenges experienced by adolescents living with HIV and AIDS at WIDH.

Psychosocial challenges disturbs the normal social functioning of adolescents infected by HIV/AIDS. These are presented below:

4.3.1 Stigma and Discrimination

Stigma and discrimination was highlighted as the most devastating challenge that this unique population face.

Sixty-three (63) respondents said that stigma and discrimination is the most rampant social challenge that they face in their day to day lives. The respondents addedthat they experience stigma and discrimination from their peers, neighbour, relatives and significant others .Some of the experiences that the adolescents shared are:

"NekudakwekuchinjwakwandakaitwamaARVndichipihwa second line muviriwanguwakatangakuitamapundu,kuita yellow mazisonemukatimemaoko .Vamwevandinodzidzanavovakatangakundisaruravachitiwegwirikwiti'' (Male: 10yrs) – ''*Due to physical changes that my body went through such as rash and yellow eyes after I was changed to second Iine treatment my classmates started to distant themselves from me saying{ "wegwirikwiti"} /the one with measles*."(Male: 10 yrs.)

Another similar scenario*"ShamwaridzangudzainditindakubudamaJehovhandouyako, vachindisekazvekuti"- My friends said that l was having some Lord Jesus I am coming home, while laughing at me. (Lymphadenopathy) (Male: 13yrs)*. In addition he also added that:

"*I was enrolled late for my grade one due to the fact that l frequently fell ill and was constantly admitted, as a result l was smaller than others of my age so vainditi gore mucheche*" "(One who is ever young) *and currently although l am intelligent no one wants to be my friend they only come to me when they want corrections or answers for school work.* (Male: 13yrs)

He goes on to say that "*even when I enrolled at school no one ever selected me to be in their team during sport, they always say l did not have enough energy to participate"*

These tags /labels that they are given by peers, make life difficult for these young people, making them be withdrawn from participation in society, have the self-blaming syndrome and low self-esteem. Gofman's labelling theory best explains the various experiences that this unique population face. Hence these labels have a negative impact on the psychological and emotional feelings of adolescents thereby disturbing their normal psychosocial development.

The adolescents also reported how neighbours stigmatise and discriminate them:

A ten year old boy narrated how his neighbour treated him after learning about the positive status of the boy.

Ever since the day our neighbour knew of my status she never allowed her children to come to our house as they used to do, as if that's not enough when l visited them one day and asked for water and after l finished with the cup the younger child of the neighbour threw the cup in the bin saying, "mhamhavakatiurimurweresakahatifanirekushandisazvaunengewashandisa"(Male: 10yrs) -- meaning that he was regarded as ill and probably highly infectious so much that the child was instructed to get rid of the cup.

From this incident a lot can be deduced on how community perceives adolescents living with HIV/AIDS and how they are accorded tags. Stigma and discrimination is the order of the day in the different societies that adolescents live regardless of the fact that society is now knowledgeable of the existence of the pandemic as compared to the old times .Similarly Cloete et al (2010) in his study on Challenges Faced By People Living With HIV/AIDS in Cape Town, South Africa postulated that HIV/AIDS related stigma was still widespread in the communities despite massive campaigns against stigma in South Africa. Thus HIV positive adolescents lack sense of belonging since they lack support among the people who should be by their side.

In addition another parent reported how community seem very concerned yet they go behind peoples backs saying undesirable statements. Even at home adolescents face offending and insulting statements by neighbours and community members:

"*Pakarwaramwanawangu ne TB akaendeswa pa WIDH muvakidzaniwanguakuyakuzoonamwanandikamubudirapachenakutiininemwanatirikurarama neutachiwana,ndakazonzwanevamwemadzimaivekukerekekutiaindirevavabvakurufuacchiti "kwasaravanojuiceranaamaiMoyonemhuriyavo''*-Not real name - *''When my child fell sick with TB and was admitted at WIDH our neighbour visited her and I opened up about my status and that of my child, only to here from other church ladies that she actually gave an example of me after attending a funeral saying "kwasaravanojuiceranaamaiMoyonemhuriyavo''*- (not real name)-The neighbour referred her and her family to be towards death since she had realised that they were living a positive life and on ART". (Parent 36 yrs)

Another incident was reported by one of the parents who stated how stigma and discrimination is pronounced even through the actions of relatives:

''PandakatauriravanatetevangunezvekutindirikuraramaneutachiwanahweHIVmushuremekung emurumewanguashaya ,hapana kana vehukamavakazounzavanavavokuzororosezvavaisimboita .Mwanawangupaakashaanyakuhamaakanopihwamekugezeraega,sipoyakeega,sipunuyakeneka puyakeega . *"When I disclosed my status to my aunts after the death of my husband none of my relatives ever brought her child for holiday as theyused to do .In addition my child complained that she was treated in a way that is totally different from the one they used*

before for example she said she was given her own bucket,soap as well as a spoon and cup when she visited. (Parent 42)

One of the key informant reported that stigma and discrimination are as old as human kind and as a result a lot of adolescents complain about people's perceptions time and again .She noted that:

"It all begins in the mind, thus people's attitudes determine the way people appreciate a certain individual with his or her problem, also the way in which the individual accepts his or her status has a great influence on how people treat him /her". (Female: 18)

This therefore calls for intervention to uphold social justice through ensuring equal and fair treatment of the adolescents in society, advocating for policy change to suit the needs of infected and affected adolescents and conscientising the community on HIV/AIDS .As earlier on stipulated by one of the key informant adolescents have to first accept their status so that they acquire a new self-identity which is not shaken thus Social workers, counsellors and peer educators intervene through offering casework, group work or even community wok this will help adolescents to participate irrespective of their status or physical appearance.

4.3.2. Behavioural and Disclosure Challenges

The notion of behavioural and disclosure challenges has been highlighted in this study:

Twenty-two percent (22%) of the respondents said they were in sexual relationships whilst seventy percent (78%) of the respondents under study are not in sexual relationships because of fear of being discriminated in the event of disclosure or had previous disappointments. In addition the way in which society socialise them to behave influences the negative responds when it comes to sexual relationships. For example parental influenceon adolescents living with HIV/AIDS, whereby parents tell their children that their HIV positive status is not favourable for them to have a girl friend or boyfriend (Alliance Zambia 2010).

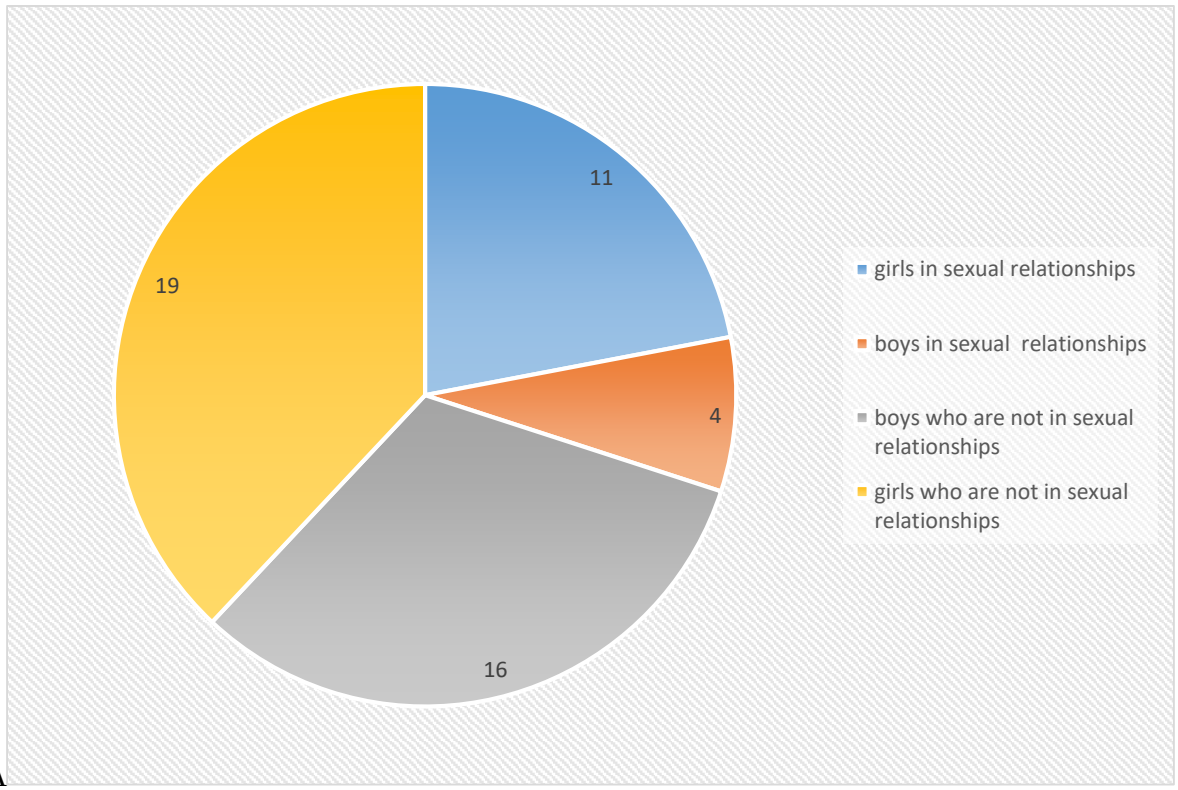
4.3.3 Acceptance and Dating

Respondents highlighted that they found it difficult to be in the company of friends or dating as they were not accepted. Their peers shun them away and this usually embarrasses them resulting in them being anti-social so as to save themselves from the disgrace.

4.3.4Sexuality Issues

Pie Chart: Adolescents in sexual relationships with the opposite sex

A



Fifteen (15) out of fifty (50) adolescents of the age range of 15-19 years were in sexual relationships .Out of the 15 adolescents 11 were girls and 4 were boys. N = (15-19) years

Adolescence is a stage which comes with several changes which prepares one for the future Some of the issues which revolve along the changes include dating, reproductive health and relationship issues leading to marriage .The findings included adolescents between the age of 15-19 years old who said they were knowledgeable in issues around dating and marital relationships and also they said their level of education plays a part in acquiring information on HIV/AIDS and sexual relationships. Adolescents within this age range reported challenges in dealing with the opposite sex in tells dating ,disclosure and engaging in sexual activities .Most of the adolescents interviewed reported to be facing challenges thus only 30% adolescents were in relationships (11 girls and 4 boys) whilst 70% of the adolescents alleged to have opted out of relationships (break-up),not ready to have a relationship or do not know how to handle issues of disclosure to the opposite sex just to mention a few.

"Currently I am not dating because my former relationship was not so much to marvel at. My ex-boyfriend did not really understand positive living, we were all HIV positive he wanted us to have unprotected sex simply because we are all positive .Although I Ioved him I opted out.(Female: 19yrs)

"My boyfriend got to know my status through my best friend and that was the end of it ,he rejected me and started dating my best-friend .I was so hurt broken so much that I don't think I'm ready to move on …'' (Female: 17yrs)

This proves that disclosure is not easy at the same time if a partner discovers another partners results coincidentally it becomes an issue .Hence adolescents face dilemmas in relationships with partners of the opposite sex. Similarly another girl reported her case whereby the partner ended up spreading the status to almost everyone after she disclosed her status:

"My first love was a boy from our neighbourhood, we went to the same church .He used to talk of getting tested but l would brush it off because l was not comfortable of disclosing to him yet How ever one day he opened my bag when we were at a camp meeting and saw my ARV's He was so emotional and could not handle it so after the camp meeting he spread the issue in the neighbourhood and every boy knows or have heard about it, I quitted dating ''. (Female: 19yrs)

"My first love dumped me when l disclosed my status to her, she just was disappointed and could not bear it any longer. I was greatly disappointed and part of me blames myself for making the relationship not to work" (Female: 15yrs)

Mavhuetal (2010) asserts that mostly females face additional challenges in forming sexual relationships and disclosing their HIV status to their sexual partners.Similarly findings prove that female adolescents are susceptible to stress and feelings of withdrawal due to the several experiences they have encountered. This is not to say adolescent boys are enjoying their social relationships.Both sexes are at a dilemma and this makes life even difficult for them, considering the stage that they are experiencing whereby they want to experiment.

However to some few adolescents who are in relationships the issue is different they are in cordial relationship:

'*I met my girlfriend at the Zvandiri Support group and she is also positive we get along very well and l can say for now we are good'' (Male: 19yrs)*

"I'm dating a boy whom l have not yet disclosed my status to him, we use protection whenever we want to engage in sexual activities, he seems to be negative we really have not discussed the issues concerning our status'' (Female: 16yrs)

Key informant said that: *most of the adolescents faced a myriad of challenges on disclosing their status during dating and to prospective marriage partners and says this has resulted in some adolescents deciding to stay single or fall victim of hurt breaks towards marriage* .''

In addition adolescents are subjected to stress due to the fact that they are socialised in such a way that they cannot discuss sexuality issues with their parents or caregivers thus this makes them more subjected to stress and depression .This is because they lack well informed knowledge on issues to do with sexuality and in some instances they are shy to discuss such topics with professional such as counsellors and social workers hence they are wrapped in their own cocoon. Findings by Mavhu*et al.* (2010) prove that there is limited information about safety in dating and prospects of establishing functional families by adolescents living with HIV and AIDS as well as by community members.

This therefore leads to yet another interesting topics of anxiety and fear of what the future holds for adolescents.

4.3.5 Emotional Challenges

Respondents expressed that they face emotional challenges.

Emotional challenges explain inner feelings which come as a result of the adolescent's ability of being conscious of the demands of HIV/AIDS. These challenges include fear of the unknown anxiety over the uncertain future such the possibility of having a very low life expectancy. Detailed explanations are highlighted below:

4.3.6Anxiety and fear of what the future holds.

In the study sixty-four (64) respondents noted that they face to have fear of finding a future marriage partner, fifty-five (55) respondents proclaimed the fear of continued ill health. Fifty-eight (58) respondents emphasised on the fear of dying. This therefore expressed various fears and anxiety over an uncertain future.

The HIV/AIDS pandemic has given rise to a lot of panic and uncertainties among adolescents about what the future, holds for them .Adolescents expressed some of the fears and anxieties that they are currently experiencing as well as those that they suspect might hinder their wellbeing .The most mentioned among these challenges was the fear of finding a future marriage partner who will accept their HIV status ,fear of continued ill health and generally the anxiety about what will happen in the future . Similarly the study by Frank (2013) proclaimed similar anxieties that adolescents come across due to their positive status. One of the adolescent responded alluded to be afraid growing up and fulfilling the marriage role that society expects everyone to pass through:

"*Sometimes l wonder if l am ever going to get married and wed and have babies like what others do, to be honest l am afraid of growing …" (Female: 19yrs)*

"I am afraid of dying, experiencing continued ill health as a result of Opportunistic Infections OI's.'' (Male: 15yrs)

Eighty-five percent (85%) of adolescents said they are insecure with their HIV/AIDS status. Some adolescents alleged that they were afraid of having low life expectancy. While sixty-three percent 63%, were afraid of having continued ill health. Seventy-three percent 73% of the respondents said that they feared death. This therefore shows that this group of young people face complex emotional challenges which if not addressed will affect their psychosocial and emotional lifestyle.

Another respondent a University student talks of struggles in drug monitoring whilst at the University:

I am currently pursuing a degree and my greatest fear is how will my friends react if they discover that l am on ART, usually l find a place to go (in the toilet) so that I take my pills without them noticing but sometimes it is difficult since we share the same room .Most of the times l lack consistency due to the fear of exposing myself and as a result I defaulted for two months .When I am at University I buy my ART over the counter because if I go to general hospitals or nearby clinic colleagues will notice and its time consuming , it is sometimes expensive and my parents don't know that l purchase ARV's over the counter .This also results in me defaulting"(Male, 19yrs)

This explains the challenges that adolescents in tertiary education encounter resulting in them opting to default due to fear of disclosure to peers as well as opening up to parents on the

issue of resupply of ART .Also of essence is the issue of general hospital visits being time consuming thus the time that other peers notices him, it will raise eyebrows and the fear of being questioned will obviously discourage the adolescent from seeking services. This shows that they are serious emotional issues which need professional and parental guardians and support so as to help them cope with such stressful complex issues.

However due to peer pressure HIV positive adolescents want to belong to peer groups conforming to the expectations of the peer group at the expense of his /her life .This has also resulted in adolescents absconding support group meetings pretending to be busy yet they will be shy to be noticed .Generally such behaviour among adolescents has resulted in treatment failure leading to OI's affecting the adolescents thereby consequentially leading to second line treatment or hospitalisation. This therefore calls for the need to influence towards behavioural and attitudinal change towards drug adherence among adolescents hence the effort of Africaid to put several service provision for adolescents around cities in Zimbabwe in the bid to fill the gaps identified earlier.

The key informant reported that adolescents really are at crossroads especially considering the issue of marriage partners, coming to terms with personal identity and facing reality on the need to adhere to the demands of living with HIV/AIDS .Emphasis on identity crisis was alluded to given the scenario of envying to be "like others" thus resulting a number of adolescents are defaulting. (Female: 32yrs)

4.4 Support mechanisms available for adolescents living with HIV/AIDS at Wilkins Infectious Diseases Hospital.

The support mechanisms accessible for HIV positive adolescents have been explored below:

Sixteen percent (16%) of the population under study were receiving aid from the government. Thus social support mechanisms especially from the government have been limited and this has been alluded to the limited economic resources available, however the Non-Governmental Organisations compliment some of the efforts .For instance WIDH offers

ARV's to their clients on the bases that one pays a service fee of a dollar ($1), provisions have been made for those who do not afford a $1 to be issued out a Free medical Treatment Order (FMTO).Thus adolescents directed from the Zvandiri adolescents corner can access the FMTO for a day or for months depending on the case presented from the Social workers office. In addition Social workers link adolescents to resource facilities available within their reach .For instance for those who do not have birth certificates Social workers negotiate with the Department of Social Services to help adolescents access birth certificate so that she or he will be able to attain education as well as being nationally recognised .In addition Social workers also link positive adolescents to educational facilities such as the JF Kapnek trust which provides vulnerable HIV/AIDS positive children and adolescents with basic human needs such as food ,shelter, cloths and education. The BEAM programme that the government of Zimbabwe used to facilitate for orphans is no longer very operational hence only a few are selected to benefit.

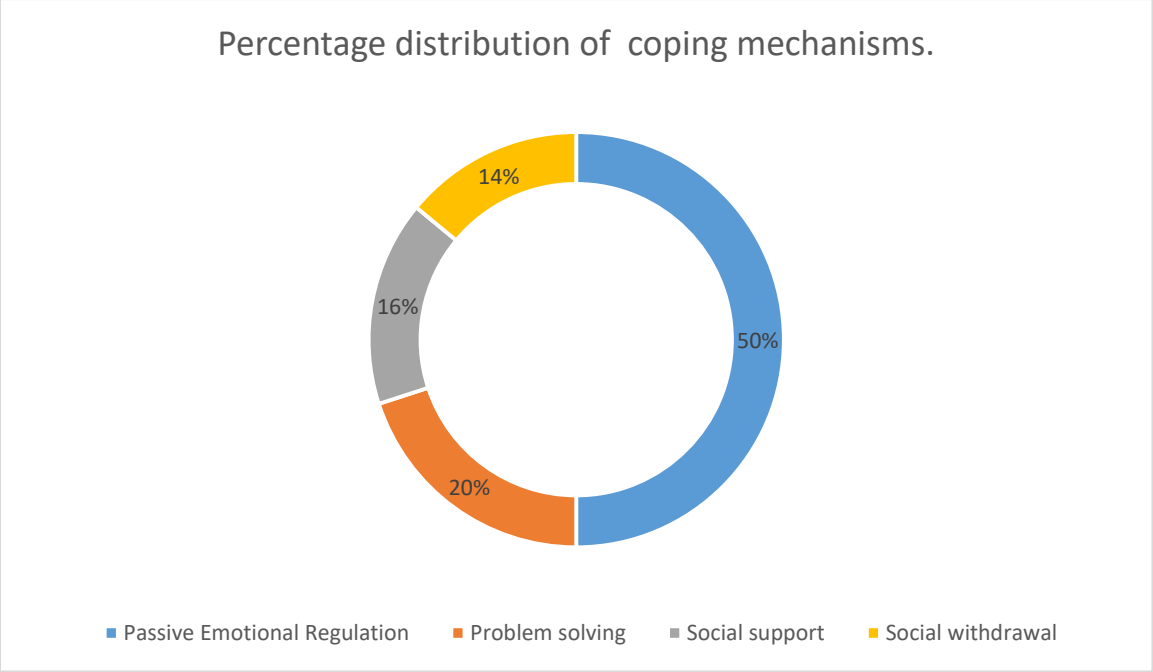
Furthermore adolescents who subscribe to the Zvandiri centre receive emotional, psychological ,social and educational support through the various programmes facilitated by Africaid .This is made possible through the different support group which have been established in several towns in Zimbabwe .Some of the towns include Budiriro,Norton ,Warren Park ,Chitungwiza just to mention a few .Adolescents in these towns meet once every last Saturday of the month in their respective towns ,during these meetings adolescents receive services to equip them with life skills training which includes reproductive health., psychosocial support activities and nutrition education among others .This enables adolescents to be well knowledgeable on issues revolving HIV/AIDS. For the effective service provision the Africaid organisation work with other well-wishers in the community who are based in the community and help in identifying adolescents who are facing psychosocial challenges. These volunteers work in collaboration with CATS in carrying- out home visits assessing the social wellbeing of adolescents .This is a systematic approach of dealing with the psycho social challenges faced by adolescents hence it is very effective since it involves almost everyone.

4.5 Coping Mechanisms adopted by adolescents living with HIV and AIDS

The coping mechanisms adopted by adolescents living with HIV/AIDS are given below:

Figure 4 below shows percentage distribution of coping mechanisms.

Half 50 % of the adolescents said they resorted to Passive Regulation ,20% stated that they depend mainly on problem solving ,16% reported to depend mostly on social support whilst the remaining 14% admitted to be using social withdrawal as a coping mechanism. Age is another variable which determine the choice of coping mechanism for instance 16% of on social support are mostly respondents between the ages of 10-14 whilst 50% on PER is



dominated by respondences of the ages 15-19.

Adolescents have come up with various coping mechanisms as a way of dealing with stress anxiety and distress associated with leading a positive life. Some of these coping mechanisms adopted by adolescents include cognitive restructuring, problem solving, social support distraction, passive emotional regulation and social withdrawal. Findings prove that adolescents can use one or more coping strategy depending with the issue at hand .Although several studies may have alluded to similar coping mechanisms the fact that adolescents constantly refer to them proves that they are in some cases helpful in the challenges they face in their day to day lives. It is therefore imperative to view coping mechanisms as a process and not an event that takes place over night.

4.5.1 Passive Emotional Regulation

The extent to which Passive Emotional Regulation was utilised by respondents in this study are explored below:

Fifty percent (50%) said they use Passive Emotional Regulation as a coping mechanism which seems to be yielding positive results as they resort to praying or taking walks as a means of relaxing.Orban*et al.*'s (2010) asserted that passive emotional regulation is one of the most popular and effective coping strategies which the youth under his study utilised. However adolescents use both passive and active methods of coping. Some instances of passive methods include personal statements below proves how effective it is:

"I am a Christian and l found it helpful to pray to God whenever l face challenges. Also as way of dealing with psychosocial challenges l read my bible every day and when l feel low, it gives me hope and a reason to live.(Female: 18 yrs.)

In addition one of the key informant acknowledged the claim by adolescents:

"*A number of adolescents relay on praying and going to church as coping mechanism which is a good thing .However due to the advent of a number of Pentecostal churches a lot of adolescents are enticed to default due to faith healing ''*

Therefore drawing from the findings PER is a useful method of dealing with life stressful situations among adolescents. However it has its weaknesses which include some churches are now encouraging faith healing and also as the name of the coping mechanism suggest ''passive ''it does not directly deal with the problem thus it addresses part of the challenges.

4.5.2 Problem solving

The respond of adolescents to problem solving as a coping mechanism are explored in the following paragraphs:

Twenty percent (20%) of the adolescents said they used problem solving coping mechanism. This strategy according to the findings proved to be the one which in some instances substituted the PER .Some of the information attained during in-depth interviews suggest that problem solving was attained through counselling sessions, health education, selective dating and *attending* group sessions on positive living .Consequently these mechanisms proved to be effective in providing solutions to specific stressors among adolescents.

"Counselling sessions have made me to regain self-confidence as well as accepting the things l cannot change ,and group sessions on positive living also educated me a lot on good eating habits thus l no longer have problems with my diet and also *l have improved in terms of weight and appearance.''(Female: 19yrs)*

This therefore shows that counselling and health talks enable the normal social wellbeing of adolescents thus addressing specific stressors on their part as evidenced by the (RDS,2010) . One of the key informant commented on the same issue:

Most of the adolescents we deal with appreciate the counselling and health talk sessions since they say they have helped them in dealing with stigma and discrimination .For instance they look health and have been able to fight against OI's due adhering to medication as well as balanced diet.

Therefore problem solving is a useful coping mechanism which helps adolescents come to terms with the prevailing situations in their lives. Seeking counselling and health tips enables them to be knowledgeable of the do's and don'ts hence equipping them on how to lead a positive life which is stress-free shunning stigma and discrimination.Mavhu (2010) stipulates that counselling services offered at the Zvandiri support group service is of great essence in problem solving process.

4.5.3 Social Support

Social support as a copping mechanism was explored below:

Sixteen percentage 16% of adolescents said they rely on social support as a coping mechanism. Possible support systems include family members, the Zvandiri support groups, and friends .Seeking support enables the adolescents to live in harmony with the society, family and friends since they would have shown love and care through supporting adolescents practical example from a responded who illustrated how much social support is of great importance:

"I feel loved when my parents show concern of my wellbeing by reminding me to take my medication ARV's on time ,asking if l have any health challenges time and again as well as reminding me of my review dates''(Male:14yrs) – Biological parents are very essential when it comes to the provision of social support.

Furthermore support groups are important since they provide a platform for adolescents to share practical life experiences thus shedding light on how this unique group of young people can withstand complexities of living with HIV and AIDS.

A thirteen year old talks of how his life changed ever since he joined the Zvandiri support group: *Ever since l became a member of the Zvandiri l have learnt to accept my status and take each day as it come. The various experiences that we have shared as a group have opened my eyes to see that there is more to life than worrying of the status that you cannot change, shared experiences of other youths like me have made me strong and of great courage.''(Female: 13yrs)*

Midboet al. (2012) is of the view that a strong family support system enables significant improvements in drug adherence and coping strategies. Findings in this research asserts that seeking social support to appropriate people makes the pandemic a manageable condition which in any case helps fighting stigma and discrimination. The findings also proved that in as much as the biological parents are essential we cannot do away with the extended family because they also play a role which is equally important as the biological family.

4.6. Faith healing and drug adherence issues among adolescents living with HIV/AIDS.

Faith healing and drug adherence issues among affecting HIV positive adolescents under this study were explored and are presented below:

Fifty percent (50%) of the adolescents said they have defaulted as a result of the influence of faith healing. The findings alleged that advent of various Pentecostal churches has contributed to the rise in believers as well as the working-out of miracles and prophecy which have resulted in several complications in medical setting specifically the HIV pandemic. Several cases of adolescents who defaulted were either as a result of faith healing or pill burden.

4.6.1 Various church doctrines and adherence issues

The effects of church doctrines on adherence issues are presented in the following paragraphs below:

Adolescents reported on the issue of pastors and prophets who encourage people to stop treatment after praying for them SAFAIDS (2010) or giving them some substitute for ARV's

this substitute can be inform of holy water/holy oil among others .Some adolescents opened up about their experiences:

*''After me and my friend got to know of our status we were in denial and could not believe our status ,someone then told us about a prophet who was believed to be healing HIV/AIDS .He prayed for us and told us to top ART and relay on holly water ,we would communicate with my friend through whats-app and lie home that we are going for resupply yet we would to see the prophet this went on for months till my friend fell sick and she got admitted .That is when the issue of defaulting was discovered by our parents but it was too late for my friend ,she passed on and there was nothing l could do to help except watch her deteriorate in her death bed (this really affected me)(Female: 19yrs).*This is a clear indication of how adolescents are sometimes affected by religion doctrines .

The adolescent goes on to say ''*I reformed after my friend's death but live to regret the time* and *chance we were together defaulting ART''*

Whilst in some cases defaulting is as a result of pill burden (being fed up with the routine dose of ARV'S).Another adolescent tells her experience:

Taking daily doses of tablets every day of my life made me feel sick, especially when l had no pain in my body …. , I then decided that l was well and there is no need for me to adhere anymore so l would disguise my mum to say l am drinking yet l was throwing the pills away. I was only when l was terribly ill diagnose TB of the lungs that l realised that there are no two ways on drug adherence (Male: 16yrs)

Key informant noted that:

Several cases of adolescence who default due to faith healing or pill burden are reported daily and continue to increase day in and day out .Some even come to get admitted at advanced stages when they will be bed ridden, there is need for penalties for churches that practise such doctrine since they are really miss-leading people .In addition adolescents need to be taught and make emphasis on ***ART FOR LIFE.***

Church doctrine has influenced a lot of people not only adolescents but also the elderly, resulting in deaths which are probably premature. Some cases adolescents report their parents as the source of influence into making such decisions on defaulting thus there is need to re-conscientise people on the need to adhere to medication at the same time praying to God (this is a way of cultural competence so that they worship their God but adhering to medication).

Naturally taking pills is not easy but if one accept his condition he or she is able to do what it takes to live longer .Therefore findings prove that lack of knowledge's well as acceptance (being in denial) cause people to act in ways they think can solve their insecurities yet in most cases they will be worsening the challenge.

4.7 Chapter summary

In conclusion this chapter presented findings from the study .The findings were arranged as demographic characteristics of respondents, psychosocial challenges faced, coping mechanisms by respondents, faith healing and drug adherence issues and support mechanisms available for adolescents living with HIV and AIDS at WIDH .The next chapter will focus on summary of findings, conclusions and recommendations of the psychosocial challenges faced by adolescents living with HIV and AIDS.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter presents a summary of major findings, provides the major conclusions that were drawn from this research and recommendations. The summary highlights the main points of the study whilst the conclusion reveals the main findings and the inferences that the researcher made from the findings. The chapter is concluded by recommendations to various stakeholders and future researchers.

5.2 Summary of findings

The aim of this study was to analyse the psychosocial challenges faced by adolescents living with HIV/AIDS. The objectives of the study were, to analyze the psychosocial challenges face by adolescents infected with HIV, to explore the coping mechanisms available to adolescents living with HIV/AIDS, to analyse the demographic characteristics of adolescents and explore support mechanisms available for adolescents living with HIV/AIDS at the Africaid adolescent's corner situated at Wilkins infectious diseases Hospital .A total number of seventy five adolescents participated in the study ,three key informants and ten parents /care givers .

The findings of the study indicated that adolescents are vulnerable to stigma and discrimination, continued ill health and economic challenges. Stigma and discrimination remains a major challenge that positive adolescents are still struggling with in their families and community. Fear and anxiety, challenges on handling disclosure with the opposite sex and issues to do with faith healing and adherence are complex issues that adolescents struggle with in their day to day lives. For instance on anxiety adolescents are burdened with the thoughts of what the future holds for them hence they fall victim of being stressed or extremely depressed. As a result of these challenges adolescents utilized passive and active coping mechanisms .For instance problem solving, destruction, Passive Emotional Regulation and social support.

5.3 Conclusions of the study

These conclusions are presented basing on the results from the previous chapter.

5.3.1 Psychosocial challenges that mostly affects adolescents wellbeing.

The most pronounced psychosocial challenge that adolescents experience is stigma and discrimination in families, among peers at school and in society .This has affected adolescents to such an extent that they have withdrawn from normal expected traits of human development. For instance they have resorted to self-exclusion in terms of participation in social programs, other school extra-curricular activities and some have decided not to engage in relationships with the opposite sex due to fear of stigma associated with disclosure.

5.3.2 Lack of effective state actors / support systems ininvolvement in addressing complex needs of HIV positive adolescents.

Due to the fact that adolescents living with HIV/AIDS have no specific policy or wholly designed program that regulates resource allocation meant to promote their welfare this makes them susceptible to lukewarm interventions offered by both the government and Non-Governmental Organisations. In addition economic challenges are excessively affecting the state actors thus they have minimized interference in offering various forms of support mechanisms .For instance the BEAM program is no longer effectively providing school fees to orphans as it used to do in the previous years. This has seen non state actors dominating the support mechanisms but their efforts have not been able to address all the challenges of infected adolescents since they also have limited resources .This therefore explains the reason why on the demographic data seventeen adolescents are not enrolled at school.

5.3.3 Fairly improved healthcare and counselling services which makes HIV/AIDS manageable among adolescents living with HIV/AIDS.

Due to the improved medical and social services within this unique group, findings have produced evidence of reduced suffering for adolescents in terms of managing the Pandemic. The provision of health talks have seen improvements in diet and even compliance to medication .In addition various Social work methods used by professional social workers as well as peer educators such as case work ,group work and community work have seen adolescents improving their social wellbeing in a positive manor. However these services are being jeopardised by lack of financial and human resources there by leading to half-baked interventions and inadequate professional to address the complex and emerging needs of adolescents living with HIV/AIDS.More so there is need for monitoring consistent of the

separation of adults and adolescents during the ART resupply dates since they share different interests and require different treatment.

5.3.4 Adolescents living with HIV/AIDS are utilizing both active and passive coping mechanisms to cope with the demands of the pandemic.

A tremendous and exceptional ability by adolescents to cope with the demands of HIV/AIDS has been achieved through active and passive methods that they adopted. Some of the methods include use of disruption, Passive Emotional Regulation (PER), problem solving and social support. These methods have helped the adolescents to accept their status and take each day as it comes. The research findings prove that passive methods have frequently been utilised regardless of their unfavourable consequences if they are over used. PER has been reported as one of the methods that resulted in faith healing among adolescents resulting in quite a number of adolescents defaulting.

5.3.5 The extent to which adolescents are adhering to medication and managing developmental pressures.

Older adolescents have addressed challenges on drug compliance due to the urge to try and disassociate themselves from being HIV positive .Due to the storm and stress associated with the adolescence stage, adolescents fail to develop a clear identity and are sometimes influenced by peer pressure with their quest for independence in social life as well as in managing their own health strains, this has proved to be common especially among adolescents girls. Consequently older adolescents have resorted to missing clinic appointments (review dates), absconding support group meetings resulting in lack of teaching on dating and positive living.

5.3.6. The essence of the extended family in the care support for the adolescent who are living with HIV /AIDS.

The HIV pandemic has resulted in many adolescents being orphaned thus the involvement of the extended family in the care and support of positive adolescents. The extended family helps the adolescents through the provision of economic, social, physical and psychosocial resources .This lessens the burden of the HIV pandemic on the adolescents since they have people who will assist them in more or less the same way as the biological parents.

5.3.7 The essence of community integration in the coping mechanisms

The community has a big role to play in the pandemic since it is one of the systems where adolescents depend on for their social, economic and psychological wellbeing .Thus a holistic approach will be most favourable since some of the issues concerning stigma and discrimination emanate from the society. Community integrationtherefore will address the root cause of stigma and discrimination.

5.4 Recommendations

Based on the findings of the research the recommends the following:

5.4.1Conscientising the community against stigmatising or discriminating HIV positive adolescents

In order for adolescents to gain self-confidence and participate in matters concerning their welfare society has to be educated on the importance of accepting adolescent's condition .The education can be inform awareness campaigns ,whereby information can be disseminated on a larger scale. Education can also be through offering counselling sessions to the families who are either infected or affected by the HIV pandemic. Therefore community integration will enable adolescents to cope with challenges that they face daily.

5.4.2 The need for government's consistentinvolvement in policy and legal framework formulation for the betterment of service provision among adolescents living with HIV/AIDS.

Adolescents are a unique group in the population and they need undivided attention in order to fully address and provide harmonized services to the specified population. In addition this will avoid half-baked services, thus policies or legal frameworks will clearly express the role that is to be played by various stakeholders in the multi sectoral approach in reacting to the complex social and health needs of HIV positive adolescents regardless of the economic instabilities in the nation. Therefore the government should consider formulating a policy that is specifically meant for adolescents living with HIV/AIDS.

5.4.3 Introducing more adolescent friendly services and programs

There is need for communities, public and private stake holders to increase friendly programs for positive adolescents in societies so as to educate and inculcate a spirit of hope to adolescents. This is because acceptance is a process therefore it does not happen overnight and it needs professional who basically have adolescents at hurt and who are not overworked. In addition youth friendly services will enable adolescents to air out their views comfortably that they sometimes cannot say to parents or relatives. As a matter of fact this will also be of essence in helping adolescents cope a life threatening pandemic.

5.4.4 There is need to promote greater adolescents participation and develop adolescents focused programme services.

In most scenarios programmes meant for positive adolescents are headed by older people who implement/dictate activities without the consent of the young generation .There is need to turn tables and include positive adolescents in leading positions and the older people should be there to offer guidance. This way programmes will be pro-HIV positive adolescents hence they will address the most appropriate issues affecting them for instance advocacy and promotion of the rights and needs of the adolescents, employment creation and convenient peer education.

5.4.5 Social workers need to be involved in helping adolescents living with HIV/AIDS.

In the bid to promote social normal functioning of these young people there is need for professionals such as counsellors to retoolso as to ensure a firm support base and prove competence. In addition there is need for Social workers to intervene through advocating for laws and policies that address this unique generation's concerns. Social workers also need to collaborate with other professions so as to ensure that the needs are meet as well as linking adolescents to available resources which are useful to solve the problem at hand.

5.4.6 Development of innovative self-sustaining projects that generates income to families so as to lessen the economic constrains.

Findings from the research proves that a number of parents or guardians are not formally employed either they are retrenched, job seeking or have no qualifications thus they do not

earn a basic monthly salary. In order to do away with the dependence syndrome the government or developmental organisations should in-cooperate those families with adolescents living with HIV/AIDS in livelihood programmes. This would be aimed at providing the basic needs for the child's development such as food, shelter, education and other basic needs so that the social life is not disturbed.

5.5 Recommended areas for Further Study:

After the findings in this study the researcher recommends the following areas of study:

- A Comparative analysis of psychosocial challenges faced by adolescents living with HIV/AIDS in Rural areas as well as in urban areas.
- The extent to which faith healing has affected drug administration among adolescents.

5.6 Chapter summary

This chapter managed to explain the essence of the whole study through several subtopics which include summary of the whole project, conclusions and recommendations. These explained the importance of shunning discrimination and promoting of adolescents participation in programmes .In addition recommendations suggested way out or possible solution that can curd the gap as well as reinforce policy requirements.

REFERENCES

Agot, K and Onyongo, J. (2009) *Youth friendly services for HIV prevention, treatment and Care: The Tuungane youth project, Kenya in Marlink, R.G and Tatelman, S.T (eds), From the Ground up: Building comprehensive HIV/AIDS care programmes in limited resource Settings, [Online] Washington DC, EGPAF, Avaialble at hptt//ftguonline.org* (Accessed 5 January, 2015).

Becker, H. (1973).*Outsiders*. New York: Free Press

Beckett, C. (2006) *Essential Theory for Social Work Practice*.London: Sage Publications.

Boundles .*Labelling theory ,Boundless Sociology .Boundless ,15 July 2015 .Retrieved 15 July .2015 from https ;// www.boundless.com/social-control-and -crime -7/the -symbolic -interactionalist -perspective -on-deviance -64/labelling –theory -383-8117/*

Braunn, Virgina; Victoria, Clarke (2006).*Using thematic analysis in psychology''Oualitative research in psychology* 3 (2):83 do: 10.119/1478088706qp063oa

Carlson [etal.], Neil, R (2010).*Psychology: The science of Behaviour, United States of America: Persons Education* .pp453-454.ISBN978-0-205-645244

Chenail R J (2011). *Ten Steps of Conceptualising and Conducting Qualitative Research Studies in a Pragmatically Curious Manner,*The Qualitative Report Volume 16 Number 6 November 2011, 1713-1730

EGPAF (2010) "*Spotlight on…Care and Treatment of HIV infection in infants and young Children", HabaNaba, Quartely Technical Bulletin*, Vol 1 Issue 3 pp 1-27.

Ferrand, R.A, Desai, S.R; Hopkins, C; Elston C.M, Copley, S.J, Nathoo, K, Munyati, S, Barker, R.D, Miller, R.F, Bandason, T, Barker, R.D, Wells, A.U; and Corbett, E.L (2012), "*Chronic lung disease in adolescents with delayed diagnosis of vertically-acquired HIV Infection", Journal of clinical infectious diseases*, Vol 55 No.1 pp 145-152.

Ferrand, R.A, Bandason T ,MusvaireP,Lark, Natho N Mujuru et al (2009) *Causes of acute hospitalisation during adolescence :the burden and spectrum of HIV-related morbidity in a country with an early* – onsetand severe HIV epidemic .PLos Med 2009

Fife,B. and Wright ,E.(2000).*The dimensionality of stigma: A comparison of its impact on the person with HIV/AIDS and Cancer .journal of Health and social Behaviour*, 41(1), 50-67.

Frank.R. (2013).*An exploration of the coping mechanisms adopted by adolescents living with HIVand AIDS in chinhoyi: A caseof adolescents receiving treatment at Chinhoyi provincial Hospital, Mashonaland West Province in Zimbabwe: University of Zimbabwe.*

Garanganga, E. (2009). Unpublished dissertation, "Palliative Care Needs Of Children suffering From AIDS: Zimbabwe

Goffman, E. (1963).*Notes on Management of Spoiled Identity*, London, Prentice Hall International.

Haralambos M and Holborn M (1995). Sociology: *Themes and Perspectives*, London, Harper Collins Publisher.

International HIV/AIDS Alliance (2011).*Briefing Paper*www.aidsalliance.org

Kothari.C.R (2004).*Research Methodology Methods and Techniques (2nd Revised Edition).*University of Rajasthan, Japan (India)

Lesyna, Katherine, "*A Review of Psychosocial Support and the Challenges Faced in Disclosing HIV Positive Status to Children in Kibera*" (2010). *Independent Study Project (ISP) Collection.* Paper 965. http://digitalcollections.sit.edu/isp_collection/965

Lewis, S.Y. (2001). "*Commentary: Coping over the long haul: Understanding and supporting*

Children and families affected by HIV disease". Journal of Pediatric, Psychology, Vol 26 No.

1 pp 359-361.

Link BG,Phelan J.C.(2001) .*Conceptualizing stigma .Annu Rev Social* .2001;27:363-85

Mabala, R, Badcock-Walters, P and Anning, V (2009).*Supporting educational needs of HIV positive learners: Lessons from Namibia and Tanzania*, Darussalam, UNESCO

Magaya, L; Asner-self, K. K and Schreiber, J.B (2005). "*Stress and coping strategies among*

Zimbabwean Adolescents", British journal of educational psychology, Vol 74 No. 4, pp 666-671.

Markowitz, F.E (1998).*The effects of stigmaon the psychosocial well-being and life satisfication of persons with mental illness.Journal of Health and Social Behaviour*, 39,335-347.

Maruva, M, Keatinge, J, Miller, A, Foster G and Bwakura F (2006).*Clinical and Community Provision of Care and Treatment for Children Living with HIV in Zimbabwe: National Policy and Strategy Development.*Accesed 2 September 2015, <http://ftguonline.org/ftgu-232/index.php/article/view/2051/4098>.

Mavhu, W; Berwick,JChirawu, P; Makamba, M; Copas, A; Dirawo,J; Willis,N; Laver, S.M and Cowan,S.F, (2010), *Report on a study to develop an evidence-based intervention For providing community support to HIV positive adolescents in Harare, Zimbabwe*, A paper Presented at AIDS 2010 - XVIII International AIDS Conference (Vienna), International AIDS Society.

Melissa, S and Fullem, A, (2012). *Transitioning of care and other services for adolescents Living with HIV in Sub-Saharan Africa*. Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1.

Midtbo,V; Shirima, V; Skovdal, M; Daniel, M, (2012)., "*How disclosure and antiretroviral Therapy help HIV-infected adolescents in sub-Saharan Africa cope with stigma*", *African Journal of AIDS Research*, Vol 11, No 3, pp. 261-271.

Moth, S.N, SwamyVH,LalaMM,KarpagamS,Gangakhedkar RR.(2012).*Adolescents living with HIV in India –the clock is ticking*.US National Labrary of medicine.

Moyo M. Mubaira, C. Tholana, M. (2007) "Delivering Services Amidst Turmoil", Accessed 5 November 2015, <http://www.aidstreatmentaccess.org>.

Mupedziswa, R. (1998).*AIDS in Africa: The Social Work Response*, Harare, Journal of Social Development in Africa.

NAC (2010) *Revitalizing Our Commitment to Zero Infections, Zero Deaths and Zero Discrimination, Zimbabwe National HIV and AIDS Strategic Plan 2011-2015*, (ZINASP II), Harare, National AIDS Council.

National AIDS Council (2015).*Co-ordinating the multi-sectoral response to HIVand AIDS.*

WHO \UNIAIDS /UNICEF (2011); Global HIV/AIDS Response: Epidemic update and health sector progress towards UniversalAccess 2011

Orban LA, Stein R, Koenig LJ, Conner LC, Rexhouse EL, Lewis J.V and LaGrange, R. (2010), "*Coping strategies of adolescents living with HIV: disease specific stressors and Responses". AIDS Care: Psychological and socio-medical aspects of HIV/AIDS*, Vol 2: No.24, pp 420-430.

Papua New Guinea National HIV and AIDS Strategy 2011-2015. Accessed at: http://www.

aidsdatahub.org/en/whats-new/309-papua-new-guinea/721-papua-new-guinea-national-hiv-andaids-strategy-2011-2015-national-aids-council-of-papua-new-guinea-2010)

Parker, C.A (2009).*"The lived experience of HIV positive Tanzanian Orphans"*, Unpublished Thesis, Walden University College of Health Sciences.

Plan International (2006).*Circle of Hope: Children's Rights in a World with AIDS, Surrey, Plan Limited.*

Quest, Grey,MacQeen ,Namey(2012).*''Intoduction to Thematic Analysis''Applied Thematic Analysis:* 12 Pearson UK.

Rohleder, P, (2010).Rehleder,P,(2010) *Rehabilitation in practice : They don't know how to offend themselves '' Talk about disability and HIV risk in South Africa Disability and Rehabilitation* ,32(10),855-863.

Roller R, M (2013). *Qualitative Research Design*, Selected Articles from Research Design Review Published in 2012

Ruparanganda.L. (2011). *A study on the challenges faced by children infected with HIV: the case of children on the SOS children's villages community outreach programme (Glen- view, Glen- nora and Budirio): University of Zimbabwe*

Safman, R.M. (2004). "*Assessing the Impact of Orphan Hood on Thai Children*

Affected By AIDS and Their Caregivers" in AIDS Care: Psychological and Socio-Medical Aspects of AIDS/HIV, Volume 16(1), Harare, SAfAIDS

SAfAIDS. (2006). "*HIV in Late Childhood and Adolescence A Growing Problem: Needs Of HIV Infected Adolescents Are Not Being Met, Says Researchers" in SAfAIDS News Volume 13(1),* Harare, SAfAIDS

UNAIDS (2010) .*Report on the Global AIDS Epidemic*, Geneva, UNAIDS.

United Nations Children's Fund (UNICEF). *Global Databases, 2013,*

Based on DHS, MICS and Other National Surveys. New York, NY:

UNICEF; 2008-2012

UNAIDS (2010).*Global report: UNAIDS report on the global AIDS Epidemic*, Geneva, Joint

United Nations Programme on HIV and AIDS.

United Nations Children's Fund (UNICEF). UNICEF Analysis of UNAIDS

2012 HIV and AIDS Estimates. New York, NY: UNICEF; 2013.

Van Djik J. H, Sutcliffe C. G, Munsanje B, Hamangaba F, Thuma P. E, Moss I.A.J

(2009). "*Barriers to Care of HIV Infected Children in Rural Zambia: A Cross Sectional Analysis", <http://www.biomedicalcetral.com/20205937*

World Health Organisation (2013).,*Number of women and children living with HIV: Situations and trends*, Geneva, WHO. Available at http://www.who.int/gho/hiv/epidemic_status/cases_adults_women_children_text/en/index.ht

Ml, (Accessed on 5 February, 2015).

World Health Organization (2010).*Strengthening the Health Sector Response to Adolescent*

Health and Development. WHO. Available at

www.who.int/child_adolescent_health/documents/cah_adh_ flyer_2010_12_en.pdf (accessed

11 June, 2015)

APPENDIX A- RESPONDANT CONSENT FORM

Introduction

My name is Joyce Bongo and I am a student at the Bindura University of Science Education (BUSE). In partial fulfillment of the requirements for the Bachelor of Social Work Honours Degree, I am carrying out a study entitled *"Psychosocial challenges faced by adolescents living with HIV/AIDS in Zimbabwe .Case study of Zvandiri .This study seeks to evaluate the psychosocial problems that adolescents living with HIV/AIDS encounter as well as their coping mechanisms. This exercise takes at least forty-five minutes (45 minutes).* The information obtained is purely for academic purposes and will be treated with confidentiality and no names will be required for one to qualify as a participant. You can withdraw at any point in this research if you do not feel comfortable .Complete the consent form if you want to voluntarily participate in this research.

Section B: Terms and Conditions of Participation

1. Voluntary participation is encouraged and participants will not be coerced to participate.
2. Participants are encouraged to seek clarification in issues that they do not understand.
3. Arrangements would made by the researcher to meet participants at the best time suited to them.
4. Research proceedings will be recorded in writing and anonymity will be guaranteed by not including names and use of pseudonyms.
5. All information obtained will remain confidential and the research is purely for academic purposes.
6. Participants are free to withdraw from the research at any time.
7. I……. (Use initials only) have read and fully understood the condition of participation in a research study carried out for the Bindura University of Science Education.

Signature (Participant)……. Witness……

Signature (Participant)…….. Witness …….

APPENDIX B -In-depth interview Guide for Adolescents

Introduction

My name is Joyce Bongo and I am a student at the Bindura University of Science Education (BUSE). In partial fulfillment of the requirements for the Bachelor of Social Work Honours Degree, I am carrying out a study entitled *"Psychosocial challenges faced by adolescents living with HIV/AIDS in Zimbabwe .Case study of Zvandiri .This study seeks to evaluate the psychosocial problems that adolescents living with HIV/AIDS encounter as well as their coping mechanisms. This exercise takes at least forty-five minutes (45 minutes).* The information obtained is purely for academic purposes and will be treated with confidentiality and no names will be required for one to qualify as a participant. You can withdraw at any point in this research if you do not feel comfortable .Complete the consent form if you want to voluntarily participate in this research.

Section A:Demographic Data

1) Age
2) Sex
3) Level of education attained?
4) Are you still going to School?
5) You live with parents [ ] or guardian [ ]
6) If living with guardian state the relationship
7) How many are you in your family who have the same sero positive nature as you?
8) Are you an orphan [Yes/No] Single orphan [ ] Double orphan

TESTING AND DISCLOSURE

1 At what age did you know your sero positive status?

2. What necessitated you to get tested?

b) Who disclosed the results?

3. What was your reaction after the disclosure?

4) Currently how do you feel about the status?

5) Have you disclosed your status to anyone?

i) If **yes,** why did you disclose to her/him/them?

ii) If **no,** do you plan to disclose?

iii) If **yes**, to whom?

Section B: Social Relationships

1) Are you a member of any support group on HIV/AIDS Yes [ ] No [ ]

ii) If yes specify name and type of group

2) Have you disclosed your status to anyone among your peers or in your neighbourhood?

a) Comment on your relationships with peers and relations in your neighbourhood with special emphasis of the following:

I. Home

II. School

III. Parents at home

IV. Guardians or caregivers

V. Teachers at school

VI. If there are other categories specify

3) Do you understand what is meant by positive living?

i) What have you been taught on positive living?

4) Do you have any problems when it comes to positive living?

5) Are you currently dating?

ii) If yes or if you dated before what challenges did you face in your relationship?

6) Do you have any anxieties / uncertainties about what the future holds for you?

ii) Do you experience any other psychosocial problems?

7) What coping mechanisms do you make use of

SEXUAL AND REPRODUCTIVE HEALTH ISSUES

1) If you are in a relationship, have you disclosed your status to your boyfriend /girl friend or future partner?

ii) If **no** .Are you planning to disclose your status to him or her?

iii) Have you faced any challenges in dating due to your HIV status?

2) Have you started engaging in sex? Yes [ ] No [ ]

ii) If so are you using protection? Yes [ ] No [ ]

iii) If not why?

APPENDIX C-Key informant interviews

Introduction

My name is Joyce Bongo and I am a student at the Bindura University of Science Education (BUSE). In partial fulfillment of the requirements for the Bachelor of Social Work Honours Degree, I am carrying out a study entitled *"Psychosocial challenges faced by adolescents living with HIV/AIDS in Zimbabwe .Case study of Zvandiri .This study seeks to evaluate the psychosocial problems that adolescents living with HIV/AIDS encounter as well as their coping mechanisms. This exercise takes at least forty-five minutes (45 minutes).* The information obtained is purely for academic purposes and will be treated with confidentiality and no names will be required for one to qualify as a participant. You can withdraw at any point in this research if you do not feel comfortable .Complete the consent form if you want to voluntarily participate in this research.

1. **BACKGROUND INFORMATION**

I. Name of Institution that the key informant is affiliated to?

II. What is your Job title?

III. Can you give a brief summary of your work

IV. Years of experience

V. How many children do you work with??

2. **QUESTIONS ON DISCUSSION.**

I. How are adolescents dealing with issues to do with disclosure?

II. How are adolescents responding to proper drug administration and adherence?

III. How often do adolescents discuss issues to do with their sex life with you?

IV. Can you comment on the psychosocial problems that adolescents living with HIV/AIDS face in Zimbabwe?

V. How are adolescents living with HIV/AIDS coping with psychosocial problems that they face?

VI. To what extent are the coping mechanisms useful?

VII. What do you think can be done to address the psychosocial challenges being faced by adolescents

APPENDIX D-Focus Group Discussion Guide

Introduction

My name is Joyce Bongo and I am a student at the Bindura University of Science Education (BUSE). In partial fulfillment of the requirements for the Bachelor of Social Work Honours Degree, I am carrying out a study entitled *"Psychosocial challenges faced by adolescents living with HIV/AIDS in Zimbabwe .Case study of Zvandiri .This study seeks to evaluate the psychosocial problems that adolescents living with HIV/AIDS encounter as well as their coping mechanisms. This exercise takes at least forty-five minutes (45 minutes).* The information obtained is purely for academic purposes and will be treated with confidentiality and no names will be required for one to qualify as a participant. You can withdraw at any point in this research if you do not feel comfortable .Complete the consent form if you want to voluntarily participate in this research.

a) What are the health and social services (educational facilities such as programmes aimed at awareness campaigns and knowledge on positive living) available to the adolescents living with HIV and AIDS either in the community you live or at Wilkins Hospital?

c) How effective are these services to you as adolescents?

d) What do you think should be done by relevant authorities to improve the quality of life for adolescents living with HIV/AIDS?

e) How have you been able to deal with challenges relating to stigma and discrimination in societies that you live in as adolescents?

f) How are you handling issues of adherence to treatment?

g) How is the issue of faith healing affecting you as adolescents?

h) How are you handling issues to do with disclosure of your HIV/AIDS status especially with their counter parts of the opposite sex (boyfriends/ girlfriends)?

i) What do you think about the use of condoms as a protection measure against reinfection?

g) What are the factors that make it difficult for you as adolescents to live with HIV and AIDS?

a) Can you comment on the psychosocial challenges that you face adolescents living HIV and AIDS in Zimbabwe?

b) What strategies are you using as adolescents to cope with challenges associated with living with HIV/AIDS in Zimbabwe?

ii) How effective have these coping mechanisms been to adolescents?

Thank you.

APPENDIX E-Approval Letter from City Of Harare

CITY OF HARARE

HUMAN CAPITAL DEPARTMENT
TOWN HOUSE, HARARE, ZIMBABWE
POST OFFICE BOX 990
TELEPHONE 752979 / 753000

EMAIL: hrd@hararecity.co.zw
ADDRESS ALL CORRESPONDENCE TO THE HUMAN CAPITAL DIRECTOR

20 March 2015
Wilkins Infectious Disease Hospital
1 Princess Road
Harare

BONGO JOYCE R

RE: AUTHORITY TO UNDERTAKE RESEARCH: BONGO JOYCE R

This letter serves as authority for Bongo Joyce R to undertake her research on the topic; PSYCHO-SOCIAL CHALLENGES FACED BY ADOLESCENTS LIVING WITH HIV/AIDS IN ZIMBABWE – A CASE STUDY OF WILKINS INFECTIOUS DISEASE HOSPITAL.

This is in partial fulfilment of her HBSc Social Work Degree at Bindura University of Sciences Education (BUSE).

The City of Harare has no financial obligation and neither shall it render any further assistance in the conduct of the research. The researcher is however requested to avail a copy of the research to the undersigned so that residents of Harare can benefit out of it. The research should not be used for any other purpose other than for the study purpose specified.

Yours faithfully

DR. C. CHINGOMBE
HUMAN CAPITAL AND PUBLIC SAFETY DIRECTOR
LM/rv

"HARARE TO ACHIEVE A WORLD CLASS CITY STATUS BY 2025"