Supporting HIV Positive Adolescents and Youth Born with HIV Virus: Everyone’s Role

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Abstract

This paper serves to educate the general populace on the need to support adolescents and youths who are born with HIV virus. They have their hopes and dreams for the future which they want to achieve, there is life in the positive world, it is not the end of the world for them. As a result paper intends to educate people to understand more about what it means to live with HIV as an adolescent and as a youth. There is of understanding the way the youths and the adolescents feel, what they want and how they can be helped.

The paper is in three parts. The first one being definition of adolescents and youths. HIV and AIDS shall also be defined. The second and third parts shall run concurrent. I will be looking at difficulties these two age groups face, their expectations, needs and other things relevant to them. The other part will focus on what parents, other guardians, other siblings, friends and the community at large need to do in order to light the future of these unfortunate children.

Definition of terms

HIV
HIV stands for human immune-deficiency virus. This is the virus that causes acquired immune deficiency syndrome (AIDS). The virus destroys the human immune (defence) system, making the body vulnerable to other infections. When the virus enters the body, it binds itself to specific defence cells. As it enters the cells it destroys them. As more of these cells are destroyed, the body becomes too weak to defend itself against infections. The virus knows no gender, age, race, or religion. It can attack anyone and you cannot tell who has the virus just by looking at them. You might not even know that you have the virus, and this means you can transmit it to other people without knowing, (Jackson, 2002).

AIDS
AIDS stands for acquired immune deficiency syndrome. It is acquired because it is not inherited the virus that destroys the body’s immune system is spread from one person to another. A syndrome is a group of signs and symptoms denoting a disease, in this case, the collection of signs and symptoms resulting from lowered immunity due to HIV. As the virus multiplies and more immune cells are destroyed, many infections and complications occur. These infections are referred to as opportunistic infections. They are called opportunistic because they take the opportunity provided by the lowered immunity, (Jackson, 2002).

Introduction

All stakeholders are playing their part in prevention of HIV and this has seen the decline in HIV prevalence in Zimbabwe. Unfortunately children continue to be infected with the virus. At the end of 2010 it was estimated that 138,852 children were living with the HIV virus. These are children between the ages of 0-14 years, (Ministry of Health and Child Welfare, 2010).

The availability and accessibility of Antiretroviral therapy has dramatically improved survival for children with HIV, enabling them to grow up to grow up in to adolescents and adulthood. As a result there is a growing population of adolescents and youth living with HIV globally and it is critical that services evolve appropriately in response to their emerging needs.
The most challenging issues faced by HIV positive adolescents and youth are problems related to sexuality, forming relationships and concerns about the future in relation to marriage, child bearing and mortality. These are often a concern in adolescents and young adulthood, even in the absence of HIV infection, yet for HIV infected adolescence these challenges are magnified. The adolescents and the youth fear that they will not get married as a result they fear to disclose their status or negotiate for abstinence or condom use. This places their partners at risk of acquiring HIV infection if not already living with HIV, or of being re-infected if already HIV positive. Those youths already living with the virus some are now having babies and urgently need access to PMTCT services that are sensitive to their particular needs, (Ministry of Health and Child Welfare, 2010).

Support to be rendered

**Disclosure support**, one of the greatest, most common challenges which HIV positive young people are facing as they grow into adolescents and young adults is the issue of whether to disclose their HIV status to their partners and how to do this. The issue can present ethical and legal dilemmas for services providers when counselling young people with HIV. There is need of respecting the experiences, wishes and confidentiality of that young person is very important. They require support for both pre and post disclosure support. There is need of acknowledging the fears which HIV positive young people commonly have when considering disclosure of their HIV status to their partners. Parents, guardians, other siblings and friends and the community at large need to listen to young people and respect their views and feelings. As the young person will be confused with their problems at hand there is need of educating them on the need of disclosing their status to their loved ones. They need also to be made aware of the legal implications of not disclosing their status to their partners. HIV positive youths and adolescents have a right to confidentiality as a result they have the right to disclose their status or not to. The decision is solely theirs. The immediate relatives and friends need to be of value to these youths since they need their social and moral support.

At time the adolescents and the youth might need someone to lean on if disclosing their HIV status to their loved ones. As a result there is need to support the young person to identify a family member or peer who they can talk about their decisions. It is also necessary to see it to that the young person knows who to go for support after the event.

After the young one disclose his her status there is need of making some follow ups to see how they will be coping. professionals like social workers can make these home visits. Whether the outcome is positive or negative there is need of encouraging the couples or the individual to attend counselling at any nearest clinic or youth friendly centre. Where applicable there is need of ensuring the youth is linked to peers for continued support.

**Couples counselling**, effective couples counselling can assist young couples to enjoy their relationship whilst making informed decisions which reduce the risk of HIV transmission. Whilst couples counselling is increasingly practiced within adult services, adolescents and youths also need similar opportunities. Issues to be addressed in couples counselling for HIV positive youth should include:

- Reassure the couple that they have support.
- Provide them with the information and services they require to help them enjoy a fulfilled, happy relationship based on informed decisions.
- They reassurance that they can have a baby who is HIV negative should they follow procedure they will be taught.
- Refer the couple to a support group where they may share and learn from their peers, Africaid, 2011).
ARVs and adherence, as in adults, Antiretroviral drugs (ARVs) suppress the replication of HIV, thus restoring the immune system and improving the survival and quality of life for young people living with HIV. However, in addition to the clear benefits for the individual, adherence to ARVs has the added advantages of reducing transmission of HIV by sexually active HIV positive young people to their partners. It also reduces transmission of HIV to infants of sexually active HIV positive young people. This is only possible if strict adherence to ART is being followed. Adherence is challenging to all age groups but is known to be particularly difficult in the adolescents’ period. Whilst effective support is important for all people with HIV on ART, it is critical that this adherence support is intensified for young people with HIV who are presumed or known to be sexually active. It is wise to ensure that young people on ARVs have access to non-judgemental, supportive counselling so that they feel free to share the challenges they face with adherence. Adherence monitoring and support for young mothers and their partners during pregnancy need to be intensified, (Foster, 2000b)

Sexually transmitted infections, like all young people, sexually active young people with HIV are at risk of acquiring sexually transmitted infections. The information, counselling and clinical services which young people with HIV require are the same as all young people and these must be provided in line with the MoHCW guidelines. However, there are few unique considerations for the young people with HIV and these must be considered when scaling up services nationally for all young people. STIs place young people with HIV at increased risk of re-infection with HIV or transmitting HIV to their partner. On the other hand young people with HIV are reluctant to seek STI services for fear of the reaction they will get when they say they are HIV positive and sexually active. Health facilities must be user friendly to allow young people to feel free to consult them in time of need (Foster, 2000b)

Family planning, HIV positive young people are at risk of transmitting HIV to their child but this risk is significantly reduced through PMTCT interventions. It is therefore particularly important that young people with HIV are assisted to make informed decisions regarding family planning so that they can plan for their pregnancy with optimal PMTCT support. Dual methods are required as ARVs may interfere with the effectiveness of some oral contraceptives.

Pregnancy, children born with HIV or have acquired HIV since birth are now surviving long enough to have their own children. As a result there is need to ensure that pregnant young women with HIV and their partners have access to accurate information about pregnancy, PMTCT and their right to services. Pregnant young mother should be encouraged to bring a family member for counselling in order to promote support at home, (Africaid, 2011)

Conclusion

As children and adolescents with HIV continue to grow up and look forward to their futures, it is vital that we harness the powerful role and enthusiasm of young people living with HIV as an innovative, effective, sustainable means of supporting young people with HIV to enjoy relationships and families whilst making informed secondary prevention decisions.

Reference