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FACULTY OF SOCIAL SCIENCES

DEPARTMENT OF PSYCHOLOGY

**PSYCHO-SOCIAL AND MENTAL HEALTH CHALLENGES OF YOUTH WITH
PERINATAL HIV AT WILKINS HOSPITAL.**

BY

RUTENDO YOLANDA MAKWAZA

R143844E

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SUPERVISOR: MR MASEKO

APPROVAL FORM

FACULTY OF SOCIAL SCIENCES

The undersigned certify that they have read and recommended to Midlands State University for acceptance of a dissertation entitled:

***Research topic:* PSYCHO-SOCIAL AND MENTAL HEALTH CHALLENGES OF YOUTH WITH PERINATAL HIV AT WILKINS HOSPITAL**

Submitted by RUTENDO YOLANDA MAKWAZA, Registration Number R143844E, in partial fulfilment of the requirements of the Bachelor of Science Honours Degree in Psychology.

SUPERVISOR:

CHAIRPERSON:

EXTERNAL EXAMINER:

DATE:.....

RELEASE FORM

MIDLANDS STATE UNIVERSITY

NAME OF AUTHOR: RUTENDO MAKWAZA

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Signed:

Address: 2932 Upfront
Ruwa
Phone 0774 930 397
Email Address: yolandamakwaza@gmail.com
Date: APRIL 2018

DEDICATION

This research is dedicated to the youths out there living with perinatal HIV in Zimbabwe and the world at large. You have fought so hard and let nothing limit you in any way. Also dedicated to the Lord almighty for strengthening me and giving me the brains to carry out this study.

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
CDC	Centre of Disease Control
HBM	Health Belief Model
HIV	Human Immune Virus
HAART	Highly Active Anti-retroviral Therapy
NAC	National AIDS Council
OIC	Opportunistic Infection Clinic
PHIV	Perinatal Human Immune Virus
UN	United Nations
WHO	World Health Organization
WIDH	Wilkins Infectious Disease Hospital

ABSTRACT

This study has mainly been predisposed by the fact that children born with HIV are reaching in their youthful stage however they are facing so many problems in handling their status hence bringing about inconsistency in ART adherence. The fight against HIV has been ongoing for decades and it has caused a lot of havoc worldwide. The main goal of the research was to explore on the psychosocial and mental health challenges that youth living with perinatal HIV are facing. The research made use of qualitative research approach with multiple case study research design. From this research psych-social challenges that youth with PHIV are facing came to light well as mental health problems they are bound to have and these mainly included reproductive choices, stigma and discrimination, loss of job and educational opportunities, mood disorders, anger among others. Therefore it came to light that these problems can mainly be addressed mainly by the society as they offer them social support. Education should also be offered to the community so as to help them embrace youth with HIV. It is of uttermost importance that the role of psychologists be embraced in institutions that cater for people living with HIV so as to enhance their mental well-being.

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CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

Human Immune Virus (HIV) has been highly prevalent in this era as much as there have been found a number of ways to reduce the prevalence of the HIV/ AIDS (Acquired Immune Deficiency Syndrome) infection for instance preventing the virus from being passed on from the mother to the infant child in this present time, new challenges are arising. One of the major problem that is being faced is that those that were infected perinatally with HIV infection in the early 2000s and have been put on ART regimen are fast approaching into youthful and adolescent stage, therefore different challenges arise as per how they cope up with living with the chronic illness and different challengers they are facing due to the fact they were born with the virus. The research therefore is mainly looking at the psycho social challenges they are facing as it explores more on the behavioral problems, emotional problems, how the community responds, family problems as well as issues to do with poverty. Other than that the research is also looking at the mental health problems mainly dwelling on issues do with their cognitive functioning, psychological disorders they might face as well as mood disorders. Other researchers confirm that there is an increase in HIV amongst the youths and a number of them have been infected perinatally. This research purports to unveil the psycho social as well as mental health challenges that are affecting the youths who have been infected perinatally with HIV, and come up with vital solutions that enable them to cope up in their generation. To be discussed in this chapter is the background to the study, statement problem, purpose, research objectives, research questions, significant of the study, delimitations, limitations, assumptions, the key terms as well as the chapter summary.

1.2 BACKGROUND TO THE STUDY

Human Immune Virus (HIV) has been wide spread across Africa and over the years has been predominant in the Sub Saharan areas. It is known to be a virus that causes damage to the immune system of a human being as well damaging. It became more prevalent in Zimbabwe in the late 1980s such that a number of people passed on due to HIV. According to the ANC (2011) the overall HIV prevalence among women of the age 15-49 was 21.3 %. As a result the

antenatal care of HIV in that time that is the 90s was less prevalent. The major tragedy therefore caused by this scenario is that a large number of adults infected by the virus died however a lot of children were born with the virus because yet still in the 2000s a few number of people had embraced antenatal care of HIV. According to UNAIDS (2016) has a project 13 million people is amongst the sub Saharan countries worst affected by the HIV and AIDS. UNAIDS (2012) state that in high income settings the almost complete success in reducing mother to child transmission means that pediatric HIV has now become an adolescent epidemic, with those already infected surviving into adulthood. The availability of highly active antiretroviral therapy has meant that children with perinatal human immune virus have got better chances of surviving into adolescence and adulthood (Li, Jaspan, O'Brien, Rabi, Cotton and Natrass 2009). Thus the availability of ART has ensured the survival of many people and it has transformed a fatal illness into a chronic one which can be managed.

Studies show that globally without intervention the cumulative in the utero, intrapartum and post-partum transmission rate is approximately 35-40 percent. It is further on said that higher viral load leads to higher chances of HIV Transmission. According to Mellins and Malee (2013), “children that are born with perinatal HIV are reaching adolescents in large numbers and young adulthood in large numbers. UNAIDS (2014) further on report that there are three million four hundred children living with HIV that are below 15 years of age and there are 2million adolescents aged between 10 and 19. Therefore this shows that the number of adolescents who are encroaching into the youthful stage who have been infected perinatally is fast growing however they continue to face drastic challenges in their lives in the transition from being taken care of by their caregivers into young adults who take care of themselves. A perinatally infected child now faces a chronic disease rather than a progressive and fatal one, however these success pose new challenges as prenatally infected youths (Heezra R, 2010). This therefore explains that during the course of childhood less problems arise however the major problems become visible during the course of adolescents as they transit into the youth or young adults. (Heezra R, 2010) Further on postulate that some of the problems they face as they transit to adult hood encompass things like maintaining adherence to long term, lifelong therapy as well as selective antiretroviral drug regimen.

According to Lowenthal et al (2014), “Mental and neurological disorders have got an intertwined relationship with HIV, yet are often overlooked when AIDS intervention measures are being planned initiated”. It is further suggested that cognitive disorders, substance abuse as well as disorder of personality can also influence behavior in ways that can lead to greater risk infection. Therefore as not only do the youths living with HIV face psychosocial challenge in their day to day living, they are also at great risk of having mental health problems as highlighted. (Chibanda, 2015) explains that generally in Zimbabwe common mental disorders amongst people living with HIV sum up to 25 percent. Brown et al explains that 17,5percent of youths from 20 adolescents HIV clinics reported psychological symptoms greater than the normative threshold on the global severity. Hence is important to look at the psychosocial and mental health challenges that are being faced by youths living with HIV and what can be done best in assisting the youths. Research actually confirm that an estimated two million adolescents are living with HV. Furthermore the Centre of Disease Control (CDC) is of the notion that 67 out of 68 children diagnosed with HIV in 2005 had perinatal HIV. Further studies show that 81 percent of all adolescents living with HIV in 2014 had perinatal HIV and most of these where during the peak years of the 2000s.

UNAIDS (2015) postulates that whilst mother to child transmission at six weeks of age has been reduced by 19 percent in 2000 to six percent in 2014, late transmission from breast feeding remains at 15 percent in 201. It is further on postulated that the leading cause of death amongst adolescent (young adults) in Africa is AIDS and it is the second highest cause of death globally. The estimated number of deaths amongst those within the age groups of within the age groups 10-19 years of age has tripled since the year 2000 due to the increase in the number of adolescents living with HIV who were vertically infected by the virus. Thence this is enough evidence to show that unaddressed challenges that is (psychosocial and mental health) might actually be generating a high death rate amongst the youths living with perinatal HIV infection and therefore this needs to be addressed.

As mentioned earlier two million adolescents globally were living with the HIV virus in 2014, with only 25 percent living in only three African countries (South Africa, Kenya and Nigeria). He further on postulate that the roll out of anti-retroviral therapy has allowed perinatally infected children to enter into adulthood however they face emerging challenges. According to Baingana

et al (2005) The World Health Organization asserts that mental health effects of AIDS are “substantial.” In addition to general emotional responses of “anger, guilt, fear, denial, and despair,” 38 to 73 percent of HIV/AIDS patients will have at least one psychiatric disorder in their lifetimes, with up to 20 percent of PLWHA exhibiting psychiatric symptoms as their earliest medical symptoms of AIDS. Woollett (2013) states that, “ HIV and AIDS adds a significant burden to adolescence development through issues like orphan hood , stigma, bereavement, poverty, increase risk taking behavior among other social ills”.

1.3 STATEMENT OF THE PROBLEM

Maleens and Malee (2013) are of the strong opinion that, “Across the globe children born with perinatal HIV (PHIV) are reaching adolescents and young adulthood in large numbers yet the majority of researches have focused on the biomedical outcomes but there is an increasingly awareness that long term survivors of perinatal HIV are at high risk of mental health problems”. According to UN (2014) 20 percent of the 1 billion youths in the world have mental health complications. A number of children who have been infected perinatally with HIV are transitioning into the youthful stage however as they have encroached into the youth or adolescents they face many problems psycho socially and most of these lead to may lead into mental health challenges.

HIV and AIDS has been given so much attention in this time and era. As much as it has been given much attention, much focus is being given on addressing the material and educational needs of people living with HIV particularly children. However little attention has been given on the mental health aspect their emotional needs and psychological needs which are mostly affected by their social needs and as this happens mortality rates are increasing amongst youths living with PHIV as well as suicidal rates simply because their emotional needs are not met. Nyombi (2006) further alludes that, “reproductive and sexual health needs of youths living with perinatal HIV remain largely unaddressed”.

1.4 PURPOSE OF THE STUDY

This study put its main focus on was to exploring the current mental health and psycho-social challenges that are being faced by perinatal HIV youths and come up with possible solutions for intervention as a health practitioners at large.

- The study is important to the researcher as it will qualitatively explore the common problems faced by the youths living with perinatal HIV infection as well as mental disorders that may affect them and how their problems might actually differ from the youths who acquired the virus in their later stage of life.
- Through qualitative research it aimed at helping the student to gain adequate knowledge on the common mental disorders that are faced by youth living with perinatal HIV infection.
- Other than that it was also important for the hospitals as they became aware of the fact that HIV and some mental disorders are intertwined thus can have serious on the ART adherence hence they can be able to find means of intervening so that more damage is not caused
- To come up with intervention measures on how to deal with such matters in the clinic or hospital setting.

1.5 RESEARCH OBJECTIVES

1. The researcher's objectives were to establish common psychosocial and mental health problems faced by youths living with perinatal HIV infection.
2. To have a systematic review on the intervention measures that can be taken by the hospital, community, patients as well as the researcher pertaining to the problems they are facing.
3. Also to explore on the experiences on youth living with perinatally infected HIV.

1.5.1 RESEARCH QUESTIONS

1. What are the life experience of young people living with perinatal HIV infection?
2. What are the common mental health problems that are faced by the youths perinatally infected with HIV?
3. What are the common social problems that are faced by youths perinatally infected with HIV?

4. What are the measures that can be taken by the health care workers, community at large as well as perinatal HIV infection patients to mitigate the problems that they are facing?

1.7 SIGNIFICANTS OF THE STUDY

This research is of great essence as it will help in coming up with intervention measures to address the psycho social and mental health challenges that are encountered with youth living with perinatal HIV infection. Youths end up defaulting ART or indulging into risky behaviors therefore it is of paramount important to reduce the impact of the challenges on their day to day lives. It is also important to the care givers and family members on how they can handle the transition from childhood into youth as it was figured out that many of the challenges emanated during this period. The study is also of great essence to the health care professionals. These encompass social workers, psychologists, doctors, nurses among others. As they get adequate knowledge on the problems they are facing, it therefore improves on the health care professional and patient's engagement thence they are able to work together in providing good health to their clients. Client engagement also help the hospital to improve on productivity and the quality of service they offer to their patients. Other than that the study is also significant to other researchers as it is a source of literature to other researchers. It is imperative to consider that this study is a source of knowledge which can also be applicable outside the research setting. This might event to policy making by the government. Lastly the study is important to the university as it will be part of the library documentation

1.8 ASSUMPTIONS OF THE STUDY

The basic assumption was that youths living with perinatal HIV are facing challenges during their transition into adulthood. Therefore some of the behaviors portrayed by the youths might actually be worsened by having to live with a chronic illness for a very long time in their lives. Psycho social problems that these youths are facing emanate from the fact that they have been infected perinatally with HIV hence they try to content a lot of feeling within themselves. Intervention measures pertaining to the common mental disorders that occur in youths living with perinatal HIV infection can be implemented. It is of great essence to note that most their experiences are being neglected up to date thus such problems will always cause problems in their lives if they are not dealt with profusely.

1.9 DELIMITATIONS

The research is mainly centered on youth perinatally infected with HIV and their experiences. So it is solely based on their willingness to participate and fully disclose their problems and their life experiences. They were located in the urban areas of Harare and were taking their antiretroviral drugs at Wilkins Hospital. On another note the researcher opted to conduct the research at Wilkins Hospital basically because there is a large population of youths infected perinatally with HIV therefore this would make the study yield more accurate findings. As mentioned earlier the research was mainly focused on the youths between the ages 15- 24 according to the United Nations hence the hospital has got a number of patients from each age group thus making the study less complex.

The researcher also opted to look at youths living with perinatal HIV infection rather than all other youths mainly because she wanted to take note of all the possible mental health challenges that might be developed from childhood solely because one is living with this chronic disease. Afterwards the researcher also intended to look at the psycho social and mental health challenges would therefore affect them in their later life or in their youthful stage. Rather than looking at a population where HIV transmission occurred in their later stage of life.

The searcher also opted to focus on the youths specifically of the ages 15 -24 as they are the key population Zimbabwe. Therefore if the challenges they are facing are not addressed this might have an impact on the future of the whole country states that youth can be defined in relation to development as there are the major players in the development of a nation economically ,socially as well as politically. Therefore if their needs are unaddressed by the society or the government the effect may be felt in the future.

Some research postulate that a sample size when carrying out a study has to thirty percent of the actual population. Therefore the researcher opted to have a sample of twenty five to thirty participants. So that all ages are catered for in the research.

1.10 LIMITATIONS

The researcher's major challenge was that the whole research was solely based on the participant's involvement hence at times participation from them was a challenge because they would be in a hurry. The age range for the research was broad such that, it covered late

adolescence up to young adulthood, therefore their challenges differed because of their ages, the researcher managed to do in-depth interviews for the youths that helped them cover all the challenges that are faced by the youths. At times you would find that responses from the participants were based on their emotions or feelings thus validity was jeopardized. Financial challenges were also a limitation since the author was not able to reach certain places she intended to.

1.11 DEFINITION OF KEY TERMS

1.11.1 Youth

According to the United Nations it is best understood as a period of transit from childhood to adulthood independent. They further on explain that for statistical purposes youthful stage is from the age of 15-24. However the psychology dictionary precedes that a young adult is a person in the age range of 18 to 39 although Erick Erickson's stages of development differ. Canady (1948) states that, "In most cases the definition of youth, young adult and adolescents are used interchangeably as they have almost similar definitions". Some scholars are of the contrasting view that there is a lot of inconsistency across culture on age base definitions therefore Baingana (2005) states that, "it is more accurate to focus on social processes in the transition to adult independence when defining youth". In most of the sub-Saharan parts of Africa youth is mainly of the age 15-30 years. The concept of youth idealized and constitutionalized supposes eventual arrival at the concept of adulthood. The researcher therefore opted to use the definition given by the WHO (2013) as it touches certain age groups that have the likelihood of being affected by most of these challenges. That on its own becomes a challenge whereby our youths are attempting to establish boundary in their lives. There are many problems that surround these age groups. Therefore it was of great essence for the researcher to look at the youths in accordance to WHO's definition as it gave room for exploration on the challenges they face.

1.11.2 Mental Health

According to the World Health Organization (2013) mental health is a state of wellbeing in which the individual realizes his or her own abilities, can cope with normal stresses of life and can work productively or fruitfully. In this can youths living with perinatal HIV should be able to

cope with life stresses and should not be hindered by anything to have a normal productive life. Failure to achieve this therefore means that one has got mental health problems. Other scholars define mental health as a state of mind that is free from mental disorders and possessing a psychological well-being. It includes psychological, social and emotional well-being. Health Education Authority (1997) state that mental health is the emotional and spiritual resilience that enable us to cope with pain. It is further own stated that it is a fundamental belief in our own dignity and worth. Therefore physical complications can cause mental health problems in an individual.

1.11.3 Psycho-social

Psycho social is defined as a combination of both psychological and social aspects. Hence in this case the researcher is looking at the psychological and the social problems that are faced by the youths living with perinatal HIV infection. According to the regional Psychosocial Support initiative (RPSS) (2004), “The term psychosocial acknowledges the relationship between psychological factors and the social context in which they occur, recognizing that mental health is closely linked to culture, traditions and relationships”. He further on postulate that psychosocial support is an “ongoing process” that includes “meeting the physical, emotional, social, mental and spiritual needs” of target populations. Therefore psychosocial definition can be derived from this definition and is said to be the physical, emotional, social, mental and spiritual aspects of a human being. Therefore in in this study the researcher looked at all the aspects that encompassed.

1.11.4 Perinatal HIV

Perinatal HIV refers to the time and process of giving birth or being born. Thus perinatal HIV and AIDS simply refers to acquired immune deficiency syndrome that is acquired by an infants and children from their mothers either during pregnancy, labor and delivery or during breast feeding CDC (2007).

1.12 CHAPTER SUMMARY

In summation the chapter had its main focus on the definition and giving the structure of the study pertaining the psycho social and mental health challenges of youths that are perinatally infected with HIV infection. This chapter also gave some introductory remarks on the studies

that have been carried out pertaining to this issue as well as the main focus of the whole research. Definition of key terms was also done and key concepts that will be further explained in the research. The basic assumption of researcher was that youths living with perinatal HIV infection face psycho social and mental health challenges that need to intervention measures so that they will not be further own affected in the near future. Looking at HIV /AIDS it has been a major chronic illness that has led to so much loss of life globally hence much documentation has been done as intervention measures are being brought forward to improve the livelihood of the general populace of people living with the virus. For that reason in the next chapter the researcher's main focus was on the literature pertaining to HIV and its related challenges paying particular attention to the youths who live with perinatal HIV what has been documented hence forth.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

As mentioned in the previous chapter the study looked at the psycho social and mental health challenges that are faced by youths living with perinatal HIV infection. It aimed at exploring more on the general challenges that are being encountered by this group of young people, as the challenges can be derived from diverse aspects that is both social that is societal circumstances that follow and also psychological challenges that are encountered. Here special attention was given to the mental health and psychosocial issues that arise as a result of this chronic illness being generated from birth .the researcher incorporated youths of the ages 15- 24 who have been infected by the virus through mother to child transmission and have been living with the virus ever since.

This chapter also serves the purpose of exploring on the theoretical framework that supported the research. Under the theoretical model the researcher used the Health Belief Model in which it was linked with this area of research.

2.2 YOUTHS AND PERINATAL HIV

In recent years it has been noted that youths living with perinatal HIV are fast growing. Perinatal HIV simply means that one would have acquired HIV through mother to child transmission. This can be during the course of birth or breast feeding. The fight against HIV has been going on for quite some time and survival of children who had been born with HIV had been a great success contrary to the mortality that had increased in the past decade. ART has ensured survival of children who were born with HIV prolonging their life span and delaying the progression of AIDS. Implying that children born with HIV where now able to reach even adulthood. However being on ART had some serious biological implications on youths with perinatal HIV. Grey (2009) is of the view that, “Continued intake of antiretroviral treatment has serious side effects like wasting, stunted growth, scarring, skin blemishes and pubertal delays. Studies conducted by the World health Organization (2011) suggest that approximately 7percent of the 36.9 million people living with HIV in 2014 have been perinatally infected thus it is posing a great damage to the people. In this context of study youths where individual who fell into the category age group

of 15 – 24 years. These are the people who are transitioning into adulthood and some may actually call them young adults. In sub Saharan Africa particularly south Africa, in 2003 it was reported that about 96228 babies were born with perinatal HIV and approximately 704 829 children had HIV in Africa (Human Science research council (2005), greatly assuming that in this present time, some of them are now in their early youthful stage that is at the age of 15. Zon and Hazra (2013) further allude that Therefore in that sense the individual gets to grow with the virus within his or her body. In Africa perinatal HIV has been very common due to inaccessibility to health care systems therefore perinatal HIV poses great challenges in the society of today. Gadow et al (2013) is of the notion that, “youth with perinatal HIV are also vulnerable to biological and environmental risk factors”. Youths with perinatal HIV infection have got to antagonize some psychosocial issues, sexual relations have to be negotiated and drug adherence observed at the same time deal with physical, emotional and psychological transition that they will be facing. Therefore their livelihood have become a challenge all around the globe. Lowenthal (2014) is of the view that, ‘more than 40 percent of 25000 children in HIV care in Zimbabwe in the year 2009 were above 10 years of age’. Therefore this shows that in Zimbabwe youths living with acquired perinatal HIV are fast growing in their numbers.

2.3 PSYCHOSOCIAL CHALLENGES THAT ARE BEING FACED BY THE YOUTHS WITH PERINATAL HIV.

There has been a great number of survivors of HIV since the period when ART treatment has been introduced. Many of them who were infected perinatal have fast transitioned into adolescents and adulthood. However a number of scholars suggest that there a vast number of challenges specifically psychosocial challenges that they encounter. Dola et al (2015) states that, “In the United States, the population of children with Perinatally-acquired HIV (PHIV) consists of approximately 8,500 patients”.

According to REPSSI (2003) there have been challenges in defining psychosocial support in the past few years. It is postulated that, “Psychosocial support is an “ongoing process” that includes “meeting the physical, emotional, social, mental and spiritual needs” of target populations (REPSSI). Therefore youths living with perinatal HIV got some emotional, physical, mental challenges that are failing to be addressed by the medical institutions, government and the population at large. Lawenthal (2014) is of the view that , “ In Africa, HIV occurs in the social

context such as being orphaned, inconsistent guardianship which results in argumenta risk of behavioral problems and psychiatric disorders such as posttraumatic stress disorders, anxiety and depression. Studies by Malee (2013) have been conducted to outline the psycho social issues that are being faced by the youths living with perinatally acquired HIV and how they could impact one's mental health in South Africa and Canada using focus group discussions and interviews.in the context of a transmittable illness, one develops, a very low self-esteem as well as poor self-identity and disoriented sexuality. Therefore this shows that the psychosocial issues that are being faced by youths living with perinatal HIV infection play a major contribution on the mental health outcome of the individual. The major effect of self-esteem is because of the side effects that antiretroviral treatment have like stunted growth, body blemishes which therefore makes them not feel comfortable thus generating a low self-esteem and poor body image. According to Tshuma (2016), "ART has got a serious effect on lipodystrophy which in turn effects substantially the mental well-being of youths and adolescence which leads to poor self-image, depression and eventually non adherence". This therefore implies that the fact that ART somehow interferes with the biological make up of an individual with therefore mean that some mental health problems faced by youths living with perinatal HIV are inevitable.

Lowenthal (2014) further on states that, " in youths living with perinatally acquired HIV infection in Africa HIV has occurred more in the social context such as being orphaned, constant change of guardianship as well as poverty however posing serious behavioral outcomes on the youths".

2.3.1 Status disclosure

Some of the psychosocial challenges encompass behavioral issues particularly on the issue of disclosing their status. Dola et al (2015) further explain that youths with perinatal HIV make choices with regards to their sexual onset and the disclosure of their status basing on the HIV status of their peers and their care givers. He further postulates that Studies have shown that those youths who were told of their diagnosis sooner were more likely to have the intention of telling their potential sex partners about their HIV status. Therefore disclosing of one status becomes a major challenge as fears develop on whether they may be accepted or not.

2.3.2 Stigma and Discrimination

One key issue to put into consideration is stigma and discrimination. Stigma is a negative, moral or judgmental definition of a person or social situation often connected to a discredit, disgrace or blame and ascription of responsibilities (Close 2010). Perinatal HIV youths particularly of this era have been facing a major challenge of confronting stigmatization in the society. It remains one of the key issues that are being dealt with by the youths basically because of the perceived links between HIV and immorality. Due to the lack of adequate knowledge and understanding communities have thus made conclusions of HIV being contracted in immoral ways such as sex working among others, therefore the issue of stigma and discrimination has remained a challenge up to this present time.

Parker et al (2005) are of the notion that, “In policy and legal contexts, stigma and discrimination may involve “compulsory screening and testing, compulsory notification of AIDS cases, restrictions to the right of anonymity, prohibition of PLWHA from certain occupations, and medical examination, isolation, detention and compulsory treatment of infected persons. This has been said to be a major problem for youths living with HIV as they have been prohibited to enter into certain professions that they have been passionate about for a long time. In Russia, for example, 47.9 percent of HIV positive participants who took part in a 2002 study reported that they had been forced to sign documents admitting their HIV status, while many also described losing health care access (29.6%), being fired (9.9%) and being shunned by their families (9.9%), (Yuri et al 2003).

2.3.3 Impoverishment

Another major challenge that has been seen to affect perinatal HIV youths is the issue of poverty. According to Dola (2015), “in the United States, youths with perinatal HIV are more likely to be from urban ethnic minority. Which therefore means they have got different life stressors other than living with a chronic illness that require constant treatment. Therefore in most cases poverty is bound to happen as many of them might have lost their parents and high chances are that they will be school drop outs. Wiener and Mellins 2012 further on propound that perinatal HIV youths live living in ethnic minority groups are living under impoverished environments and this may lead to them having a limited access to resources that may be useful in their day to day livelihood, social disintegration among others. They further postulate that these circumstances

present challenges for any youth population, but particularly those growing up with a stigmatized health condition.

Baingana (2005) is of the notion that there is a close relation between HIV and impoverishment of a certain community. It has been figured out that not only does poverty affect perinatal HIV youths directly however it is therefore linked with other mental disorders which include substance abuse or even transmission of STIs thus leading to the spread of HIV. Poverty has been seen as a major challenge with tremendous consequences in perinatal HIV youths. The poor are more likely to be driven to trading sex to meet basic needs, have less choice over condom use, and may be forced to have multiple sexual partners for economic protection, Baingana, (2015).

2.3.4 Drug Adherence

Another general problem that is affecting a lot of perinatal HIV youths is the issue of adherence. Studies have shown that most of the youths who have been on treatment since childhood find it difficult at some point to adhere to treatment especially as they transition from being monitored by their caregivers into being responsible for themselves. Sohn and Hozra (2014) are of the view that lack of a global surveillance system or mechanism for tracking perinatally infected children as they transition to adulthood results in a lack of understanding of the needs of these children and whether they are retained in care or lost to follow-up. (agwu AL, 2013) (Sohn AH, 2014) Further support this notion as they say that, “Perinatally infected youth often have complex clinical histories, multi-class drug experience and often drug resistant virus, complicating their care and limiting choice of therapy”. Thus it becomes a major aspect that may compromise the successful treatment of ART in these youths that are infected perinatally with HIV. Lowenthal (2014) is of the view that one major reason why youths living with perinatally acquired HIV infection are not adhering well to medication is because of the delayed disclosure of their HIV status”. This was reviewed in a study that was conducted pertaining to the emerging challenges in adolescence living with perinatally acquired HIV infection. Therefore late disclosure of the status might pose a great deal of confusion within the individual there. Lawenthal (2014) further on states that in Uganda good drug adherence was attributed to the adolescent’s knowledge of their HIV status in time. Therefore for the guardian to disclose the status to the young adult is a

burden on its own hence thus they end up delaying disclosure and when they eventually know in their youthful stage they will have challenges in accepting themselves as well in drug adherence.

2.3.5 Reproductive Choices

Dola (2015) also explains on the issue of reproductive choices as major challenge for perinatally infected youths. It is stated that, “As youths with PHIV age into adolescence and adulthood, they are confronted with complex decisions regarding sexual behavior. This includes the fears and misconceptions regarding sexual activity, reproductive choices, use of contraception, disclosure of HIV status to partners, and potential child bearing. Curiosity and interest in sexual relationships is a natural part of adolescence and puberty; however, youths with PHIV face a more complicated entry into sexual maturity”. Therefore this has got two implications in their livelihood, it is either they might enter early into sexual activity or they might have fears pertaining sexual behavior might construe them to the extent that they might get into sexual behavior later than normal. In a study that was conducted by Kaushik (2016) it showed that 59 percent of the youths living with perinatally acquired HIV infection were sexually active and seventy five percent of them reported to be having unprotected sex and this has been attributed to by lack of sexual knowledge.

This is mainly because HIV might penetrate into the neuro cognitive development of individual therefore it might delay in their cognitive development. Hence if there is a malfunction in the biological system it might have adverse effects on the social behavior thus can pose a major challenge. An analysis was made in the New York urban Centers and it was then found that perinatal HIV youths were less likely to engage into sexual activity unlike those who are HIV negative. However if they do engage into sexual activity there are most likely to engage into other activities like touching, kissing among others rather than having penetrative sex. Therefore with this in mind one can safely state that sexual behavior has been seen to be a major challenge of perinatal HIV youths.

2.3.6 Employment Stability

One of the key problems that is also being faced according to research is employment instability. According to Bomba et al (2009), “in developed countries most children develop into adulthood without any AIDS defining disorders such as opportunistic infections as well as lymphoid

intestinal pneumonitis. However as mentioned earlier the transition into adulthood and taking care of oneself may cause drastic changes to the life of the individual. If left unmonitored the individual may have an unstable life and this extends to the employment of the individual. This may be so if there are frequent regimen changes thus may pose great harm to the individual's health. Other than that Bomba (2009) further postulates that it might limit the individual in engaging into some activities. In Zimbabwe case studies have been conducted and challenges were raised on the youths being denied scholarship opportunities mainly because of their status.

2.4 MENTAL HEALTH CHALLENGES OF YOUTHS LIVING WITH PERINATAL HIV

The World Health Organization is of the view that mental health consequences of people living with HIV are consequential. In most cases young adults living with perinatal HIV face so many mental health challenges. The complicated circumstances which encompass living with a chronic as well as a compromised physical health lead them to having mental health problems which ultimately lead to psychological disorders in their livelihood.

2.4.1 Substance Abuse

Youths living with perinatal HIV are having a challenge of substance abuse. Maleens and Malee (2013) explain that parent substance abuse disorders can have major effects on the child's later life as there is a possible heritability of these disorders by a possible in utero exposure to the illicit drugs and alcohol abuse. This basically means that perinatally HIV infected youths may develop complications of substance abuse because of the early exposure to drugs and alcohol. Moreover there are very high chances of poor cognitive development because of this early exposure. (Pilowsky DJ, 2000) Argues that the erosion of parenting capacities that often accompanies illness such as HIV, mental illness, or substance use can be devastating to youth mental health. It is of great essence to note that health and behavioral functioning is greatly predicted by the mental health of the individual therefore if the mental health of a person is affected it means that the person might actually have a negative behavioral outcome.

There is a greater vulnerability of the perinatally infected HIV youths than any other group (Mellins A, 2011). It is further on argued that, Youth are at high risk of mental health problems if they are experiencing multiple care taking due to death, maternal substance abuse or illness, they

are living with their own illness, or they live with single mothers. However if a comparison is to be made between youths with behavioral risk HIV and those who are perinatally infected by HIV conclusions have been made by several studies that they differ substantially in that, those with behaviorally acquired HIV would have engaged already into substance abuse before the infection hence substance abuse between the two groups might differ tremendously.

2.4.2 Stress Disorders

Stress disorder is very common in youths living with perinatal HIV infection. This is mainly because they are succumbed to witnessing mortality of their loved ones in most cases. However stress in youths or young adults living with perinatal HIV might differ from that of people who would have received immediate diagnosis. Youths who would have been diagnosed of HIV in their later stage of life normally have acute stress due to the new symptoms of HIV that would be developing in their body (Baingana 2005). By definition acute stress is the immediate response of which the body exerts to any external forces. However it has been argued that acute stress is more prevalent in youths diagnosed in their later stage of life. However perinatal HIV youths can also face acute stress immediately after disclosure of their illness. This will therefore develop some psychological disorders like somatic disorders, suicidal ideation and substance abuse because of loss of hope (Baingana 2005).

2.4.3 Mood Disorders (depression)

On another note it is important to note that one of the most common mental health challenges as mentioned by other scholars in perinatal HIV youths are mood disorders. This then encompasses depression. Jeffrey et al (2001) estimate, “that as many as 60 percent of HIV/AIDS patients suffer from major depression at some point during their illness”. It has been noted that youths living with perinatal HIV are more prone to major depression than those who would have acquired it in their later stage of life. Generally people living with HIV are two times more vulnerable to major depression than the general population (Baingana 2005). In some patients depression has been found to be episodic showing several symptoms. In a study conducted by Jacobous (2018), it was figured out that young people who live with HIV are at high risk of depression. Young adults from the ages of 15 to 19 were chosen and they highlighted that the major cause of depression in their lives was the fact that they were different from others. Hence depression is very high in youths living with perinatal HIV and others because of different thoughts that they

channel into their minds. In these participants it was further stated that depression led to suicide ideation

2.4.4 Motivated Behavior

Another mental health challenge that is being faced with youths living with HIV general is the disorder of motivated behavior. According to Baingana (2005), it is a disorder that one engages in willingly however resulting in destructive consequences for the individual. Research shows that 20 to 73 percent of HIV/AIDS infected individuals have substance abuse disorders (UNAIDS 2001). In most cases perinatal HIV youths engage into substance abuse as a coping mechanism to deal with the long term HIV diagnosis. This also attributed to personality traits that is introversion and extroversion .Whilst extrovert seek rewards they are more likely to engage in risky behaviors. Such youths are more likely to engage in substance abuse to have the immediate gratification of their inward desires. Whereas introverts put into consideration the consequences thus they are less likely to engage in such behaviors as they are more conscious of how the consequences may later on affect them.

2.4.5 Anxiety

Other than that youths living with perinatal HIV infection have got to deal with another mental health problem of anxiety. It is said to have often been linked with anger and depression of current situations that may be affecting an individual's life. Anxiety may manifest itself through motor symptoms like shakiness and jumpiness, autonomic responses such as palpitations, excessive sweating, hyperventilation, rapid heartbeat, and diarrhea, or vigilance symptoms including hypervigilance, decreased sleep, irritability and distractibility. Anxiety has also been found out to portray an AIDS related psychological disorder like depression. Therefore it is thus leading the perinatal HIV infected youths into engaging in unwanted risky behaviors that at the end may pose great damage.

2.5 HOW CHALLENGES FACED BY PHIV YOUTHS HAVE AFFECTED THEIR LIVELIHOOD AND POSSIBLE INTERVENTIONS

As mentioned earlier a number of youths are living with perinatal HIV infection. Thus basically means that HIV has been transmitted in them through mother to child transmission. Transmission of the virus can be during birth if prevention measures are not taken or in the course of fetal

development. A number of children who were born during the beginning era of HIV have been survivors since then. Being a survivor of HIV however has led to the development of many challenges as they grow and have now developed into youths as shown above.

Tshuma (2016) argues that adolescents have got a number of physical, emotional, psychological and social needs but material needs are given preference over emotional and psychological needs like discrimination and the overall acceptance. Some of the psychosocial challenges that are faced by the youths of the age 15- 24 living with perinatal HIV have led them to face the greatest battle of actually accepting themselves and finally living their childhood into young adults what we call youths .Centre of disease control and prevention (CDC) (2005) defines youth or young people as those between the ages of 13 and 24.

Adding on to that youths living with perinatal HIV also encounter mental health challenges. Mental health as mentioned earlier on is a state of wellbeing of the physical as well as the psychological aspect of a human that do not cause distress in the life of an individual. Some of the mental health challenges that the youths living with perinatal HIV face have not started in this stage however some of them have developed in their childhood and some of them generate problems in their youthful stage. So therefore what this means is that if the youths prenatally infected with HIV are having problems with their physical body which will then encroach in their mental health thus leading interruption with their mental well-being we can therefore say they might be having some mental health problems. Many young people or youths who contracted HIV through perinatal transmission are facing decisions about being sexual active, they require ongoing counselling and prevention education to ensure that they do not transmit CDC (2005)

Lawenthal (2014) explains that over and above HIV related issues that are common to any age group, HIV infected adolescents are likely to face recurrent, cumulative and psychological stressors such as illness and death of parents as well as young siblings or other ill Family members, discrimination, stigmatization and the fear of being viewed as abnormal as well as the uncertainty of their future. There are so many key life events that happen during the youthful period, and because of the changes that occur there is a high risk of not adhering to medication as well as virological failure. In the African context there is a little bit of attention that is therefore

given to mental health especially issues to do with post-traumatic stress disorders, anxiety as well as depression because African families deal with immediate physical illnesses.

One thing that can mainly be done as to intervene in the lives of these youths is to give them social support. This comes about by helping the society to fully accept these youth who are living with the virus within their body. Educational campaigns can also help the youth living with perinatal HIV to be fully accepted by the community.

2.6 THEORETICAL FRAME WORK

Theoretical framework is basically basing one's ideation or research on a theoretical construct. In this case the researcher used the Health Belief Model. The Health Belief Model is a theoretical framework which seeks to understand certain health behavior patterns. It was later also applied to patients' responses to symptoms, and compliance with/adherence to prescribed medication among acutely and chronically ill patients. More recently, it's been used to predict a wide range of health-related behaviors (Gross, 2010). In this chapter the health belief model was used to explain the reason why youths living with perinatal HIV engage themselves into certain behaviors be it health friendly behaviors or not.

Health Belief Model

2.6.1 Background

The health belief model was developed by the health service department. It was developed in the 1950s particularly to explain the reason why medical screening programs particularly those developed by the US department of Health Services particularly for tuberculosis were not very successful (Hochebaum 1958). It thus addresses the question why people in some instances comply with some health practices and why at times they do not comply. In this current study it helped in answering the questions as to why people adopt or find themselves not adopting to health related behaviors. It was developed by Social Psychologists who were working at the US public health service. These psychologists were Godfrey Hochebaum Irwin Rosenstock and Stephen Kegels and Howard Lowenthal It basically talks about how intrapersonal factors have got an influence on the health of persons. This theory is based on the following four constructs

namely perceived seriousness, perceived benefits, perceived susceptibility and perceived barriers.

2.6.2 Health Belief Model's constructs

2.6.2.1 Perceived seriousness

This construct fundamentally talks about the seriousness of the disease. As mentioned earlier the model talks about how the perceptions of an individual influence his or her health. People's perception of a disease determines how much they will consider it as serious. Therefore if an individual perceives the disease to be serious this will influence the health behavior of an individual. For instance youths who are living with perinatal HIV are more likely to perceive the disease as a serious one basing on the fact that they have lived with it for a while and possibly know and understand the implications of not being on antiretroviral therapy. Research suggest that most youths who have been infected perinatally with HIV have perceived the chronic illness to be serious as they make an effort to comply with their antiretroviral therapy. Therefore this has had an influence on their health behavior.

2.6.2.2 Perceived susceptibility

The model also talks about perceived susceptibility. Basically it is talking about how people perceive risk. The more a person is able to perceive risks in their lives the lower the chances engaging into risky behavior. People are often believe that there is a serious health threat. Therefore in an attempt to intervene into the challenges that are being faced with youths living with perinatal HIV infection, efforts have been made so that they, are aware of all the risks they might be in and their ability to see the risks and their vulnerability have made them see the risks thus they will be able to engage in less risky behaviors. For example according to Freud's psycho sexual stages of development the youthful stage is most likely accompanied by the quest high sexual activity. Hence despite the fact that they are living with HIV there is a high likelihood that they would want to engage in risky behavior. However as part of the intervention plan , health workers have made use of this construct by trying to enlighten them on the risks associated with certain behaviors that they might want to portray hence they are able to modify their behavior in accordance to what is right for them.

When people believe that they are not at risk or have low risk of susceptibility, unhealthy behavior tend to result. This is exactly what has been found with older adults and HIV prevention behaviors. Because older adults do not perceive themselves as at the risk of HIV many of them do not practice safer sex (Rose 1995; Maes and Louis 2003).

2.6.2.3 Perceived Benefits

The health belief model also talks about the perceived benefits. This is the usefulness of the new behaviors that people are expected to portray. Gross (2010) alludes that, “in this case people believe in the effectiveness of a health behavior”. Youths with perinatal HIV are expected to learn new behaviors that will help them to adapt in the different settings in which they live. If the behavior is aiding value to their lives there is a greater likely hood of engaging the new behaviors for that reason that the new behavior has got value. For example youths with perinatal HIV may be encouraged to practice safer sex or abstain so as to prevent themselves from contracting other infectious disease or STIs, there are high chances that youths living with HIV might actually follow the construct as they perceive a benefit in the new behavior. The benefit in this case is that safer sex actually protects them from other infectious disease as well as STIs thus promoting good health. Other than that they may engage into a new behavior of positive living, if they perceive the benefit that they live long because they are living right.

2.6.2.4 Perceived Barriers

In this construct we are looking at threats to progress. In other ways we are looking at the things that may hinder a person from adopting a new behavior. In order to overcome the perceived barriers one has got to be able to see the benefits of the new behavior against the old behavior thus one can be able to overcome the perceived barriers. Gross 2010 further denotes that some psychiatric disorders that are further enhanced by living with the virus for long may result in individual not being able to perceive threats that are associated with engaging in some behaviors For instance youths living with perinatal HIV infection have got so many perceived barriers. Some of these may be viewed as mental health challenges that they are actually facing. Some of the perceived barriers include common mental disorders like depression, stress, fear of stigmatization and discrimination as well as living a double life in order to protect their status. Hence some of the mental and societal problems they are facing may hinder them to adapt to perceived benefits of adapting to new behaviors that are less risky and therefore might not be

able to move on to perceived seriousness. Therefore for a person to adopt a new behavior, one has to have some confidence that, the new behavior has got tremendous benefits which in fact can compensate for the consequences of the old one

To add on the health behavior model also talks about cues to action as important aspect to modify behavior. Basically it means that circumstances, people and the things that surround use help us in modifying our behavior.

Gross (2010) denotes that the health belief model assumes that the likelihood of people engaging in a particular health behavior is based on the extent to which people believe that they are susceptible to the illness and also their perception of the consequences.

2.6.3 Applicability of the Health Belief Model in this study

As mentioned earlier the Health Belief Model is a theoretical framework with its main emphasis on figuring out why people comply or do not comply with health behaviors. In this study of psychosocial and mental health challenges faced by youths living with HIV acquired perinatally, it was of essence to use this model as it helped in explaining why youths living with perinatal HIV infection comply or find it difficult to comply with some health related behavior in the face of adverse challenges that continue to have a negative impact in their lives. For example if a certain youth who acquired HIV perinatally has a deep understanding of the risks that surround the illness therefore he or she is more likely to practice health behaviors despite of the challenges that might be faced in one's life.

2.6.4 Related studies that have used the Health Belief Model

The utility of this model has been largely identified in HIV preventative programs. One of the study by (Tarkang, 2015) as to factors associated with persistent condom use. This framework was also used as to perceived barriers to condom use, perceived benefits to condom use with regards to HIV, perceived severity to HIV/ AIDS as well as perceived susceptibility to HIV. (Tarkang, 2015) further on suggest that behavior change occurs by altering risk producing situations.

2.7 KNOWLEDGE GAP

Many researches have been conducted pertaining to HIV/AIDS and its effects on children or adults. These researches have made a great contribution in the HIV treatment however little research has been done on the impact of HIV on the mental health of those who have acquired the infection perinatally. Thus the researcher aims at closing up the gap that has been left open for long in addressing the mental health problems that are being faced particularly with the youths living perinatal HIV infection.

This research dwelt much on what perinatal HIV infection is as well psychosocial and mental health challenges faced by youths infected during the perinatal period with HIV, it further discussed on how these challenges have impacted their lives negatively. Perinatal HIV infection has been a subject of matter in the context of prevention. The World Health Organization have put much emphasis on prevention of mother to child transmission, therefore when it comes to perinatal HIV infection researches that have been conducted have focused on prevention and how it negatively impacts on children neglecting those who are growing up with the virus into adulthood However little attention has been paid to young adults (youths) infected perinatally and how they are transiting into adulthood as well as the emerging challenges that they face because of the fact that they have grown with the virus.

Presumptuously the issue of psychosocial challenges that are being faced have been dealt with much clarity. However this research further went on to clarify on how psychosocial develop mental health problems within the individuals. Hence closing the gap that has not been dealt with in studies that have not been conducted.

Emphasis has been made on how the issue of ART Adherence however it has not been clearly shown on how mental health problems can lead to ART default. The research also aimed looking at how eventually the mental health and psycho social problems faced by the youths living with perinatal HIV infection have been a delimiting factor to Anti retro viral therapy adherence.

Secondly it for over decades now researches have focused more on certain particular age groups that is the young children and the adults. They have given attention to how they are affected as people living with HIV and mitigative measures have been drawn as to how the government and the population at large can intervene in their lives. Again negligence has been done to the young

adults or the youths since they are the ones who face a more complicated life as the transition into adulthood bears its own challenges. Thus a more complicated life is expected of them as already they have another challenge on how to live with a chronic illness that they would have acquired perinatally.

Furthermore the psychological aspect of HIV has also been neglected for some time. More attention has been given to the physical and social impact of HIV on the general population not putting into consideration that the mental health of an individual also counts. There had not been enough knowledge on whether some psychiatric disorders are caused by living with a chronic illness for long. Therefore the research was designed to gather adequate knowledge basing on HIV and some psychological disorders and clarify if there is a link between the two basing on research evidence.

Therefore it is important to note that this particular study aimed to address issues that have been neglected for some time on the mental health aspects and as well as the impact of perinatal HIV infection on the older adults.

2.8 CHAPTER SUMMARY

This chapter was mainly focused on the literature review. It highlighted on the information that was derived from other literature pertaining to the mental health and other psychosocial issues of people infected with HIV perinatal. Total clarity was given on the psychosocial issues that affect youths living with perinatal HIV which included poverty, stigma and discrimination, loss employment opportunities. Therefore it was explained on how the youths infected with perinatal have been affected in the social context as a result of having a positive status. In this chapter mental health issues were also discussed. Here the researcher focused on the psychological aspect which include various disorders that are enhanced due to having a positive status from childhood. However some comparisons have been made of those living with perinatal HIV and those youths who attained it in their later stage of life. Scholars have argued that they have been experiencing almost similar disorders however for those who have been affected perinatally they may face several motor dysfunctions. Personality disorders and behavioral disorders were highly stressed out in the chapter.

Theoretical framework was also used in this chapter and the researcher used the health belief model in which it was expatiated on how far the youth living with perinatal HIVs perception might actually lead to them engaging into risky behaviors. Chapter three dealt with research designs as well as a detailed explanation how it worked and why it was a point of preference.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The previous chapter dwelt much on the literature review of the concept under study, taking note other scholar's views pertaining perinatal HIV youths and the social as well as mental health challenges that surround them. In this chapter the main focus of the researcher was expatiating on the research methodology. Topics included in the chapter include the following research approach, research design, the target population, research instruments, sampling, data analysis and the ethical considerations in the study. For this particular study the researcher opted to use qualitative research design because the study was more explorative in nature.

3.2 RESEARCH APPROACH

The researcher opted to use qualitative research approach which is more explorative in nature. It looks at the issue at hand in a more subjective manner thus deriving in depth information from the study. A research paradigm is a set of interrelated assumptions about the social world which provide a philosophical and conceptual framework for the organized study of that world (Fieldstead 1978). Bander (2014) explains quantitative research as more of a scientific paradigm which leads to more observable and measurable facts about the area intended to be studied. However qualitative research is further explained as a more interpretive paradigm which describes a world in which reality is socially constructed complex and it is ever changing.

3.2.1 Justification of using the interpretive paradigm

The main reason why the researcher opted to use the interpretive paradigm was that it gave her the freedom to understand certain concepts of the research from an individual perspective. This is mainly because the researcher interprets data according to his or her own understanding. Epistemologically, the view point of interpretive research paradigm is that our knowledge of reality is a result of social construction by human actors. (Barrell and Morgan 1979). Therefore it allows the researcher to gain more understanding of the world around him.

Interpretive paradigm also enables theory to emanate from the research itself. Firestone (1998) further on denote that, "when a theory is grounded in data it gives the researcher the ability to

understand as well as derive an explanation for the given phenomena which is consistent with its occurrence in the social world". In this particular study pertaining mental health and psychosocial issues of youths living with perinatally acquired HIV it was therefore important for the researcher to use this paradigm because of several reasons. The first being that the research had a more explorative nature in it that was heavily depended on data to come up with relevant analysis. It needed information on the experiences of youths such that their emotional expression and description therefore this could not be quantified however it relied on the researcher to draw up an analysis was of great essence and the researcher would therefore draw up conclusions. Firestone (1998) is of the view that, "qualitative research is used when observing and interpreting the reality of what was experienced". Therefore the results of this research were mainly based on the experiences of the youths who are living with perinatal HIV infection therefore some of the results could not be quantified however could be best explained and be interpreted by the researcher.

One other major reason for using the interpretive research paradigm was that it also depended heavily on literature. That is literature already available for already existing studies or the literature that would be generated by the research. So therefore the researcher deemed it necessary to use this explorative design so as to add on the available literature pertaining mental health challenges and youths living perinatal HIV infection.

According to Padget (2008), "qualitative research design is of great essence when exploring areas of sensitivity and emotional intensity". Therefore interpretive research paradigm offers more credible results from the study especially on sensitive areas. What this basically means is that the researcher's interpretation or portrayal of the participants matches to a greater extent with the participant's perception. This goes back to the issue of the researcher being able to interpret data correctly. This was one major reason why the researcher opted for the interpretive research paradigm. the researcher was of the assumption that a lot of emotions would be involved since it is a very sensitive topic for the young adult age groups therefore different emotions and reactions were expected by the researcher therefore interpretive paradigm would yield more credible results. Therefore the research would be regarded as valid basing on a good interpretation of those feelings and emotions.

Moreover interpretive paradigm was also used so that the researcher would get a detailed insight pertaining to the topic. For one to be able to interpret data he or she would have gained an in depth of review of the study. Hence it was a point of preference to the researcher because of its subjectivity as it brought about diverse aspects at the table pertaining perinatal HIV youths and the challenges they are facing. Therefore its subjectivity was necessary because it brought about detailed experiences pertaining to perinatal HIV infection and the youths.

3.2.2 Characteristics of the interpretive research paradigm

One major characteristic of the qualitative research is drawn from data collection. Some scholars are of the view that interpretive research paradigm has its major characteristic on data collection. It is multimodal with the researcher acknowledging his or her personal outlook. Therefore this was significant for the researcher as it enabled her to look at some of the problems faced by youths living with perinatal HIV on a personal point of view. Therefore validity of the research was simply based on the researcher's clarity of judgement basing on the data that was collected. This offered a great platform for the researcher to make judgments pertaining the issue of youth living with perinatal HIV infection basing on the fullness and rationality of the description.

One other important characteristic of this paradigm is that it is naturalistic in nature. This basically means that the research must occur within a natural setting. This is because social phenomena are within and cannot be isolated from the natural context, interpretations must be grounded in a socio historical context (Carr 1994).

Still in the same vein another characteristic of this research paradigm is based on the interaction between the researcher and the participant. (Carr, 1994) Is of the notion that, "the strengths of such an interactive relationship is that the researcher obtains firsthand information providing valuable meaningful data. As the researcher and the subject spend more time together, the data is more likely to be honest and valid". This also gives a platform to the participant to discuss other topics that are relevant but might not have been included in the research thus aiding to the quality of data. This was very handy to the researcher because of the nature of the area of study. Unveiling the psychosocial and mental health challenges of youths living with perinatal HIV infection demanded for a relationship between the researcher and the subjects. It became very sensitive for some of the participants and the more the researcher probed questions the more they

would open up on their experience. Therefore this research design intertwined immensely with the area of study thus broadening the researcher's knowledge.

3.3 RESEARCH DESIGN

The researcher in this study made use of the multiple case study research design. By definition a case study is an empirical enquiry that investigates a contemporary phenomenon within its real life context when the boundary between phenomenon and context are not clearly evident and in which multiple sources of evidence are used. Therefore multiple case study is where by more than one case is under investigation therefore in this case it involved more than one participant .Research where the data is usually non numerical and is analyzed using non statistical techniques (Paul et al 2013). Mainly the interpretation of the data is subjective and can be interpreted by one who can look so closely to it. Case studies help to explain data from the surface as well as in depth of the phenomenon under study.

Multiple case studies are of great essence as they create very strong and reliable information that can be used. Different investigations from different people is done. Therefore the more the participants the greater the detail hence it was advantageous to use this research design.

Thus the multiple case study was more appropriate in the context as it allowed the researcher to explore certain concepts in depth pertaining the research that was conducted. In the University of Columbia case studies were used in order to treat HIV patients with mental disorders. These helped them to deal with problems they faced from the roots including their adherence to ART. Having seen that case studies also have been used by other researchers to deal with issues of mental health and HIV, the researcher sort it best to use case studies in research.

Still in the same vein a studied conducted by Mavhu et al (2013) towards the understanding of the mental health issues of HIV positive adolescents multiple case studies were also used. Although they used a mixed approach that is both qualitative and quantitative research, qualitative research through in-depth interviews brought about the mental health problems that were brought to light by the research. Therefore one can say that case studies were more appropriate in this research as they brought about adequate detail pertaining the area of study. Among sources of data psychologists are probably to carry out observation of the person's daily routine or unstructured interviews (McLeod 2008).

3.4 TARGET POPULATION

3.4.1 Population statistics

Target population is the entire set of unit for which the survey data are to be used to make inferences (Lavrakas, 2008). The largest number of patients catered for at Wilkins Hospital are HIV patients and they are taken care of at the Opportunistic Infection clinic (OI clinic) within the hospital. All in all the hospital has got 1499 patients on ART. Those on first line treatment are 3459 and those on second line are 1254 there is also a total of 72 youths with perinatal HIV between the ages (15-24).

According to Lapan, Quartaroli and Riemer (2012), the study population refers to people who are the focus of the study. Therefore the target population for this research was going to be youths within the age range of 15-24 both males and females who are perinatally infected with HIV. They should be taking their medication at the Opportunistic Infection Clinic at Wilkins hospital.

3.4.2 Target population area

Macleod (2014) is of the notion that target population is the total group of individuals from which the sample might be drawn. The study was conducted at Wilkins Hospital (WIDH). It is well known to be an infectious disease control center. It is normally a referral center for people diagnosed of infectious diseases namely HIV, Tuberculosis (TB), and Sexually Transmitted Infections. There is also the sexual gender based violence clinic. Services at this institution are mainly offered to patients in the northern suburbs of Harare which include Belvedere, Dzivarasekwa, and Kuwadzana among other suburbs. Wilkins hospital also works with Africaid in helping adolescence and young adults up to the age of 24 who are on ART. Therefore the researcher deemed it necessary to carry out the research at the hospital of which there would be ease of access to the youths living with HIV.

3.5 SAMPLE AND SAMPLING TECHNIQUE

3.5.1 Sample size

The researcher worked with a sample size of 10 respondents (PHIV youths) and 5 hospital staff so as to derive different experiences from different youths. Basically the researcher worked with

this number because of the small population who are on ART at Wilkins hospital compared to other centers. The researcher made sure that all age groups were interviewed.

3.5.2 Sampling procedure: Homogeneous Sampling

Macleod (2014) defines sampling as, “the process of collecting a representative group from the population under study”. A sample is defined as a smaller representation of a larger group. Therefore in a research a sample is a smaller number of participants that represent the larger population. The researcher took a sample from the youths who take their ART treatment from Wilkins hospital. On a general point of view sampling is basically the collection of specific elements from a specific population. Basically a few participants are chosen who may be able to represent a large group in ratio. In this research the researcher sort it beneficial to use purposive sampling which false under non probability sampling. By definition non probability sampling is whereby the chances of a person’s likelihood of being selected for sampling is unknown. Jameshed (2014) further states that purposive sampling is a sampling technique which wishes to include participants who fall into similar perspectives or characteristics which ought to be studied. It can also be used for people who fall under a specific criteria.

It was of great essence for the researcher to use purposive sampling because it provided what other scholars call in depth study. By using purposive sampling the researcher included in the research people with similar characteristics. Greener (2008) suggests that purposive sampling is, “Using your own judgement to select the sample. This covered a whole range of aspects which included age (15-24), same HIV status and they acquired HIV from birth. So therefore the researcher chose participants who had these similar cases in order to get an in depth in their experiences and challenges that they face. So therefore by using purposive sampling the researcher would get adequate information in her full blown research as it was based more on detail rather than statistics through purposive sampling was the way to dig deep into the research.

Greener (2008) is of the view that, “purposive sampling is normally used for small samples and population within qualitative research”. This was one other reason the researcher opted to use purposive sampling. The population of people who are on ART at Wilkins Hospital is smaller as compared to any other hospital. Therefore it was logical to use this sampling technique considering that the number of youths the researcher would come across who were perinatally infected with HIV would be small thus it was necessary.

Purposive sampling was also convenient for the researcher as it is less costly, less time consuming as the researcher got ease of access to the participants. This was mainly because of the researcher had characteristics in mind that guide the research therefore granting the researcher ease of access to data.

Under purposive sampling the researcher used homogeneous method. Homogeneous method is whereby items in a sample are chosen because they have similar traits. Homogeneous method enables the inclusion of the participants with similar characteristics that are in line with the research again, in this case similarities were drawn from ages, life experiences similar problems among others. The researcher used a criteria in which selection of youths between the ages 15 to 24. Chosen were also those who lived with the virus since from birth and also both sexes were chosen. Also with the help of the primary counsellors the researcher also identified youths who had psychosocial issues. Therefore the researcher got an understanding of where these issues emerged.

This was essential so that the research would remain focused on the research questions so as to come up with a useful responses. By choosing participants with similar characteristics the researcher remained focus and yielded results that were useful at the end. The researcher chose youths who were infected during the perinatal stage thus they were able to give the researcher a detailed insight on the challenges they have been facing and they continue to face in their lives

By using homogeneous sampling variations amongst the individuals became minimum hence these similarities in characteristics drew up some of the challenges that come up with being associated with a stigmatized chronic illness as well as having to deal with the complications that already exist as one transitions from childhood into adulthood thus their shared experiences were of paramount importance.

3.6 RESEARCH INSTRUMENTS

In this section the researcher explains on the research instruments that were used in conducting the research as well as the rationale for using them. Firstly Parahoo (1997) defines a research instrument as a tool that is used to collect data in a research. It is further explained that an instrument is a tool that is used to measure knowledge, attitude and skills. The researcher made use of interviews and observation in order to conduct the research specifically the researcher

made use of semi structured interviews. Paul et al (2013) explains that one of the most common approaches, especially for psychological research, is to conduct interviews.

3.6.1 Interviews

It is whereby questions are posed directly or face to face with the interview in order to get a direct response. Interviews consist of collecting data by asking questions (Abawi 2013) These are necessary in research when the researcher feels the need to interact directly with the participant and in this case oral questions are posed in order to elicit an oral response Interviews come in different forms namely structured , unstructured and semi structured interviews and in-depth interviews. The researcher opted to use semi structure interviews in conducting the research. Correspondingly interviews were appropriate for the research as they allowed the participant to express themselves verbally and non-verbally thus suiting very well the exploratory nature of the research that was being conducted.

Abawi (2013) is of the notion that, “semi structured interviews include a number of planned questions but the interviewer has the freedom to modify the wording and the order of questions in the interview”. (Jameshed, 2014) Semi structured interviews are those in-depth interviews where the respondent has got to answer preset open ended questions. In a semi structured interview the researcher demonstrates some form of authority in making a decision of which areas that ought to be covered.

One of the most fundamental aspects of the semi –structured interview is that it allows room for the researcher to modify the wording. For instance I the researcher can change the exact word that will have been used on the preset question replacing it with a simpler word that allows room for clarity. Therefore with this tool choice of word during the interview session is very flexible.

Another important characteristic for the semi structured interview is on the issue of probing questions. This is whereby one reviews a question to the participant for more clarity. (While & Barriball, 1994) Reported that, “probing can be an invaluable tool for measuring reliability in that it allows for clarification of relevant issues that are raised by the respondent”. Therefore the researcher is able to probe question in specific areas of interest. This has allowed researchers to get sufficient information that will be reliable.

The researcher opted to use semi structured interview in the research pertaining challenges that are faced by youths living with perinatal HIV infection for several reasons. In the process the researcher made use of an interview guide which had set questions of which the participants had to answer. The researcher opted for semi structured interview because it allowed her to probe some questions to the participants. As mentioned earlier probing questions is important for checking reliability and getting a clearer picture of what is being explored by the participants. Therefore it became very handy as the researcher probed questions every now and then therefore it gave her the clarity of understanding their experiences in depth. In some instances the researcher would probe questions and use different words from those used in the interview guide so at the end the participants understood the questions in a better way.

Pondering on the same aspect semi structured interviews it helped the researcher to get a better understanding on the sensitive issues. Some scholars suggest that semi structured interviews are best used in the exploration of sensitive issues, therefore the set of questions were predetermined however open ended it gave the participants the freedom to express themselves in any form they wanted. Therefore it made it easier for the researcher to attain reliable data from the clients.

One another note semi structured interviews paved a way for the researcher to make observations since it was one other research instrument that was used by the research in conducting the study. This design allows for the use verbal and nonverbal cues by the participant, so therefore probing questions that would allow the participant to express themselves verbally or non-verbally enabled the researcher therefore makes observations that lead to useful data being gathered.

3.6.2 Observation

Participant Observation is the process enabling researchers to learn about the activities of people under study in the natural setting through observing and participating in their activities (Kawulich, 2005). Participant observation is of paramount importance to researcher as it allows for people to express themselves without alter without altering any of the results in some way. It was of great essence for the researcher to also use participant observation because it enhanced her to take note of the nonverbal expressions that were communicated by the clients. Certain feelings were shown for instance anger, sadness among others.

One important reason why the researcher opted to use observation other than interviews was that it was only there to increase the validity of the study at hand. It helped the researcher understand some feelings that were felt by youths living with perinatal HIV infection that could not however be explained but could be seen and be explained by the researcher. Therefore validity of the study got stronger in the end.

3.7 DATA COLLECTION PROCEDURE

Data collection is referred to as collecting and gathering information from different sources. In the process of data collection the first step that the researcher took was getting permission to conduct the research. This was done by submitting an application letter to the City of Harare, city health department of research. Afterwards the researcher was granted the permission to go and conduct the research at Wilkins Infectious Disease Hospital. In doing the research, the researcher kicked off by interviewing the health care workers who had regular contact with the youths living with HIV in general. This health care workers team comprised of primary counsellors, social workers as well as nurses.

Afterwards the researcher went on to collect data from the participants of different ages between 15 and 24 years of age. Semi structured interview was done which consisted of open minded however predetermined questions that the participants had to answer. This was done through face to face interviews using an interview guide which comprised of questions which were related to the topic. The researcher normally did a one on one interview with the participants. They started off by sharing a general experience of their understanding of HIV as well as their experiences of living with the virus since childhood.

The researcher ensured that first she built rapport with the clients then conduct the interview session, therefore they become very cooperative however in some instances most of the participants became very overwhelmed with their emotions. This was also important as it paved way for the researcher to make observations. Recordings were done through the use of diaries as well as cell phone records thus no information was lost. Data collection was done during the period of January and February 2018.

3.8 DATA ANALYSIS

In this particular research the method of data analysis that was used was thematic analysis. According to Marshall and Rossman (1990), “Data analysis is the process of bringing order, structure and meaning to the mass of collected data. Whilst Schurink, Fouche and Devos (2011) supports this as they say qualitative data analysis is the examination and interpretation of observations for the purpose of discovering the underlying patterns of relationships. Qualitative data analysis is a search for general statements about the masses of collected data”. The researcher first of all made sure that data was well recorded for analysis. Thematic analysis is a method of identifying, analyzing and reporting patterns within data further interpreting various aspect of the research (Kothari, 1990). Therefore themes were identified from the important aspect in the research topic. Data was then tabulated by researcher and then categorized into themes. Main reason being it made it easier for the student to give meaningful explanations on the data that was gathered from the respondents.

3.9 TRUSTWORTHINESS

For a research to be deemed trustworthy it has to be reliable and valid and four aspects measure the trustworthiness of a research.

3.9.1 Neutrality

This is when a research is free from bias of any sort. Therefore the researcher ensured that the research was free from bias by ensuring that much information from the respondent could be derived as much as possible. The researcher ensured this by first building rapport with the respondents so that one could open up on every detail that could be unveiled thus gaining in depth information from the study. This ensured that detail was got and information became free of bias. Thus by simply building rapport with the clients it ensured that bias was eliminated because of the quality of data that was derived.

3.9.2 Credibility

Schurink et al (2011) states that, “the goal of credibility is to ascertain if there is a match between participant’s views and the way in which the researcher represents the data. More so, the researcher ensured to credibility by reaching to a full account of their life experience. This

was done by means of ensuring that the interviews were in depth such that sensitive and emotional aspects of their lives were opened up thus the researcher had a detailed account of their life experiences. The researcher also made sure that the knowledge she had would not interrupt the respondents.

3.9.3 Applicability

As mentioned before, a sample is a representation of the target population .therefore trustworthiness of the research was also based on its ability to generalize findings to the larger population. This then summed up the idea that youths living with perinatal HIV infection have got psychosocial challenges that might then result into some mental health problems that they are facing.

3.9.4 Consistency

Consistency was then determined by reviewing literature from other sources and came about the fact that experiences by this group are similar and they face almost similar challenges worldwide. Thus intervention measures should be brought about on a broader scale.

3.10 ETHICAL CONSIDERATION

During the research process various ethical issues were considered for the respondents. The first one being confidentiality. The researcher had enough respect for the participants such that she ensured that whatever information they would have discussed would remain private and confidential and under no circumstances would an unauthorized personnel have access to the information by any means. Thus the researcher protected the information that was given by the clients. One way that the researcher did this was by dis allowing them to disclose their names. Through this means, the identity and confidentiality of the clients was well guaranteed

Debriefing was another ethical consideration that was upheld the researcher provided the participants with information pertaining to the research. Respondents were given knowledge on every other issue pertaining to the research. According to Paul et al (2013), Debriefing is whereby the researcher notifies study participants as shortly as possible the purpose of the study, revealing any deception, and amending any other misconceptions they might have as a result of participating. Debriefing also involves minimizing harm that might have occurred. Therefore in

that process participants who felt that they had to withdraw, withdraw from the study. Also the researcher ensured that through debriefing the clients would be protected from any psychological harm that could have been caused.

3.11 CHAPTER SUMMARY

This chapter mainly concentrated on research. The researcher expatiated on how the study was undertaken, from the research paradigm, instruments. In the same note the researcher justified why some of the research methods were preferred to others. The researcher also explains on the research ethics that were put into consideration and how the researcher manage to do that. In the chapter to follow the researcher's main focus will be on analyzing and presenting data that was collected during the course of the study.

CHAPTER FOUR

DATA PRESENTATION ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

This chapter seeks to clearly outline the data findings pertaining the research on psychosocial and mental health challenges faced by youths living with perinatal HIV. Data collection was done at Wilkins Hospital with respondents being between the ages of fifteen to twenty four years. Interviews were also conducted using the semi structured interview guides as the findings were recorded. Thus the main aim of this chapter is to present the data findings and analyze them as per research question.

4.2 CHARECTARISTICS OF THE RESPONDENTS

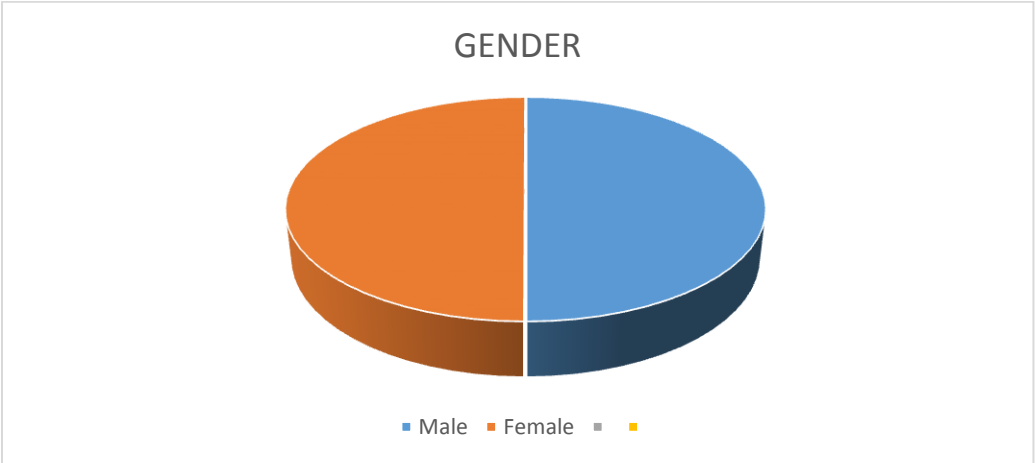
The researcher was able to interview 10 respondents (youths living with perinatal HIV) for this particular study. These youths came from different areas of residences however confided within the northern suburbs since the hospital normally accommodates patience from that side. Below is a table representing the demographic characteristics of the respondents?

Table 4.2 Respondents (youths living with perinatal HIV)

Respondent	Sex	Age	Marital status	Occupation	Number of years on ART
1	Female	18	Single	'A' level student	15
2	Female	23	Married	Unemployed	16
3	Male	24	Single	Tertiary Student	10
4	Male	22	Single	Tertiary Student	20
5	Male	22	Single	tertiary	18

				Student	
6	Female	21	Single	Tertiary Student	15
7	Male	15	Single	'O'level Student	11
8	Female	19	Single	Unemployed	15
9	Male	17	Single	Unemployed	13
10	Female	16	Single	'O'level Student	13

N=10



Form the above pie chart it shows that there was an equal representation of male as to female ratio in the research. This enabled the researcher to derive unbiased information pertaining to the gender differences

Pertaining to the research the researcher chose respondents who had similar cases. The most important characteristics that where noted by the researcher included the following age, number of years on ART, occupation and marital status. These where the main characteristics of the respondents which will be explained further below.

4.2.1 Age of the participants

Another important aspect to note about the respondents is that they fell within the certain age group range. N= 10 50 percent of the respondents were above 20 years of age and the other 50 was below 20 years. Meaning to say that they fell between the age period of adolescence and young adulthood. This also brought some commonality in the issues they also faced apart from living with HIV but prior to the age range. Most of the respondents fell on to the group of identity crisis vs role confusion. As seen in the above ages most of them fitted into the late adolescence and early adulthood stage. Gross (2010) expatiates that, “in Erickson’s psychosocial stages of development a healthy person must allow the adaptive behavior to outweigh maladaptive behavior”. In this aspect most of the respondents were trying to fit into the society but however they had specific constraints in which they had to deal with. At the same time they were faced with the duty of protecting their own lives. so therefore this aroused a lot of issues and dealing with them became a major issue that they could hardly deal with without proper care being given to them.

4.2.2 The number of years on antiretroviral treatment

As seen in the table all the respondents have been on medication for over ten years. One may put into consideration the fact of their age groups. The fact that they were under the category of late adolescence and early adulthood and at the same time living with perinatal HIV would be definitely mean that they would have taken their medication for longer periods of time. One respondent has been on ART for 20 years meaning that ART was started during early childhood. Variations in the number of years on ART shows variation in the different ages in which ART was initiated with the majority being in their childhood years.

4.2.3 Respondent’s Occupation

It is important to note that in the research most of the youths that were interviewed were students. And basing on the research and age that is associated with that they fell into the tertiary education category. Of the 10 respondents interviewed 70 percent of them were students. Meaning to say that they were pursuing their education. This may be due to the fact that in Zimbabwe education is a very key component and it’s mandatory for every young person not to be deprived of education. More so from the above table it can be noted that the remaining 30 percent of the

respondents were unemployed. With 2unemployed respondents being female and 1male. This therefore entails us that there is a larger proportion of females being unemployed rather than men.

4.2.4 Marital Status

Another key aspect to put into consideration is the marital status 90 percent of the respondents where not married. This might have been due to the factor that they were pursuing their education thus can be a major delaying factor among many other factors for not getting married between the age groups.

4.2.5 Relationship between Age, Occupation and number of years on treatment

From the table above (table 4.1) it can be seen that there is a relationship between age, occupation and the number of years on treatment. It can be seen that respondents who started antiretroviral therapy earlier where not disturbed much in their academic life. Their ages tallied well with the level of education in which they are supposed to be at. Interestingly it has been noted that of all the respondents, respondent 3 start ART at a later stage in his life and he is in his first year of tertiary education which probably shows that at some point he was disturbed because of late ART initiation which led to ill health. Therefore this shows that there is a correlation amongst the three.

During data collection there are themes that emerged of which they were going to be used for analysis of the study. It should be noted that these emerged from the research questions and from those themes sub themes also emerged. Below is a table that shows the themes and subthemes that were used for data analysis.

MAIN THEMES	SUB THEMES
Life experiences of youths living with PHIV	1.Knowledge of HIV and perinatal HIV 2.Discovery of HIV status 3.Experiences of living with HIV
Social challenges of youths living with PHIV	1.Disclosure of HIV Status 2.Support Systems 3.General problems encountered
Mental health challenges of youths living with PHIV	1.Mental well-being being affected by their status 2.Coping strategies for PHIV youths
Intervention measures that can be put forward	1.Intervention from the health facility 2.Intervention from the community

4.3 THEME 1: LIFE EXPERIENCE OF YOUTHS LIVING WITH PHIV

In this part of the research, the researcher was concerned with getting an in-depth detail about how youths living with perinatal HIV are experiencing their lives and figure out if it somehow contrary to every other youth living out there. Respondents outlined their experiences of living with HIV in this present time and how they are managing.

4.3.1 Subtheme 1: Knowledge of HIV and perinatal HIV

Respondents demonstrated adequate knowledge on what HIV is since they had lived with the virus for long. They also understood the fact that they were born with the virus within their body. However most of the respondents did not have a clear understanding of what perinatal HIV is and it was just a matter of differences in terminology. 2 respondents demonstrated their adequate knowledge on HAART.

“During the time I was born highly active retroviral treatment was not available and it made children vulnerable to HIV and unfortunately I became one of them. (Respondent 7, male)

“When I was born mother had not been tested , she got HIV test after some time , if she had been tested earlier, I would have not been affected just like most children of today, I would have been free of HIV I would be living a normal life just like everyone else”.
(Respondent 1, Female)

They explained in their own phrases that it was a virus that can be found in the human immune system with the capability of damaging the white blood cells of the individual living the individual vulnerable to other diseases. 6 respondents were specific about HIV being a virus that is found in the immune system. Whilst the rest were able to point out how one can attain the disease. All the 10 respondents demonstrated some knowledge on what HIV is. The following quotes support this

“It is just a virus that damages the human immune system” (Respondent9, male)

“It is a killer disease and it is incurable, though one can live with it as long as on medication” (Respondent 2, Female)

4.3.2 Subtheme 2: Awareness of HIV status

60 percent of the respondents found out about their HIV status below the age of 12. Below are some of the responses from respondents.

“All along I have been taking medication without knowledge that they were ARVs until I was 9 years I questioned my aunt and uncle until they disclosed to me that I was HIV positive”. (Respondent 8, Female)

“I fell very ill in my early teenage life, I was then diagnosed of TB then got tested for HIV, and I never knew I was HIV positive up until that time”. (Respondent 3, Male)

“for so long I was just given pills but I did not know why, my aunt just told me it would prevent me from dying, at the age of 12 she then disclosed to me my status and told me it was not my fault since it was passed on to me during birth” (respondent 7, male)

This shows that disclosure of HIV status in perinatally infected youths occur in their childhood however as they approach adolescence because at this point constructive thinking begins and the young one seek explanations for certain actions in their lives. However the other 40 percent of the respondents found out about their HIV status after the age of 12. The latest age that the researcher got was the age of 14.

4.3.3 Subtheme 3: Experiences of living with HIV

In the data that was collected respondents reported that they had tough life experiences of living with HIV. They reported that the fact that they have to live with the virus in their blood stream makes life difficult as it is accompanied with making some difficult choice in their lives. According to the health belief model how an individual perceive the illness to be serious will apparently determine the action they are to take in their lives, the fact that these respondents have had a tough experience of living with perinatal HIV, they perceive it to be serious thus this guide their actions especially on taking their medication on a daily basis.

Respondents above this age reported that ill health was the major reason they found out about their HIV status It is also reported that most of them where not on antiretroviral therapy at all and their status came to light after they had been hospitalized . one respondent reported that she fell ill started as a stomach ache then later own showed signs of TB infection before being put on the TB treatment then she was tested HIV positive. Thus these youths had different experiences pertaining how they came to find out about their HIV status. But the basic concept is that it was never easy just to accept life had to change for them in so many ways.

“sister you don’t know how hard it is living with HIV ever since, when I was young I got in and out of the hospital and at times I could feel my breathe go away ,I have been changed from one regimen on to the other trying to find the perfect medication for me”.(Respondent 4, Male)

“It is difficult living with an illness you know you never asked for or did anything to get it but hey there is nothing we can do just live with it” (Respondent 6, Female)

“Mmm living with HIV has been difficult because I cannot do what normal boys can do”.
(Respondent 9, Male)

The respondents were also able to clarify on their life experiences up to the present time. It was highlighted that their lives had been complex due to the fact that they were living with the virus. One respondent reported that this was so because he had to deal with issues of accepting himself to that idea where others actually accepted him. Four respondents mentioned that it was hard since it was hard for people to accept those including family members and friends thus it made life rather much difficult. He further reported that life became more complex as he got in and out of the hospital because of ill health. This was attributed to not finding a suitable ART regimen that would suit him therefore he was hospitalized frequently and was really affected in his education since he was still a child. Therefore being positive is complex because of the fact that medication is supposed to be taken on a daily basis and adherence is of paramount importance.

4.4 THEME 2: SOCIAL CHALLENGES FACED BY YOUTHS LIVING WITH PERINATAL HIV

In this section respondents had to mention about the social problems they faced due to the fact that they were living with HIV. They clarified that it was not easy at all living with the virus in their body.

4.4.1 Subtheme 1: Disclosure of HIV status

The respondents pointed out some very important aspects pertaining to the how they associate with people that surround them. 6 respondents reported that their friends had knowledge of their HIV status. The respondents also clarified that it is not every time you come across supportive friends as in some cases once they know about your status they shun away from you. Below are the quotes to confirm these findings.

“My friends do know about my HIV status because they are also of the same status and we give each other help” (Respondent 10, Female)

“when I told some of my friends about my HIV status, they were shocked that I was living with HIV, went on to disclose my status especially to a boy who was interested in me , since then I have never disclosed my status to anyone else again”. (Respondent 8, Female)

However four of the respondents noted that they never disclosed their status to their friends at all. The common reason amongst all four of them was the fear of being labelled hence they just take their medication silently so that they fit into their society without any shame.. Respondents outlined that it is just hard disclosing your status to someone else as you would not really know of how they would react after opening up about your status.

“Step mom told me I should not tell anyone about this because they would not understand and will not be my friends any more”. (Respondent 6, female)

4.4.2 Subtheme 2: Support Systems

In the same vein of all the respondents 9 of them noted that they received support from some of their family and friends. Most of the support is normally given by immediate family member’s siblings, parents among others which shows that disclosure to family members is not that much of a challenge to adolescence living with perinatal HIV. One respondent reported that no support was given to him. Respondents also noted that other people other than family for example the church, neighbors and school offered them support. With the church putting much of the contribution. One respondent noted that,

“After discovering my status I was hopeless and felt that I could not do it anymore, however my church pastor helped me to heal emotionally and helped me to accept myself up to now I am so grateful”. (Respondent 3, Male)

“My class teacher is very friendly at me, as well as my boarding master, they give me so much support”. (Respondent 7, Male)

Some respondents also reported that they were just taken as ordinary people and for them it was good sign as it showed that they were being accepted by their society. It can be noted that some churches play a very crucial role in supporting HIV positive youths as some of them link them to non-governmental organizations for funding as well as home based care programs. Which is a very crucial matter. This shows that societal attitudes towards people living with HIV differ as some may accept them whilst some still find it difficult to do so.

4.4.3 Subtheme 3: General Problems Encountered

General societal problems that were being faced by the youths living with perinatal HIV were also highlighted.

4.4.3.1 Discrimination and stigmatization

Discrimination is a very common aspect when it comes to HIV. As many do not have proper understanding of what it really is. All the respondents brought about the issue of discrimination as a major concern in their lives as it affected the way they interacted with other people. One respondent reported that people shun away from me just because I am HIV positive not knowing that I am just like anyone else. Respondents spoke about the way the society is discriminating with so much anger and their facial expressions really showed that it really got to them. One respondent reported that respondents outlined that they were being treated differently because of their HIV status thus it became a major issue for them. It is also important to note that stigma and discrimination eventually had an impact on the way the respondents looked at themselves. As mentioned in the reviewed literature that some of these ages are still in adolescence hence the face identity crisis vs role confusion. Below are some of the quotes from respondents

“Where I live people shun away from me even if it’s just a simple greeting they keep their distance, it is so difficult for me and at times I try to hide it but people just see that I’m positive because of my body” sighs (Respondent 1, Female)

“I think my relatives do not like me, I just see their actions, and they know that I am HIV positive”. (Respondent 5, Male)

“At times I feel like people shun away from me because my skin is not so good looking”
(Respondent 6, Female)

4.4.3.2 Difficulties in accessing educational facilities

Education in Zimbabwe is a very important aspect in the community people live in today. However by virtue of being HIV positive education might be disturbed. This is due to the fact that being on ART at times interrupts the day to day activities that are faced by the people. Meaning to say that there are some times when patients are required to go and collect their ART medication at their facility centers and at the same time they are expected to be at school. 3

respondents confirmed on how being HIV positive has interrupted with their education. The following are their quotations

“At times I am forced to skip school because it will be my review dates as well as the fact that I will have to collect my medication and I feel like it affect my performance”.
(Respondent 17, Male)

I am a very bright student, I applied for a scholar ship in China however I was forced to do medical tests and disclose my HIV status, for that reason it was denied a scholarship out of the country yet I qualified for it”. (Respondent 6, Female)

“ being in this condition has really affected me , I am on Tenolum Efeverence regimen and at times it has severe side effects like drowsiness and I take it in the evening, it is the very same time that I will have to study but I cannot bear it because I will be too tired for that”. (Respondent 3, Male)

From these respondents one can note that HIV interrupts with a person’s educational aspects. At times they are forced to alter their education to suit their status. They have to compromise their abilities for that matter, for example attend local schools where they are able to be closely monitored thus this has been burdensome for most of the respondents and it has really affected them.

4.4.3.3 Employment

One respondent that the major reason why she is unemployed was due to ill health.

“My body has not been that fit for a while now and I cannot go to work until I am fit”.
(Respondent 2, Female)

This therefore has deprived the respondent financial liberty. The fact that some of these respondents are also deprived of employment opportunities mean that employment will also be a major challenge. It can be noted that from the respondent being HIV positive at times deprives from working thus one can be financially depended.

4.4.3.5 Disclosure

The respondents highlighted on the issue of disclosure a lot. Some respondents mentioned that the major reason why at times they could not disclose their status was the fear of being stigmatized and discriminated. Hence the researcher noted that clients who had problems with disclosing their status have poor adherence as at times they are forced to lead a double life that is live a normal life like anyone else at the same time they have to live an HIV positive life. Here are some of the responses that were given by respondents.

“I am not in a relationship , I cannot afford to tell every guy that I date that I am HIV positive so I just stay away from relationships” (Respondent 1, Female)

“That moment when I finally disclosed my status to my friends, they went about telling spreading the news so I no longer feel comfortable disclosing it”. (Respondent 8, Female)

Thus from the above responses from clients one can note that there are so many issues surrounding disclosure. The major reason for not disclosing is because they want to fit in to the society that they are living. Disclosure of status has also been an issue even in intimate relationships, one cannot disclose with the fear that they will be left because of their status hence it is an issue

4.4.3.6 Adherence

From the research, the researcher also noted that adherence is an issue for youths living with HIV. As mentioned earlier, they are forced to live double lives and if they are with their colleagues they might not take medication. 3 respondents actually admitted on their adherence problems. The following are some the responses.

“At times it is so hard to admit that I am actually HIV positive, so at times I feel that there is no need to take medication”. (Respondent 7, male)

“The time when my friends talked about my status to the church members, I felt hopeless and I defaulted ART for a while”. (Respondent 8, Female)

“Taking ARVs becomes very boring and still people die when the time comes, what about me who is living with HIV eventually my time will come and I am going to eventually”
(Respondent 9, Male)

One interesting observation made by the research was that from the first response the respondent was still in denial, he had not fully come to accept that he had a positive status thus it affected his drug adherence. Also youths do not feel comfortable if they know that other person who do not have their consent know about their status. The fact that fewer respondents have been not to be having drug adherence problems might actually mean that the rest have noted the benefits of being consistent with their medication. This has been postulated in the health belief model under the construct perceived benefits. It is further alluded that with perceived benefits people believe in the effectiveness of a new behavior, therefore in this case the majority of the respondents believe in the effectiveness of antiretroviral therapy, as they have seen that intake of drugs protect them from illnesses therefore they abide by their treatment

4.5 THEME 3: MENTAL HEALTH CHALLENGES FACED BY YOUTHS WITH PHIV

4.5.1 Subtheme 1: Mental wellbeing affected by their status

In relation to the above societal problems that respondents outlined, respondents also clarified that some of these problems also affect their mental health. Most of the social challenges the youths face end up affecting their mental wellbeing. One should also put into consideration that some of the mental health problems that the youths have were actually observed by the researcher .Below are some of the mental health problems that were pointed out by the respondents.

4.5.1.1 Stress

Respondents who actually acknowledged of having mental health problems pointed out stress as a major factor. Of the 10 respondents that where interviewed 8 actually acknowledged that stress affected them a lot. They actually acknowledged that they are always stressed about the life they are living. They are scared of who will find out about their HIV status against their will. One respondent noted,

“I am always stressed that at times I forget to take my medication, I get severe headaches and at times my body feels so numb”.(Respondent 1, Female)

According to the health belief model stress can also be seen as a perceived barrier to a healthy behavior. This is seen from the above response as much as the respondent was trying to adhere to

medication, stress was a threat to ART adherence, therefore it become a barrier to expected behavior. It has been noted that at times some youths living with perinatal HIV resort to substance abuse when they are stressed and this can also be seen as a barrier to healthy behavior. The biggest stress in their lives that they highlighted is the fact that they are HIV positive and at times when they have ill health. They pointed out that they will be worried of who will accept them in their condition especially girls when it comes to marriage. As the interview went on the researcher observed that as they said this they were actually worried.

4.5.1.2 Anger

Another major issue that arose was the issue of anger. The researcher observed that anger was a major issue for the youths living with perinatal HIV. From the interviews conducted it can be noted that 2 respondents acknowledged of having anger issues due to the fact that they were living with HIV. However the researcher also noted anger arising from the other respondents pertaining to particular issues like it not being their fault that they were living with HIV. The following responses came about

“I hate being in this condition, to make matters worse they do not accept me as if I caused this onto myself”. (Respondent 7, Male)

“At times I just get angry at my parents just by the mere thought of my status, why did it have to be me”. (Respondent 10, Female)

“What gets me frustrated the most is the issue that I did not cause this upon myself and I am that if I were in their time I would have been more responsible with life so that others who come after me would not have to suffer for my mistakes” (Respondent 9, Male)

From the above quotations the researcher noted that youths living with perinatal HIV have bottled up anger right inside of them. Respondents blamed their parents for putting them in irreversible situations that are affecting their lives up to now. Interestingly anger issues were also observed in some respondents who did not necessarily acknowledge that they had bottled up anger inside of them. At some point transference was also noted by the researcher, in this instance the respondent actually channeled his feelings of hatred towards his abusive father towards the researcher.

4.5.1.3 Poor self-image

This was one of the fundamental aspects that the researcher observed in the youth living with perinatal HIV. As noted in the reviewed literature in Erick Erickson's psycho social stages of development adolescence face a major challenge of identity crisis vs role confusion. Some of respondents faced a challenge of self-image. They did not appreciate themselves, their bodies and this was a cause for concern. Below are some of the quotes to confirm findings.

"I do not really feel comfortable with my body, I am too dark and I have got too many blemishes and I am shorter than my peers, this makes me so uncomfortable" (Respondent 6, Female)

"My body is different from my friends, I think it is not proportional and I feel like people look at me when we have social gatherings". (Respondent 10, Female)

From the above quotations it can be noted that respondents feel insecure about their bodies, since some of the drugs may cause reaction. This has affected the way they see themselves as well as the way they are going to interact with others.

4.5.1.4 Low self esteem

In the research the researcher came to note that respondents with poor self-esteem also had a very low self-esteem. This also comprised of ideation that they could not do better things in their lives because they live with the virus. Interestingly the researcher made an observation that all the respondents who had a poor body image also had a low self-esteem meaning to say that there is a negative correlation between the two. Poor self-esteem was noted by the researcher from the way they saw themselves, their views pertaining to the future among others. It was observed that 8 respondents from the study had esteem issues and this also encompassed loss of hope. Therefore this even affected their day to day activities.

"I wonder if there is anything meaningful I am going to do in my life, what I am going to do with my life so I would rather do what makes me comfortable, that is why I often get high with drugs most of the times."(Respondent 9, Male)

Sister it is very hard being in my condition, at times I am not comfortable going to social gatherings , I know people will start talking about me, I do not even feel comfortable going out and it has affected me a lot. (Respondent 1, Female)

4.5.1.5 Depression

It has also been noted from the research that depression is also a major issue in youths with perinatal HIV. From the study one respondent actually acknowledged of having depression at some point in her life.

“I have had depression, this was after finding out about my status at 14 a series of events happened afterwards from death of my caregivers to abuse from other relatives, I was put on antidepressants for quite some time”. (Respondent 6, Female)

It is important to note from the response that one of the major reasons that triggered depression in the respondent was the status. Meaning to say that depression is quite common in youths living with perinatal HIV. However no other respondent had a history of having depressive disorder

4.5.1.6 Anxiety

It came to light that anxiety was another issue that arose. 4respondents actually claimed that they always had a great sense of agitation and they were always uneasy especially in social domains below are some of the quotations that shows that

“At times I just feel restless, I cannot sleep I am always thinking and I always feel nagged by everyone around me”. (Respondent 7, Male)

“When I am in public spaces I am not calm at all thinking of the idea that every other person might actually be seeing me as positive and I do not want that”. (Respondent 10, Female)

From the above responses one can actually note that anxiety puts youths living with perinatal HIV at an uneasy state and in this case it affects all the actions that follow. It has also been noted from the above respondents that it is one of the major reasons that influence youths living with perinatal HIV to default medication.

4.5.2 Subtheme 2: Coping strategies of youths living with PHIV

4.5.1 Motivated behaviors

One of the most prominent issues that was observed by the researcher is that youths living with perinatal HIV engaged themselves in motivated behaviors. As it has been reviewed in literature motivated behavior is a behavior one engages in willingly however resulting in destructive consequences. One key motivated behavior was substance abuse. Four out of five male respondents reported that they are alcoholics, and two of them reported that they use drugs however not on a regular basis. On the same not 3 female respondents also reported on taking alcohol however on an occasional basis. Interestingly some of them reported that the major reason why they take alcohol was so as to fit in. the following quotes confirm these findings.

“At time I got to clubs with my friends, and I do take alcohol so that I fit in and have a normal life”. (Respondent 3, Male)

“When I am so stressed I drink alcohol it help me forget everything for that moment I am just myself like anyone else and pretend all those problems do not exist but it is here and there ”.(Respondent 6, Female)

“I take drugs here and there especially weed cakes, it helps me to enjoy my life forgetting about every other problem and I just want to have some fun” (Respondent 4, Male).

From the above responses one can see that substance abuse is very common among the youths living with perinatal HIV. The main reason being the need to fit in to the society and being able to do what their peers can do. In some instances substances are taken for stress reduction so that they counter the problems associated with being HIV positive.

One other motivated behavior that was highlighted is their engagement into sexual activity. Male respondents reported that they had intimate partner and at time they engaged into sexual behaviors. However they reported that they made sure that they made use of condoms whenever they engaged. This therefore affect their reproductive choices as they will have to make a decision as to who they have to disclose of their status.

4.6 THEME 4: INTERVENTION MEASURES

In this section main discussion is about the suggestions that were brought forward by the respondents on the ways that they could be assisted by the community or health facility. It was an approach of finding out how the community at large can help and embrace youths living with perinatal HIV.

4.6.1 Subtheme 1: intervention from the health facility

In this section the researcher aimed at attaining strategies in which can be used to assist youths living with perinatal HIV. All the respondents actually acknowledged that they are receiving adequate care from the service providers. They acknowledged that they help them a lot in adherence to ART treatment and if they having challenges there are primary counselors to offer support.

“At times nurse actually give us first preference for the understanding that we will be needing to go to school thus we cannot afford to spend too much time standing in long ques”. (Respondent 10, Female)

That was one response from the youth pertaining to the service that they were being given at the clinic. however 2 of the respondents noted that as much as they were being given fair treatment they could not afford coming back to the hospital after every now and then thus they wanted the hospital to increase their regimen to a 6 months’ supply this would help them in balancing their lives so that they would live a normal life as well.

4.6.2 Subtheme 2: Intervention from the community

8 respondents also noted that the community should play a part in assisting youths living with perinatal HIV. It has been seen that one of the biggest problems that has been noted in the study is that the community is not giving the support that they really needs. This is then seen through stigma and discrimination that is being given by the society at large. Thus the respondents noted that the community should offer social support to the youths living with perinatal HIV so that they adhere to their medication freely.

“They should give us their support and treat us as normal people because we are all equal”. (Respondent 3, Male)

This was a key response to show that social support was a key element that was lacking in their community therefore it had to be retained. One respondent however noted that the society should not go about disclosing a person's status as it may affect the way they live and poor drug adherence may result because of that issue.

4.7 CHAPTER SUMMARY

In the chapter the researcher focused on analyzing data that was collected. Data analysis was done as per research questions that were raised. Interpretation of the data was done as they were grouped into themes for easy referral. These themes therefore brought about the challenges that were raised by the youths living with perinatal HIV and sub themes further emerged in an attempt to clarify the findings.

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In the study of the psychosocial and mental health challenges faced by youths living with perinatal HIV it has come to light that most of the youths living with HIV in the present time have been infected in their early stages of life. In an effort to curb mortality due to perinatal HIV where put on ART in their earliest stages of life and as a result they lived to grow with the virus within them. The major problem highlighted in the study was that the children born with HIV are have encroached into their youth they face social problems as they find it hard to interact with people within their society as well as being accepted by the society, this in turn impacts their mental wellness. The study aimed at exploring the life experiences of youths living with perinatal HIV concurrently their challenges and intervention measures that can be brought forward. Qualitative research method was used as the research was explorative in its nature as the researcher sought to gain an in depth detail pertaining to the issues they face, interpretive paradigm was also employed through semi structured interviews amongst perinatal HIV youths who of the aged 15-24 at Wilkins Hospital. In chapter four the research put its main focus on presenting data findings and analyzing the data. Data was categorized into themes thus it was made easier for it to be analyzed. In this chapter the researcher summarized the findings from the research and made conclusions pertaining the subject at hand .the researcher also discussed on the recommendations as per what needs to be done for the youths for the betterment of their future and others who might follow after them.

5.2 DISCUSSION OF THE RESULTS

Discussion of results pertaining to the psychosocial and mental health challenges faced by youths living with perinatal HIV is done basing on the research questions that were designed in chapter one.

5.2.1 Life experiences of youths living with perinatal HIV

The qualitative research method was very useful in highlighting and identifying important areas in the study. It enabled the exploration of life experiences of youths living with perinatal HIV

and challenges they continue to face. This research has managed to clear out some of the fundamental issues. It is so clear that the youths living with perinatal HIV have been facing a lot of complexities in their livelihood. As it is highlighted the age groups accommodated those within the adulthood as well as those who are already young adults. Therefore it is important to know that the research helped in clarifying that having to live with a chronic illness for a life time is challenge itself and requires a lot of support to deal with that.

For youths living with perinatal HIV it is clear that they have to deal with some adulthood aspects whilst they are still in their adolescents. In most cases it is important to know that the youths living with PHIV are influenced by a lot of persons within their lives from their peers, health care workers up to their own families. At times coming to a point of making their own decisions might be difficult because decisions that they make must somehow be influenced by the condition that they are in. as noted in the reviewed literature the study conducted by Tshuma (2016) confirms this as participants actually noted that, “Being HIV positive was not easy to swallow but however they have to deal with it”. It becomes more complex where families are living in poverty thus one has to take care of other people as well as him or herself. It is difficult as well when it comes to decision making , the individual has got to make important decisions pertaining to intimate partners or even who to disclose their status to.

5.2.1.1Complexity of life due to ill health

Living with HIV has been proven to be very complex for the youths because of ill health. At some point in one’s life, they might actually have problems with their health, because their system is different from that of people living without HIV. Thus their immune generally is weak because of that fact. As mentioned in the reviewed literature youths living with perinatal are very vulnerable to biological and environmental risk factors. This study therefore confirms findings in other studies as the respondents actually confirmed of having ill health at some point in their life whether in their early childhood or late adolescence. In this case one can see the applicability of the health belief model as one of the major construct is perceived seriousness. It is explained that if people perceive an illness to be serious, they are likely to moderate their actions in a manner to protect themselves. That is they are less likely to engage into risky behaviors. Some of the life experiences that were given by the respondents in the previous chapter explain why youths living with perinatal HIV engage in less risky behaviors and more likely to enhance drug

adherence. Bernays et al (2015) explain that however telling of these past illness stories is functional, this may function as a moralizing discourse to engender ongoing discipline and commitment to adherence having figured out that most of the youths living with perinatal HIV at some point faced the tragedy of illness nearly to the point of death, it becomes some form of motivation to ART adherence as they bear in mind of the consequences that follow if stipulated behaviors are not portrayed.

5.2.2 Social challenges faced by youth living with perinatal HIV

It came to light that major complexities of living with perinatal HIV come from most of societal issues. The social challenges that arose in the study include stigma and discrimination, loss of educational and employment opportunities, drug adherence, reproductive choices, intimate partners, poverty among other issues.

5.2.2.1 Stigma and discrimination

The major social issue that has been raised even in some studies that have been conducted before is the issue of stigma and discrimination. This current study confirmed the reviewed literature as it brought about important aspects as to how youth living with perinatal HIV are being discriminated and deprived of some important benefits they ought to have. In this study it has been noted that discrimination is happening within social settings where people are being mocked because of their status, people do not want to associate with HIV positive individuals. It has also been seen in the education and employment context, where people are often forced to disclose their status through compulsory medical examination and after all they lose educational or employment opportunities because of that. As noted in the reviewed literature Parker and Agglestone (2005) noted that in policy and legal context stigma and discrimination can be seen in prohibition of PLWHA from certain occupation among other things and it has been sincerely clarified in this study. Megan et al (2016), noted that stigma and discrimination was noted by unequal distribution of finances as well as emotional support compared to HIV negative siblings. Whilst Mellins (2010) is of the notion that HIV makes young adults living with perinatal HIV to feel like social misfits because it disturbs their normal lives. Discrimination has been noted to be happening in the society where in some instances just the talk about HIV is ridiculed, or there is unequal treatment of the HIV youths because of that fact. Thus it has been one of the most pressing societal challenges that has been faced. Hence in the same note we see

the applicability of the health belief model, under the construct perceived barriers, as noted in the reviewed literature perceived barriers comprises of threats to a new or required behavior, discrimination can be a major barrier to drug adherence as patients fear being labelled or barrier to wellness as they actually cannot partake in certain occupations thus income will be limited therefore one cannot fully take care of him or herself.

5.2.2.2 Impoverishment

The study has confirmed that most youths living with perinatal HIV have poverty issues. As noted in the reviewed literature sub Saharan Africa has the greatest population of perinatal HIV and for that reason most of them are living in poverty. This study has confirmed this as it has been seen that most of the people living with HIV are being deprived of employment opportunities, they cannot see to get proper funding for their careers thus living them as vulnerable as ever to poverty.as it has been noted by Baingana (2005) in the reviewed literature there is correlation between PLWHA and poverty. However in contrary to what was stated in the reviewed literature that impoverishment was the major driving force towards sexual risky behaviors, the major driving force for that among interviewed respondents was the need to fit in and be seen as normal.

5.2.2.3 Status disclosure

Status disclosure was one of the major challenges faced by youth living with perinatal HIV. There is a growing conflict from within them as to who to disclose to and when to disclose. This study confirmed what was noted in the literature that youths living with perinatal make decisions pertaining to disclosure basing on their sexual onset. As seen in this study youth with PHIV make decisions of disclosure basing on their need for intimate partners. However this study outlined an important aspect that was not noted in the study that most people fail to disclose their status because of the fear of being stigmatized. In a study also conducted by Dola et al (2015) it is further noted that youth who were told of their diagnosis sooner had the potential to tell their sex partners. However this contradicts findings in the study as it has been seen that all respondents were told of their diagnosis at an early stage of their life however still faced fear of disclosing their status to their partners because of the fear of rejection to the extent that they shun away from relationships. It further clarified that youth restrain themselves from disclosing their

status to their friends with the same fears. This therefore poses great risks pertaining to adherence

5.2.2.3 Loss of employment opportunities

Many youths have lost opportunities in their education as well as those of being employed because of that. Thus discrimination is increasing and it is not only in the social context but in the legal systems as well as reviewed in the literature. The interview exposed some of these things as some of the respondents clearly clarified how they lost educational opportunities by simply exposing their status. From the findings one can agree that every other problem that the youths living with perinatal HIV are facing are centered on the issue of discrimination. It is either they fear being discrimination thus they lose some opportunities in their lives or they are actually being discriminated.

5.2.2.4 Loss of educational opportunities

One important aspect that was not clarified in the literature is the issue of education. It has been clearly seen that education is distorted due to being HIV positive. Study has shown that once a person is on ART, the medication has certain health implications. Study findings have shown that medication has severe side effect for instance heavy drowsiness thus a person cannot focus on a particular task thus affecting reading schedules and in turn it has affected their academic performance. However the literature has highlighted on the biomedical implications of having to grow up with HIV and one of these implications is that the cognitive process of an individual may be distorted. Though not much about this aspect came out from the study. The finding also clearly highlighted on regular disturbance at school as they are forced to go for reviews every now and then due to their conditions. Moreover the education has been affected for youths living with perinatal HIV as it has been seen that in some instances they lose educational opportunities to study abroad. Therefore this has become a major challenge because they are being deprived of the education they deserve.

5.2.2.5 Reproductive choices

As seen in this study that issues to do with reproductive choices proved to be a complex aspect of youths living with PHIV's lives, this is seen as these youths try by all means to avoid sexual relations as they choose not to disclose especially girls. As it has been noted by Megan et al

(2016) Stigma, in turn, leads to added challenges negotiating sexual and personal identities common during this important developmental period. This confirms reviewed literature as it was noted that as youths living with PHIV age into adulthood they are confronted with complex decisions with regards to sexual behavior Kaushik (2016). Hence it was proven in this study that reproductive choices become complex as they mature, it also becomes complex as to choosing who and who not to disclose to, thus at the end sexual risky behaviors was found to be very common in these youths. The health belied model was proven to be applicable in this study as it shows that some youths living with perinatal HIV are not perceiving the risk associated with sexual behavior that is the reason they are not able to practice safe sex. Because of the complex reproductive choices in most cases they are not able perceive the risk they are putting themselves into hence it has become a major challenge.

5.2.3 Mental Health challenges of youths living with perinatal HIV

The research also highlighted that youths living with perinatal HIV also face some mental health, psychological problems. From the study it has been noted that there are quite a number of mental health problems that are being faced due to the fact that they are living with perinatal HIV. It is important to note that as shown by the research most of the mental health problems in most cases emanate from the social. This is because societal problems they face may have adverse effect on the mental wellbeing of a person. As it has been seen that if the person is not accepted in their community, it might lead to some psychological problems. The most common psychological problem amongst these youths living with perinatal HIV include stress, depression, anxiety, substance abuse ,anger ,denial and suicidal.

5.2.3.1Stress

Findings have confirmed that stress is a very common mental health issue amongst youths living with perinatal HIV. Baingana (2005) is of the notion that acute stress is prevalent amongst youth with perinatal HIV though it is more common among youth who diagnosed of HIV in their early stages of life. As noted in the study stress is more common as youths have to come to terms of living a double life so as to fit into the society that they live in. However stress affects girls living with perinatal HIV more. In some instances they find themselves withdrawing from antiretroviral

therapy or they might have self-destructive personality disorders. Hence one can note that motivated behavior amongst youths with perinatal HIV is more of a coping strategy in dealing with life challenges of which they continue to face time and again. Therefore as a general fact women are more prone to stressful situations more than men.

5.3.2.2 Motivated Behaviors

5.3.2.2.1 Substance Abuse

The literature discussed motivated behaviors as being disorders of which one engages himself or herself in self-destructive behaviors thus inhibiting the individual from portraying the desired behavior. Hence this study has confirmed literature as findings show that motivated behaviors are very common among youth living with perinatal HIV. Baingana (2005) further denote that one of the most common motivated behavior amongst PHIV youth is substance abuse. The study confirms literature as findings clearly showed that most of the respondents engaged into alcohol abuse. One can note that concept of perceived severity is applicable in this study. As it mentions that if one perceives the seriousness of the consequences one is most likely to practice a healthy behavior, therefore it was clear that youth living with perinatal HIV do not perceive substance abuse to have a direct impact on their medication thus they continued in that manner. As mentioned in the reviewed literature youths with perinatal HIV engage into these behaviors as they become some form of coping mechanisms. Due to the need of wanting to be normal just like everyone else extroverts are likely to engage in substance abuse so as to gain attention and regard themselves as normal.

5.3.2.2.2 Sexual behaviors

One other important motivated behavior that came out was that sexual risk. Pertaining to their age groups, it focused on late adolescence to young adults thus risk taking is very common in the ages. In this case youth that were interviewed showed adequate knowledge on the impact of sexual risk behavior. However they continue to indulge into promiscuous behaviors. Hence contrary to what was reviewed in the literature that the majority of youths engage into unsafe sexual activity. Most of the respondents actually highlighted that they refute themselves from such sexual activities hence though some of them indulge.

5.3.2.3 Poor self-image

Findings in the study confirm that youth with perinatal HIV have issues with their self-image. As mentioned in the reviewed literature by Baingana (2005) Living with the virus for long has been seen to have adverse effects on the body of an individual, therefore makes youths living with perinatal HIV to view themselves differently from their peers, thus this influences the decisions they make, how they actually view themselves and some actions that they take in order to fit into the so called normal life. Most of the youths with perinatal HIV have poor self-image and they therefore see themselves as misfits into their normal life. Hence the biological effects of ARVs may be a possible barrier to positive living that is expected of when one is on ART therefore it becomes a perceived barrier according to the HBM.

5.3.2.4 Anger

According to some research anger is the channeling of emotions and feelings on to the other person and hold the second party responsible for the situation at hand. Anger was another prime aspect that came out in the research. For a start youths living with HIV bottle up their feelings of resentment pertaining their HIV status. They blame people around them because they are in the particular situation specifically their parents. These feelings are then transferred to people who are within their social spheres and may result in destructive behaviors. Contrary to what the literature brought about, anger has been seen to be one of the major mental health challenge of youths living with HIV. And in the health belief model it can be seen to be one of major barriers to positive living that is expected of youth with perinatal HIV, It has also contributed to self-destructive behaviors like defaulting medication. Zanoni (2013) is of the notion that feelings of anger loneliness, depression and anxiety are common amongst youths living with HIV and AIDS. Other literature studied support findings from this study as they support that youths with perinatal engage in negative coping strategies so as to counter those problems, for example sexual risk behaviors, substance abuse amongst other things.

5.3.2.5 Anxiety

Findings confirm that anxiety is common among youth with perinatal HIV. Tshuma (2016) noted that the major signs of anxiety include jumpiness, hyper activity self-destruction among others. Hence it has been seen in the study that PHIV youth engage in self-destructive and become very

anxious of their future therefore this has been confirmed to be a mental health disorder that is common among youth living with PHIV. According to Baingana (2005), “Mental disorders impair judgment, reduce fear of consequences, and increase vulnerability to outside influences. As a result, people with untreated mental disorders are at risk for engaging in behaviors that further the spread of AIDS”.

5.3.2.6 Depression

Depression has also been seen to be common among youth with PHIV and it goes along with anxiety and anger. This study proved this as a respondent actually confirmed of being diagnosed of depression at some point in their lives. However this contradicts what was highlighted in the study as Treizman (2002) noted that 60 percent of people living with HIV suffer from major depression, study confirms that there are a fewer cases of depression among youth living with perinatal HIV. It can therefore be concluded that depression is more common than what has been proven by the studies that have been carried out , however due to the fact that mental health disorders are given little attention it has therefore been under reported.

However the research also brought to light that as much as youths living with PHIV see the disease to be serious most of the youths do not understand the risks that they expose themselves into by employing negative coping strategies. In the quest for coping with daily stressors in their lives as young people most of them engage into substance abuse, alcohol in particular. Contrary to what was reviewed in the literature that the more a person perceives a risk the less they engage in risky behaviors. It came to light that as much as youths living with perinatal HIV understand the risks and implications of living with HIV. As much as they perceive the illness to be serious for one reason or another, they engage into risky behaviors especially substance abuse and sexual risk which can be broadly be defined as motivated behaviors to fit in to the society they live.

On another note, the research also clarified that there were perceived barriers to drug adherence. The study confirmed that mental health problems posed great danger to adherence levels within the individual this is mainly because things like stress causes an individual to forget.

5.2.4 Intervention Measures that can be taken

5.2.4.1 Social support

One major aspect that was highlighted in the study as a measure that can be taken to assist youth living with perinatal HIV was the issue of social support. Agwu et al (2013) is of the notion that In addition to providing for the education, health, shelter and general basic needs of children, adolescence and young adults who have been made vulnerable by HIV/AIDS, it is important to provide for their psychosocial and mental well-being. Social support has been proved of its great essence in this study as it is one major aspect that the society is lagging behind. Youth living with perinatal HIV have the need of being accepted and be regarded as normal just like everyone else, however that is almost impossible if the society still treats them as social misfits. Therefore attitudes of the society have got to change with regards to PHIV youth. This study confirms reviewed literature as it highlights the importance of offering social support to people living with HIV. A related study has shown that in Uganda, communities have expressed the need for improved AIDS related communication between parents and young people living with HIV. This study however focused more on the relations between perinatal HIV youth and the society at large since that is where greatest stigma is being shown.

5.2.4.2 Increasing knowledge of perinatal HIV

Is important to note that one of the most essential aspects that came from the research was the issue of awareness campaign. It has been seen to be a necessary aspect to increase awareness pertaining to perinatal HIV, making people gain knowledge on the fact not every person attained HIV due to motivated behavior some have just been victims. As mentioned in the reviewed literature Programs for information, education, and communication (IEC) about HIV are an integral part of primary intervention. It is essential to provide populations with knowledge and information about HIV/AIDS, stigma and discrimination that programs for knowledge are developed Lowenthal (2014). Therefore the study findings confirm information from other studies that increasing knowledge helps in reducing HIV it also reduces stigma and discrimination.

5.4.3 Revisit of legal policies towards people living with HIV.

One other important aspect that came from the research that aids to reviewed literature is reshuffling of the policy. As it has been seen in the findings that youth are being deprived of some career opportunities because of the fact that they are living with HIV. There it is necessary for some policies to be changed with regards to right of people living with HIV general. In support of the findings it is necessary to ban compulsory screening and testing. One should voluntarily engage into such practices.

5.3 CONCLUSIONS

The research looked at psychosocial and mental health challenges faced by youths living with perinatal HIV. Therefore as the researcher explored on their life experiences, it came to light that youths living with perinatal HIV have had to deal with a lot of complications as they grew as they face the greatest challenge of dealing with adult issues as well as their own issues that is in accordance to their age. The objectives of the study included the following, exploring on the life experiences of youths living with perinatal HIV, explore on the social and mental health challenges faced by PHIV youths, then come up with intervention measure in which these youths can be assisted to enhance better living. The objectives were fulfilled as seen in the chapter four as they were explored using major themes and subthemes in which they fully assisted in expatiating the objectives. These themes also explored on how they viewed perinatal HIV and it went along with the theoretical framework that was used by the researcher and it clearly highlighted that the way an individual perceives perinatal HIV and AIDS will clearly determine his or her drug adherence. Some of the life experiences they have had have not only affected their past however have set course for their lives.

Therefore it can be concluded that youth living with perinatal HIV have got a complex life. This can be seen as they get to experiences mortality at a very young age. They also come to terms with their status at a very young age thus growing up with a mentality that they are social misfit. Their life experience is proven to be complex due to growing up with the virus in their blood stream thus they have no absolute knowledge of what it feels like growing up without the virus. It can be said that the major complexity of their lives come about from the fact that at one point or the other they are succumbed to ill health. Hence growing up with a complicated lifestyle and complicated health has made youth with perinatal HIV to have a tough life experience.

It can also be concluded that major problems that have been faced by youths with perinatal HIV are social aspects. The major problem however is centered on stigma and discrimination. The society up to date is failing to accept PLWHA thus poses a great range of problems. In this case the researcher mainly looked at the social aspects of their livelihood and the challenges they face. It also came to light that some of these include employment opportunity loss, issues to do with disclosure, poverty, complicated sexual reproductive health as well as issues on stigma and discrimination. It was also noted from those challenges that were raised that stigma and discrimination is very high. It explains the fact that the society has not really come to embrace the fact that HIV is just an illness of which if managed very well one can live a lifetime with the illness not having much complications in their lives. Therefore it is important to note that these challenges have paved a way in to some of the mental health problems they are facing in their lives.

It can also be concluded that youth living with perinatal HIV face mental health challenges. Mental health problems of youth's living with perinatal HIV were assessed. It also came to light that these were slightly different from those who acquired in their later stage of life. Mainly because it was passed on to them during their early childhood therefore complicated ill health brings about complicated mental health. The challenges are as follows anxiety problems, prone to sexual abuse, anger, denial, suicidal tendencies, depression, stress and poor functioning of their cognitive abilities. Thus some of these challenges resulted from the social context in which they live hence they continue to be vulnerable.

It is important to note that the challenges faced by the youths living with perinatal HIV can mainly be dealt with if the society is included. The society plays a great role in helping youths deal with day to day challenges that they face if they accept that people living with HIV are just normal people. As seen most of the problems faced emanate from society, thus the society again has to play a major contribution in helping curb these problems. This study was important as it exposed the experiences of the youths. Mental health challenges that are faced can properly be dealt with by fully acknowledging the role of social workers and psychologists who can deal with aspects to deal with mental well-being broadly, they can play an immense role in helping youths living with perinatal HIV to be able to deal with their emotions and learning to live their lives in the society that has little understanding of the subject. Having brought to light the

challenges faced it was of great essence to look at the intervention measures. Intervention could be best derived from the health facilities by mainly cooperating the psychological aspect as it is rarely done in most facilities .by so doing it helps deal with a lot of negative emotions and pave a healthy life for the youths living with perinatal HIV. However due to the current economic situation it might be a great challenge accommodate on in the health institution.

5.3.2 Key findings in the research

- Perinatal HIV came about as an effort to curb death because of HIV in children. Most youths living with perinatal HIV do not have a definitive understanding of what perinatal HIV is, however they understand of how they acquired it.
- Youths living with perinatal HIV have had a tough life experience as they face the complexity of having to deal with the issues associated with adolescence and young adulthood and at the same time they have to counter problems of having to live with HIV.
- Discrimination is the major reason why youths living with HIV find it hard to disclose thus they live double life one in which they fit into the society and the other in which they become true to themselves about who they really are.
- Social problems that are faced by youths living with perinatal HIV their mental wellbeing. Youths living with perinatal HIV normally make use of negative coping strategies and in most cases they engage in motivated behaviors.
- Having to live with perinatal HIV develops mental health problems like anger, anxiety of what the future holds and stress of what is to come.
- The Health Belief Model theoretical framework that what used helped immensely in understanding the behavior portrayed by the youths. It helped in understanding that one's perception of HIV determines their adherence.

5.4 RECOMMENDATIONS

In the particular issue that was being discussed on the psychosocial and mental health challenges that are faced by youths living with perinatal HIV, the researcher recommends that intervention

measures be more on the psychological aspects. This mainly because as it has been noted most of the challenges that they are facing are of psychological nature of some sort.

5.4.1 Update on National AIDS policy

One important recommendation I would make is that the national AIDS policy should be termly updated so that it can accommodate trending issues to do with HIV also open lee way to the mental wellbeing of people living with HIV in general .This is because some of real issue that are being dealt with in the present time are note addressed because of the already existing policy that does not cater for them hence it is of great essence that it is continuously updated.

Policies should also be formed pertaining to the protection of people's rights youths living with perinatal HIV should be employed in Zimbabwe. As much as their rights to confidentiality are being observed, in terms of the legal system they are being forced to disclose their status to organizations. Also they are being forced to partake into medical examinations against their will. Hence policies should formulated so as to suit their needs in respect to their rights to privacy in the legal system.

5.4.2 Family support systems

The first recommendation is that a family support system be established through the health care facility. The reason being that most of the challenges that the youths face in most instances come to light in their homes. Therefore strong family support initiate the individual to fighting against psychosocial issues that may follow them. They should be strengthened as to how they deal with the youths as well as talking about the issues they face in the confines of their homes. As it has also been noted in the study there is a very strong correlation between adherence and the wider psychosocial support. Therefore it is important that a strong family support system be established through the health facility. One of the ways in which this can be done is by having support intervention programs for the close family members and relatives where therapy and counselling is offered so that they aiding in the rightful way in the lives of the youths as they release them into adulthood.

5.4.3 Psychologists to enhance mental well being

One other important aspect is that there should be more involvement of psychological practitioners within the hospital to cater for the mental wellbeing of the patients. Psychological practitioners help in dealing with emotional problems, personality issues and other psychological disorders. I would recommend also that Cognitive Behavioral Therapy be of use in the hospital. WHO (2013) explains that Cognitive Behavioral Therapy is a very successful way of dealing with emotions among the young people. Cognitive Behavioral Therapy helps in bringing about emotional resilience among the youths living perinatal HIV. Therefore if the young people get help on how they can be masters of their own emotions they are able to face circumstances that torment their emotions.

5.4.4 Social support groups

I would also recommend that social support groups be utilized in the hospitals. A lot of youths are struggling with issues and at the end they do not know who to trust and where to turn to, therefore it is important that social support groups be active and very effective, in such platforms youths do not have to worry about whom they have to disclose. Because social support for PLWHA has been shown to be a critical component of good mental health, health care providers should assess patient support networks as part of their initial patient evaluation (Baingan 2005). These are great platforms to discuss issues that are being faced by the youths and come up with ideas in which they can help each other. For this social support group it can be led by a facilitator and also a counsellor. Issues that can be discussed include adherence issues, how to cope up with stigma and discrimination, dating and also sexual reproductive health. This therefore helps and youths living with HIV in general to be open about life circumstances without the fear of being judged or discriminated.

5.4.5 Societal sensitization

There is great need for societal sensitization when it comes to issues of HIV and AIDS. The society ought to be educated on the issues of perinatal HIV and be taught to accept each other with their own unique perspectives. This alone may largely contribute in curbing some of the challenges that are largely being faced by the youths with PHIV.

5.4.6 Research

Also more studies be done pertaining to youths with perinatal HIV. This study elicited that mental health has become a major challenge for youths living with HIV in general ,hence I would recommend that more research be done pertaining to how perinatal HIV affect youths' cognitive abilities as well as in making meaningful decisions in their lives. Further research should be done on psychiatric disorders that can be caused by living with perinatal HIV and their long term effects as they progress into middle adulthood. It is of great essence that societal opinions are gathered so that there is a clearer understanding of this subject basing on the research that was conducted.

5.5 CHAPTER SUMMARY

From the above discussion it can be said that perinatal HIV is a fundamental issue that has affected the lives of youths who became victims in their early childhood. The research has brought to light fundamental issues and life experience of youths living with perinatal HIV as well as how they attempt to cope with these problems. An in depth analysis was made through qualitative study thus bringing to surface all the social aspects and how they eventually impact on the mental well-being of youths living with perinatal HIV. Interventions and recommendations where developed basing on the interviews conducted in the study. Clearly it can be noted that issues to do with HIV cannot completely be eradicated, however coping strategies can only be developed as it will always be an ongoing struggle.

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APPENDIX A: INTERVIEW GUIDE

Research topic: Psychosocial and mental health challenges of youth with perinatal HIV at Wilkins Hospital.

My name is Rutendo Makwaza and I am a student at Midlands State University. I am undertaking the above mentioned study to investigate on the psycho social and mental health challenges being faced youths living with HIV ever since they were born. Therefore you have been purposefully chosen to be one of the respondents and give your opinions pertaining to the subject. This research is simply exploring on the problems that are being faced in the social context as well those that affect the mental wellbeing of a person basing on the fact that they have been born with the virus in their body and have been living with it since childhood.

Table 1: Demographic information

Age	
Sex	
Occupation	

Section A: Life experiences of youth with living with perinatal HIV

- 1. What is your understanding of HIV?

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.....
.....

- 2. How and when did you know that you were born with HIV?

.....
.....
.....

- 3. How has it been like living with HIV up to this age?

.....
.....
.....
.....

Section B: Social challenges that are face by youth living with perinatal HIV

- 4. Do your friends know about your HIV status? YES /NO. If yes how did they react at first.....

.....

Do your friends and family give you support that you feel like you deserve from them YES/NO. If not why do you think they are not giving you enough support.....

5. What are the attitudes of people within your social sphere (church, school, neighbors) towards you?

.....
.....
.....

6. What are the general problems you face due to the fact that you are HIV positive

.....
.....
.....

Section C: Mental health challenges faced by youth living with perinatal HIV

7. Do some of these problems affect your mental wellbeing? YES / NO. If yes how are they affecting your mental well being

.....
.....
.....

8. What other problems do you think youths who are living with HIV since childhood are facing.

.....
.....
.....

Section D: Intervention Measure that can be taken

9. Do you think you receive adequate health care from the service providers (counsellors, social workers and nurses) YES/NO.? If not give reasons.....

.....
.....

10. What do you think can be done by the health workers to help you deal with the challenges that you face?

.....
.....

11. What can be done by the community at large to deal with the challenges?

APPENDIX C MARKING GUIDE

Name of student: RUTENDO MAKWAZA

R143844E

	ITEM	Possible Score	Actual	Comment
A	RESEARCH TOPIC AND ABSTRACT clear and concise	5		
B	PRELIMINARY PAGES: Title page, approval form, release form, dedication, list of acronyms ,	5		
C	Acknowledgements, appendices, table of contents. AUDIT SHEET PROGRESSION	5		
D	CHAPTER 1 Background, statement of problem, significance of the study, research questions, objectives,, assumptions, purpose of the study, delimitations, limitations, definition of terms	10		
E	CHAPTER 2 Addresses major issues and concepts of the study. Findings from previous work, relevancy of the literature to the study, identifies knowledge gap, subtopics	15		
F	CHAPTER 3 Appropriateness of design, target population, population sample, research tools, data collection, procedure, presentation and analysis	15		
G	CHAPTER 4 Findings presented in a logical manner, tabular data properly summarized and not repeated in the text.	15		
H	CHAPTER 5 Discussion (10)Must be a presentation of generalizations shown by results: how the results and interpretation agree with the existing and published literature, relates theory to practical, implications, conclusions (5)Ability to use findings to draw, Conclusions Recommendations (5)	20		
I	Overall presentation of dissertation	5		
J	References	5		
K	TOTAL	100		

MarkerSignature Date.....


Calendar

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Class Homepage

nt click on the "Submit" button to the right of the assignment n bmissions are allowed the submit button will read "Resubmit" a click the "View" button. Once the assignment's post date has p 1.

Assignment Inbox: Dissertation Feb-June 2018

Dates			Similarity
Start	28-Mar-2018	10:18AM	
Due	04-Jun-2018	11:59PM	8% 
Post	05-Jun-2018	12:00AM	



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ROWAN MARTIN BUILDING, HARARE, ZIMBABWE
POST OFFICE BOX 1680
TELEPHONE 752979 / 753000

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

20th March 2018

Midlands State University
P.O. Box 9055
Gweru

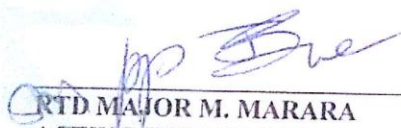
Dear Rutendo Yolanda Makwaza

RE: AUTHORITY TO UNDERTAKE RESEARCH: RUTENDO YOLANDA MAKWAZA

This letter serves as authority for Rutendo Yolanda Makwaza to undertake a research survey on the topic: **"PYCHO SOCIAL AND MENTAL HEALTH CHALLENGES FACED BY YOUTHS INFECTED PERINATALLY WITH HIV INFECTION AT WIKINS HOSPITAL"**.

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 soft and hard 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 the study purpose specified.

Yours faithfully


RTD MAJOR M. MARARA
ACTING HUMAN CAPITAL DIRECTOR



