Psychological difficulties in adolescents with vertically transmitted HIV

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ART & PMTCT.

The success of programs for the prevention of mother-to-child transmission (PMTCT) of HIV has been critical for reducing maternal and child mortality and morbidity.

South Africa has a unique population of a vertically infected cohort

Adolescence & HIV.

HIV encephalopathy (HIVE) and HIV-associated neurocognitive disorder (HAND)

- HIV encephalopathy (HIVE)

With perinatal HIV infection the virus affects the developing brain, which results in HIVE. This complication can be present before significant immunosuppression

- HIV-associated neurocognitive disorder (HAND)

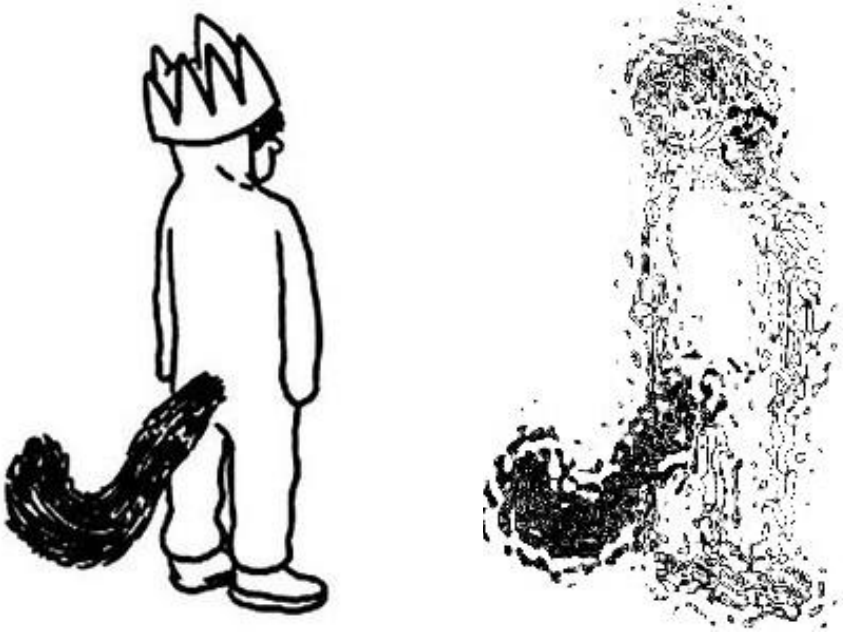
May develop later in older children and adolescents as part of progression of HIV disease, similarly to adults.

Adolescence & HIV.

Adolescents living with HIV have further vulnerabilities, stressors and challenges that are specifically HIV-related. They may need additional support in many areas.

- Education, planning for the future
- Adherence to treatment and care
- Developing sexuality in the context if HIV
- Mental health issues
- Coming to terms with *living* with HIV
- Self-esteem
- Anger, unresolved emotions
- Stigma, discrimination, social isolation
- Problems related to identity
- Disclosure
- Bereavement: loss of family members

Being different from others.

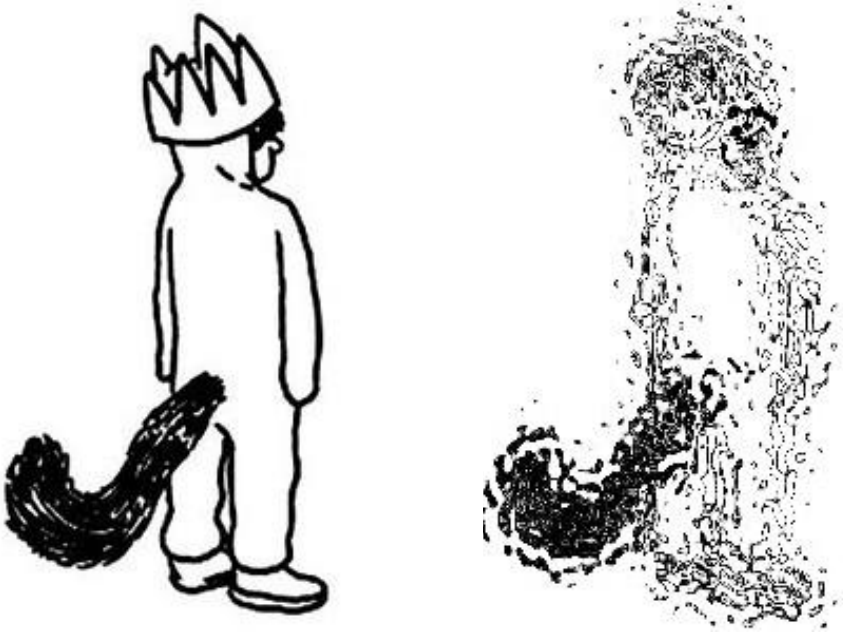


Being different from others.

Often times when ‘adopted’ or ‘fostered’ by family, they refer to the confusion and pain they felt as a result of being the only one to be HIV infected, asking “How did I get it?” and “Why me when others do not have it?”

[in relation to the colour red] “represents the pain that I go through each day I go to school because of my body…It’s small so people always tease me” (Persevere, 18 years).

Learning of their HIV status.



Learning of their HIV status.

Some adolescents describe feelings of ‘sadness’, ‘stress’ and ‘great pain’ in their lives at the time of learning their HIV status.

Learning of their HIV status.

"After hearing (the diagnosis) … when you are told that you have it (HIV). That is when you find all the stresses. That is when you start to think of bad ideas… that's when depression comes"

(Tarisai, 13 years).

Isolation and rejection.

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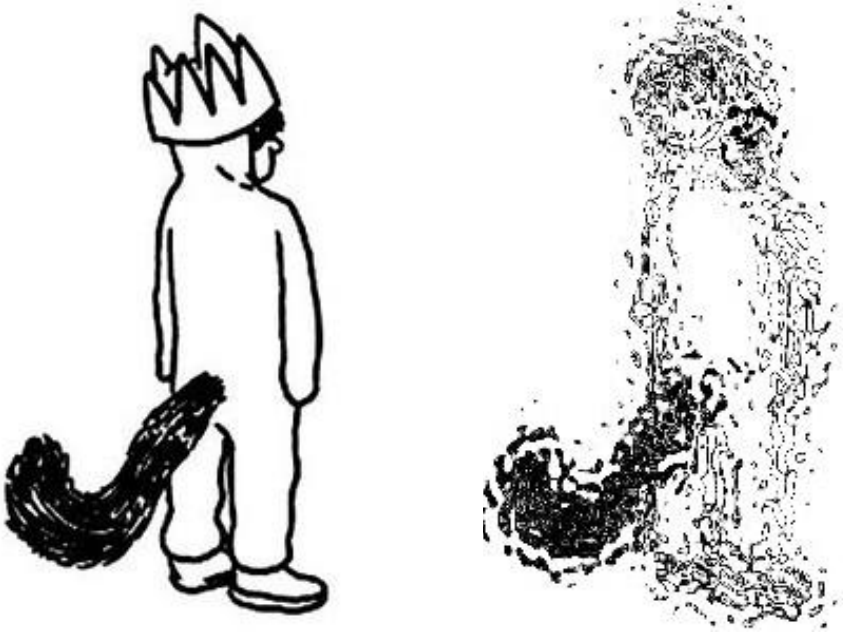
“They will not play with me because if they touch me, they will be "infected". (Paradzai, 15 years).

“They hurt me when they say, 'This one drinks pills (for HIV), so there is no need to bother with him because he is not my child'. (Wangaa, 17 years).

Isolation and rejection.

Some teens would prefer to isolate themselves from others in order to conceal their HIV status and their fears of what would happen if they were to be rejected. One male participant stated "You will not be drinking the tablets on time, because you will be saying, 'If I drink the tablets and people see me, they will laugh at me' (Tambudzai, 18 years).

Low self-worth.



Low self-worth.

“When I was sick, some relatives would say I was to be left to die just the same way my mother died. I was moved from relative to relative" (Kudzanai, 17 years).

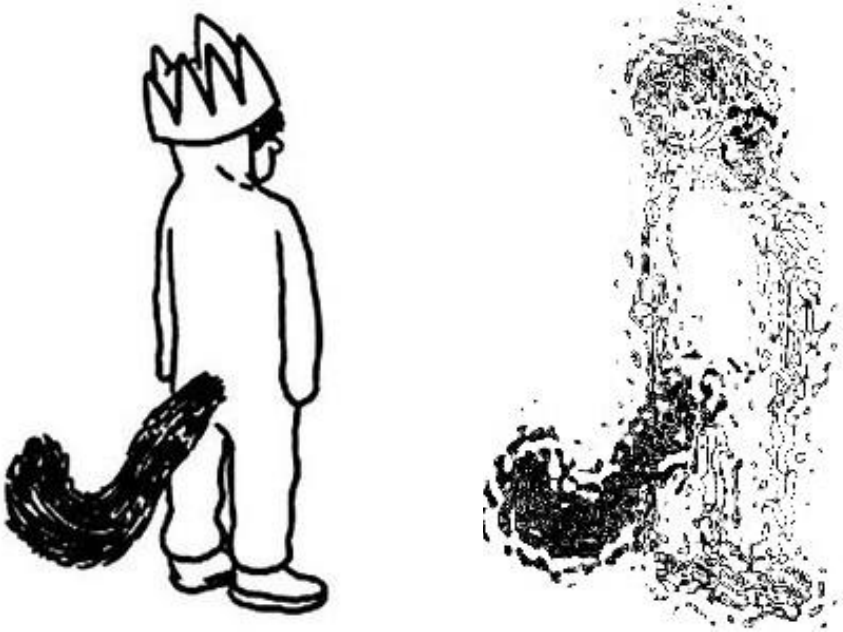
Low self-worth.

Whilst a few described elements of support from ‘adoptive’ caregivers, the majority narrated traumatic relationships with their primary caregiver who lacked care or concern for them compared with their HIV negative siblings or other children in the household.

Low self-worth.

Multiple losses can negatively affect the development of a sense of self-worth, interfere with a person's ability to trust or depend on others, and can lead to an avoidance of close interpersonal relationships

Lack of protection.



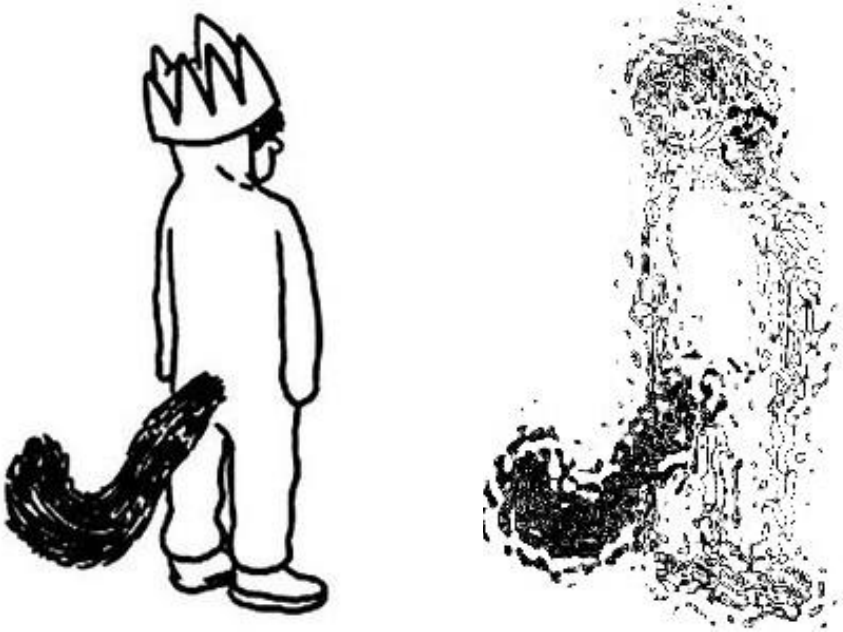
Lack of protection.

"My mother died…My father I have but he doesn't care about me… He was sexually abusing me" (Janet, 19 years).

Traumatic disclosure.

Adolescents often experience the disclosure of their HIV diagnosis as traumatic, often owing to the clumsy process leading up to this. Many caregivers and parents, in the anxiety of disclosure, either wait too long to disclose and discuss, or disclose and do not discuss – leaving the adolescent overwhelmed and confused.

Depression.



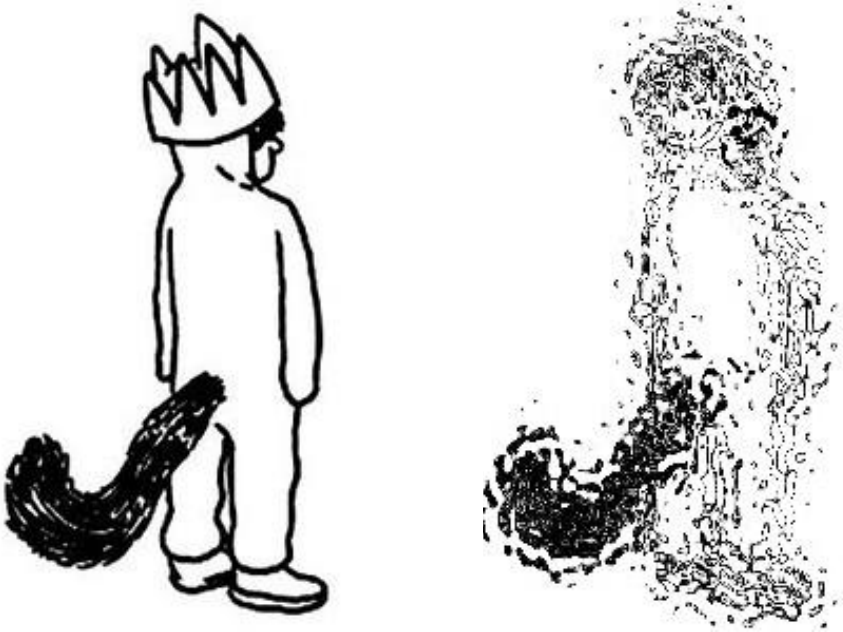
Depression.

“Although adolescents living with HIV are commonly exposed to multiple risk factors associated with depression in adolescents, there has been a significant lack of attention to the prevalence, manifestation, impact and management of depression in adolescents living with HIV.”

Depression.

Depression in adolescents living with HIV can stem from an anger of the lack of choice in the infection and occasionally "suffering the consequences of my mothers doings before I was even born" (Sonke, 15 years)

Loss, grief & complicated bereavement.



Loss, grief & complicated bereavement.

"You need that love, but you won't get it. I cry myself to sleep every day. My mother died when I was three. I never knew her, I don't have a picture of her" (Janet, 19 years).

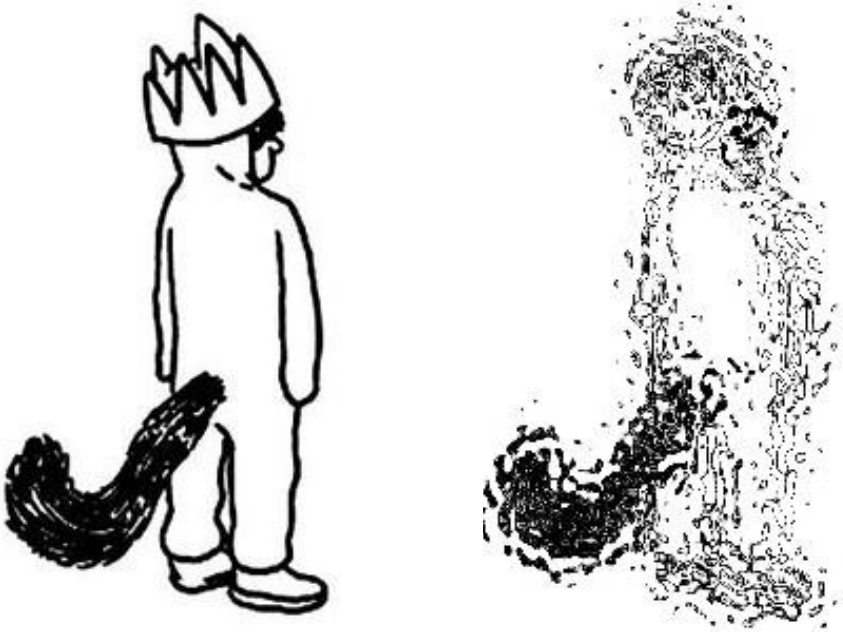
Loss, grief & complicated bereavement.

"I stay with my stepmother who is very cruel to me. She ill-treats me because she has her own child and so it is done on the basis that I am not her child. My mother passed away a long time ago…I wish she was around" (Paradzai, 15 years).

Loss, grief and complicated bereavement.

Bereavement associated with caregiver death can have negative, although not typically long-lasting, mental health effects on children. However, given that HIV infections cluster in households, multiple adult deaths as well as sibling deaths magnify the risks associated with bereavement.

Death Anxiety.



Death Anxiety.

Most research has focused on children orphaned by AIDS, finding heightened rates of anxiety compared to children who are not orphaned, and also compared to children whose parents died of causes other than AIDS illnesses or violent deaths.

In therapies, these adolescent speak about their own fears that they too will get ill and/or die like their parents have.

Death Anxiety.

“For now there is nothing [in his future]. It’s just hazy and a bit complicated to understand where it’s headed to. At times it’s just sorrowful and just so sad"(John, 18 years).

Death Anxiety.

"because anytime it can be killed. So just like me, l am like a hen. l don't know when l will die but I just know that l will die because of the situation that l am in" (Prince, 16 years).

Disrupted Attachment.

Disrupted Attachment.

A reasonable number of articles addressed attachment among people with HIV as a mediator to post-traumatic stress disorder, depression and stress.

Disrupted Attachment.

"The prevalence of insecure attachment in this group was high. Evidence was also found in relation to the attachment as an important factor to adaptation to the diagnosis of HIV, attachment and behavior in interpersonal relationships, and emphasize the possibility of changing the attachment style."

Attachment styles of People Living with HIV/AIDS. Alexandre, D.O. et al. (2018)

Disrupted Attachment.

"These results indicate that HIV-positive persons who experience the greatest stress in their daily lives are those with lower incomes, those who disengage behaviorally/emotionally in coping with their illness, and those who approach their interpersonal relationships in a less secure or more anxious style."

Relationships of perceived stress to coping, attachment and social support among HIV-positive persons.

Koopman C. et al (2000)

Disrupted Attachment.

"No differences were found in the security of attachment of infants of HIV-positive versus HIV-negative mothers. Infants of HIV-positive mothers with Acquired Immunodeficiency Syndrome (AIDS) were less securely attached than infants of mothers without AIDS."

The Relationship of Maternal and Child HIV Infection to Security of Attachment Among Ugandan Infants

Peterson et al. (2018)

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