



**PSYCHOLOGICAL DISTRESS AND COPING  
MECHANISMS OF ADOLCENTS LIVING WITH  
HIVIN BLACK LION HOSPITAL ART CLINIC,  
PHENOMENOLOGICAL STUDY**

**ADDIS ABABA UNIVERSITY  
COLLEGE OF HEALTH SCIENCE  
DEPARTMENT OF PSHYCIATRY**

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**Addis Ababa**

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## **Abstract**

### **Introduction**

HIV targets immune system and weakens people's defence against many infections. Adolescent age looked as a transitional period between childhood and adulthood and pass through deferent periods during this time of transition. Thus, as they are passing through this phase of development they faced different challenges as a result of being diagnosed as having HIV.

### **Method**

The phenomenological design from qualitative approach was used in order to get the information. Ten respondents participated in the current study. Data was collected by using semi structured interview and analyzed by applying thematic analysis.

### **Result**

Ten participants involved in the study. Five of them were male and the rest of the participants were female. Respondents age range from 15-18 years. The result showed that most prominently, fear of stigma leads majority of respondents to keep quiet about their health condition and this in return help them to mitigate the psychological distressed. Other than this, the finding also involved on showing different associated factors, social support and ways of coping related to their health.

### **Conclusion**

People have fear of disclosure about their HIV status as a result of fear of stigma. Furthermore, limited social awareness and ongoing drug adherence routine are also associated factors that add to the psychological distress.

# Chapter One

## Introduction

### 1.1 Background of the Study

HIV targets immune system and weakens people's defence against many infections. The virus destroys and impairs function of immune cells infected individuals slowly become immune deficient. HIV continues to be a prominent public health issue across the globe but as a result of effective prevention, diagnosis, treatment and care it became manageable chronic health condition (WHO, 2020). Similarly Kristin L. state that, HIV viewed as a disease without recovery however, due to the improvement of drug availability (ART), HIV is now recognized as chronic illness rather than terminal illness. Even though it is currently under management, this medical transition still needs psychological adjustment especially for adolescents.

According to UNICEF adolescent's age ranged from 10-19 years of age. This age group usually looked as a transitional period between childhood and adulthood. It marks a time when a child moves from total dependence in to independence. Adolescents are also exposed to different biological and psychological changes. They develop sense of autonomy and try to bully their own individual identity. Depending on the description of Kristen L. adolescents pass through three periods during this time of transition. Early adolescents, focus on transition from major attachment figure to their peer group. During this phase, their friendship circle and fit in with them become much more important. At the middle phase of adolescence working on self image and developing abstract reasoning becomes key feature of the phase. In the later phase adolescents begin to feel comfortable with who they are and gain awareness about others and relationships. So as they are passing through this phases of development they encountered different challenges that distort their self image as a result of being diagnosed as having HIV.

In addition to their psychological transition they are also experiencing significant biological and hormonal changes like pubertal development. However, this biological change seriously complicated and faced a challenge as a result of HIV. Vranda and mothi, 2013 reported that as HIV infected child who move through adolescence and become sexually active, they need support in terms of managing their healthy sexual development with their HIV infection.

Moreover, apart from their biological challenge they also suffered due to different psychosocial challenges like stigma from society, problem of being open about their health status, living under secrecy and experiencing death and bereavement due to HIV are common problems adolescents living with HIV mostly encounter.

## **1.2 Statement of the Problem**

As different literatures mentioned adolescence is a critical time of a developmental stage. It is a time when a child gain sense of independence as individual, developing new relationship, enhancing social skills and learn new behaviours. Additionally, they experience dramatic biological transition that causes many physical and emotional changes. Dahl et al, 2005 similarly reported that adolescents struggled with intense emotions and conflict as a result of hormonal influence at puberty.

However, this critical age of life and its implication was not well understood as it should be. On top of this adolescent living with HIV encounter several challenges regarding to sexuality, self esteem, disclosure and stigma. Therefore, the author of this study is concerned on identifying and exploring psychological distress that is faced by adolescents living with HIV.

In relation to coping style, the study of Schmitz et al, 2000 states that participants' coping styles mainly associated with family love and support. On the contrary, rejection by family leads to less social support, which in turn influences the sense of being loved and understood, which eventually, influences the coping style of a person. Furthermore, Amal et al, 2020 stated the benefit of coping strategies focusing on the problem for people living with HIV in terms of handling the stressor. Thus, this study also aims to investigate adolescents' ways of coping HIV and the different mechanisms they use in order to deal with their health condition. Moreover, their explanation of the distress is also important in terms of understanding their situation.

Studying and understanding adolescent age has emerged in recent years. It was mostly regarded as a period of childhood and much emphasis wasn't given to the unique features of adolescence. Thus, this created a gap in understanding adolescents. Besides, having a chronic illness during adolescence age is another subject that seeks special concern. However, depending on the researcher investigation, many studies regarding to the age of adolescence, its unique features and having a chronic illness like HIV during the age of adolescence are not done, especially in

the context of our country. Therefore, the current study aims to create understanding of adolescence age, particularly, adolescents living with HIV among health care providers in Black Lion Specialized Hospital ART clinic.

### **1.3 Objective**

#### **1.3.1 General Objective**

- ✓ To explore psychological distress and coping mechanisms among HIV positive adolescents at Black Lion Hospital ART clinic.

#### **1.3.2 Specific Objective**

- ✓ To explore what are the psychological distress faced by adolescent living with HIV.
- ✓ To explore associated factor with the psychological distress.
- ✓ To explore coping mechanisms used by adolescents living with HIV.

### **1.4 Significance of the Study**

The current study will benefit the ART clinic to be able to:-

- ✓ Understand adolescents living with HIV
- ✓ Include psychological component and improve their support system

It also benefits adolescents to:-

- ✓ Understand their own psychological distress
- ✓ Develop psychological resilience to their medical condition

### **1.5 Scope of the Study**

The site of this study is Black Lion Hospital which is Ethiopia's General Public Hospital. It is also the largest referral hospital in the country that is given to AAU by Ministry of Health for Faculty as Main Teaching Hospital. The faculty is the oldest and the largest among the health training institutions in the country. Therefore, the author of the study selects this site for the reason that, the hospital provides service for wider population across the country so that it will be easy to access the target group.

Adolescent's age group is a transitional period between childhood and adulthood. Adolescents during this period experience fundamental changes in different aspects of their life. In particular, there are three features of adolescents that give special distinctions: the biological changes of puberty, the advancement of thinking ability and the transition of the individual in to new roles in society. However, this stage of development seriously impaired as a result of having HIV. Especially, their sexuality negatively affected. On top of their sexuality their social role and their peer to peer relationship also suffered. Consequently, the author of this study found it important to study patients who are at adolescent age group.

This study applied qualitative research approach. Qualitative research helps the researcher to gather in-depth information about one variable. However, it has its own limitation such as subjectivity, lack of representativeness, time consuming and seek labour intensive. Due to this reason the current study will have the aforementioned drawbacks.

## 1.6 Operational Definition

- ✚ **Psychological Distress:** - is a state of emotional suffering associated with stressor and demands that are difficult to cope with in daily life.
- ✚ **Adolescent:** - adolescence is a transitional stage of physical and psychological development that generally occurs during the period from puberty to legal adulthood.
- ✚ **HIV (Human Immunodeficiency Virus):-** it causes AIDS and interferes with the body's ability to fight infections. The virus can be transmitted through contact with infected blood, semen or vaginal fluid.

## **Chapter Two**

### **2.1 Literature Review**

The literature review will discuss about biological, psychological, cognitive and social aspect of adolescent based on psychological theories. Moreover, this section will also converse about HIV and its implication throughout adolescence era.

#### **2.1.1 Definition of Adolescence**

The word adolescence came from a Latin term derived from the verb “*adolescere*” which defined to grow in to adulthood. In different society adolescence is conceptualized as moving from childhood in to adulthood. This period characterized by dramatic transitions in biological, psychological and social aspects. During this developmental stage their cognitive ability also increased as a result they are permitted to work, vote and even marry. During this stage of development adolescents pass through early, middle and late adolescence. Early adolescence covers the period from about 11 through age 14, middle adolescence , from about age 15 through age 18, and late adolescence from about age 18 through age 21. Children who is moving from childhood in to adulthood passes through fundamental changes such as: biological, psychological, cognitive and social changes. These changes are universal, which occur among every adolescent.

#### **2.1.2 Biological Transitions**

Biological transitions are also termed as puberty, which refers changes in physical appearance including breast development, facial hair, changes in height and attainment of reproductive capability. Psychological transitions like identity crisis or rebelling in parents might not be experienced by all of them but in the contrary physical maturation is one of the most common experiences in adolescence.

According to the statement of Steinberg, Puberty has five physical manifestations. The first one is their change in height and weight, the second one is the development of sex glands, the third one involves changes in genital and breast, forth one refers changes in body composition and the last one is changes in circulatory and respiratory system. Based on jefferey description, the hormonal changes of puberty begin in the hypothalamus, initiated when the threshold level of leptin is reached. The chain of events in the endocrine system runs from the hypothalamus to the

pituitary gland to the gonads and adrenal gland to the hypothalamus again in the feedback loop that monitors the levels of sex hormones.

Primary sexual characteristic directly related with human reproductive system. Yet this natural process varies on both sexes. For instance female are born with their eggs but males produce sperm only they reach to puberty. In addition to primary sexual there is also number of bodily changes that takes place in puberty but not related to reproduction as primary sexual characteristic such as hair growth in their public area and underneath their arms. They are called secondary sexual characteristics.

The first stage of puberty in boys involves growth of testes and scrotum. Facial hair emerges around upper lip then upper part of cheeks and in the midline below the lower lip and finally along the side of the face and lower border of the chin and body hair are late developed in pubertal process. Voice change is also occurring in boys.

The first sign of sexual maturity in girls is the growth of breast a (breast bud) and the breast nipple are also elevated. Similarly with boys adolescent girls are associated with the development of reproductive system and growth of uterus, vagina and other aspect of the reproductive system.

### **2.1.3 The Implication of Puberty in Psychological and Social Aspects**

The pubertal implication is a reciprocal process. The physical changes affect adolescents behaviour and in the flip side this renders change in others behaviour. Puberty influences adolescents the way they see themselves, their disposition and interaction with others. Adolescent's perception of themselves, mood and interactions with other are all influenced by puberty. For example, boys going through puberty are shy about their physical maturation than adolescent girls. Adolescent girls going through puberty, on the other hand, gain attention from others as a result, which boost their confidence (Steinberg, adolescent development).

Several theories have been proposed to understand personality development as a result of psychosocial adjustment during adolescence. The congruence of intrinsic sameness and continuity felt by adolescents with perceived sameness and continuity by others is a sign of healthy identity formation (derman, 2013). This phase necessitate the focus, encouragement and

responsiveness from parental figure. Tolerance and democracy among parents play an important role in overcoming identity crises during the identity forming process (kurtman, E 2005).

In relation to their social aspect, the family is no longer at the forefront of their social environment; instead peers and school groups are. They don't want to sit at home, have a stronger interest in outside world and place a higher value on friendship. Their interest in class dwindles, their study habit is disrupted and their school performance suffers. The family relationship evolves from dependency to freedom (ozdemir et al, 2016)

#### **2.1.4 Cognitive Transition**

Cognitive development refers to improvements in how people think; solve problems and their memory and attention capacity over time. Jean piaget proposed one of the most influential theory of cognitive development from infancy through adolescence. His theory focuses on how cognition changes with age thus, his approach is known as cognitive development approach (jeffrey Arnett, adolescence and emerging adulthood). According to piaget stages of cognitive development, formal operation represent the adolescent age group.

During this stage adolescents learn to reason about complex tasks and problems with multiple variables. Essentially, formal operation involving the development of the ability to think scientifically and apply the scientific method to cognitive tasks (Jeffrey Arnett, adolescence and emerging adulthood). The transition from being able to think and reason specific visible events to being able to think hypothetically and consider what if possibilities about the future is marked by formal operational level. Adolescents use hypothetical and deductive reasoning to solve problems by using abstract principles. Adolescents solve problems by trial and errors and ability to solve problems in rational and methodical manner arises.

Adolescents think in ways that are more advanced, reliable, and productive in general. According to Streinberg, this can be seen in five different forms. Adolescents are better at thinking possibilities, second, they are better at thinking abstract ideas, and third, they are starting to think more about thinking itself. Fourth, rather than focusing on a single problem, thinking becomes multidimensional. Finally, they are more capable of seeing things in a relative manner.

### **2.1.5 Social Transition**

Social transition, including biological and cognitive transition in puberty, has significant implications for younger people's psychosocial development. Adolescent social meaning shifts are usually accompanied by a two-sided shift in status. In the one side, the adolescent is granted certain privileges and rights that are normally reserved for adult members of society. However, increased power and independence are often accompanied by increased expectations for self-management, personal responsibility, and social engagement. Adolescents also experience shifts in their interpersonal, political, economic, and legal status (Steinberg, adolescent development).

During adolescence, friends become increasingly relevant. Time spent with friends' increases while time spent with family decreases, and friends become more important.

As confidants, sources of personal guidance, and emotional support, they are becoming increasingly important.

Peer pressure is a concept that is frequently used negatively to explain how teenage peers persuade one another to engage in risky actions. However, studies show that peer pressure is not always negative. Because of selective association, the degree of this effect may be underestimated, and teenage friends may influence each other both toward and against risky actions. Friends also have a variety of positive influences on one another (Jeffrey Arnett, adolescence and emerging adulthood).

### **2.1.6 Human immunodeficiency virus (HIV) and its psychosocial consequence**

The human immunodeficiency virus weakens people's immune systems and makes them more vulnerable to infections. Individuals infected with the virus eventually become immune deficient as the virus kills and impairs the functions of immune cells (WHO, 2020). In addition to its severity regarding to health condition, its psychosocial implications are unquestionable. Despite advances in medical care, the nature of the disease, in combination with family and social factors, can increase the risk of emotional and behavioural problems in HIV-positive adolescents (Iathrenoo et al).

The study of vrandra and mothi, 2013 reported that adolescents living with HIV apart from their health condition, they are suffering from emotional and behavioural problems, stigma and issues of disclosure, neurodevelopmental issues, death and bereavement and adolescence related problems such as, sexuality, pubertal change, desire to fit in the groups and being normal among their friendship circle are some of the psychosocial problem encountered by adolescents living with HIV. In consistent with the aforementioned study Kristen .L statement showed that self esteem issues, problems regarding to discloser and being sexually active are listed as challenges for them. Besides lathrenoo et al similarly described social isolation, grief because of the death of parents as a result of HIV, anxiety about their health condition, adherence to the drug and disclosure are mentioned as difficulty for HIV positive adolescents.

### **2.1.7 Common psychosocial problems**

As previously discussed, most of the studies listed above documented stigma, disclosure, emotional and behavioural problems, grief, sexuality, drug adherence, and anxiety about their health condition as psycho-social challenges faced by adolescents living with HIV.

#### **A) Emotional and behavioural problems**

In general, children with chronic illnesses are considered to be at a higher risk of developing psychological issues, such as Isolation, depression, and anxiety (vrandra and mothi, 2013 cited from melins ca et al). Psychiatric conditions are prevalent in 55 %to 61 % of prenatally infected infants. Anxiety disorders are the most common disorders discovered, followed by attention deficit hyperactivity disorders, behaviour disorders, oppositional defiant disorders, and mood disorders (vrandra and mothi, 2013). Besides, inadequate drug adherence has been linked with behavioural issues in HIV infected adolescents (louthrenoo et al cited from malee k. et al).

#### **B) Stigma**

The stigma associated with HIV/AIDS is a significant difference between it and other chronic or terminal illnesses. This stigma also stems from a lack of understanding of HIV and how it spreads. Stigmatization may have long-term negative psychological and social consequences for children and their caregivers (Kristen L., psychosocial aspect of HIV/AIDS: children and adolescent). According to vrandra and mothi, 2013 one of the troubling side effects of staying silence is that families can withdraw, become socially isolated, and emotionally cut off from

traditional support systems. Owing to shame and potential social implications, parents put off revealing their children's HIV/AIDS status as well as their own.

The stigma associated with HIV/AIDS is not exclusive to one generation or region of the world. Since the first cases in the early 1980s, it's been an emerging feature of the disease, and it's now widespread in all regional locations—even those with little mass media influence (Kristen L., psychosocial aspect of HIV/AIDS: children and adolescents). The stigma associated with HIV/AIDS may have a significant impact on those who are infected with or affected by the virus. Many people living with HIV are more afraid of being stigmatized by their peers than of dying from the disease. HIV-positive individuals, who are prone to both stigma internalization and stigma control, are less likely to seek social help out of fear of rejection and loneliness (Kristen L., psychosocial aspect of HIV/AIDS: children and adolescents). Besides that, the study done in Kenya revealed that stigma influenced fear of disclosure, which in turn impacted negatively dependent relationship with adult on whom they rely and leading to lost in follow up (Wolf et al, 2014). Likewise, study done in our country, showed that perceived stigma is higher among people living in rural area (Adane B et al, 2020).

On top of this, societal awareness towards HIV is limited. According to the study of Ahmed et al, 2020 proportion of the study participants having discriminatory attitude towards people with HIV. This study also mentioned that rural residence, no formal education, lack of media access and lack of HIV knowledge increase the risk of discriminatory behaviour.

### **C) Disclosure**

Adolescents struggle with problems of disclosure on many levels, from discovering their own HIV-positive status to determining whether or not to tell anyone about it. They should be able to know their status so that, they can take informed decisions. Most of the time adolescents experience dilemma regarding to whom they should disclose to. Thus, they have to be very careful for whom they are going to be open up (Kristen L., psychosocial aspect of HIV/AIDS: children and adolescents).

### **D) Self esteem issue**

In terms of any aspect of a child's life, the adolescent years are one of the most crucial. Adolescents' self-image is one of their main worries when they grow up. As a result, HIV-

positive youths face challenges as they progress through this developmental stage. Youths' physical growth may be delayed if the disease is not treated. HIV-positive teenagers may appear smaller or younger than their peers. As a result of their disease, they can experience physical changes. Therefore, if they look different from their age colleagues, they have a harder time bonding with them and seriously their peer attachment (Kristen L., psychosocial aspect of HIV/AIDS: children and adolescents).

### **E) Death and bereavement (Grief)**

Depending on the study of vranda and mothi, 2013 death and bereavement is one of a crucial issue that happens in youths with HIV. They are affected in two different ways. In one hand they have to deal with the death of loved ones and on the other hand they are expected to deal with their own mortality as a result of the illness.

Adolescents seek help from peer groups outside of family relationships when they go through the loss of a loved one, and they may experience emotional outbursts. This way, they should be given opportunities to express their feelings about the loss and receive necessary psychosocial support (Kristen L., psychosocial aspect of HIV/AIDS: children and adolescents). Similarly, Louthrenoo et al study showed that adolescents encountered grief because of one or both parents passing away caused by the illness and experienced loss and change in life that caused stress and psychological problems.

### **F) Sexuality**

HIV's negative impact on growth and pubertal development poses major challenges for HIV-positive young people who are already in their adolescent years. Nonetheless, when HIV-positive children enter puberty and begin sexual activity, they will need substantial assistance in navigating the dynamic issues of balancing safe sexual growth with their HIV infection. (vranda and mothi, 2013). Moreover they should be able to know about their status and take informed decisions in relation to managing their health, disclosing and making healthy sexual choices.

### **G) Anxiety related with health condition**

As the study of Louthrenoo et al described adolescents with HIV positive status have suffered from uncertainty about their health condition and about the future. In addition, they refused for drug adherence which is mainly associated with behavioural problems.

## **H) Social support**

The study of Fang et al, 2019 stated that decreased social support is associated with increased risky behaviour and mental health need. Therefore this study showed that social support mitigates association between mental health and risk behaviour. In line with this, another study done in Ethiopia reported higher prevalence of depression among HIV patients with low social support (Adisu Birhanu Weldesenbet et al, 2020).

## **Chapter Three**

### **3.1 Research Method**

This section of the study presents research design, data gathering procedure, method of data analysis, source of data, inclusive and exclusive criteria.

#### **3.1.1 Research Design**

The researcher used phenomenological design from a qualitative approach. Qualitative study is useful to describe and give a detailed perspective on the psychological distress and coping mechanisms of adolescents living with HIV. Phenomenological study as well describes the common meaning for several individual of their lived experience of a concept and phenomenon (Creswell, 2013). Therefore, phenomenology research design is important so as to present certain experience as it is lived based on the understanding of the individual.

#### **3.1.2 Sample and Sampling Techniques**

The researcher of the current study used non- probability sampling technique. As a result of the nature of the study, the researcher is obligated to collect the data only from adolescents living with HIV. In particular, applying purposive sampling technique because the participants are selected based on their lived experience in relation to HIV and they are very helpful in order to provide rich and necessary information about the subject at hand.

Non- probability samplings, in particular, purposive sampling, is one of the suitable sampling approaches that is widely used in qualitative study. Purposive sampling involved in selecting variables based on their experience, expertise, or relevance to the study. It is one of the most effective sampling techniques when one needs to study a certain phenomenon with knowledgeable expert within (Dolores et al).

#### **3.1.3 Research Setting**

The site of this study is Black Lion Hospital. It is a place where Ethiopia's general public hospital is located. It is also the largest referral hospital in the country. It was given to AAU by Ministry of Health for faculty as main Teaching Hospital. The faculty is the oldest and the largest among the health training institutions in the country.

Black Lion specialized hospital has around 200 doctors, 379 nurses and 115 other health professionals dedicated to providing health care services. The various departments, faculties and residents under specialty training in the school of medicine provide patient care in the hospital. The hospital also has permanent and contract administrative staff to support the hospital's activity.

### **3.1.4 Sample Size**

Ten adolescents who follow up their treatment in Black Lion specialized hospital paediatrics ART clinic participated in this research. Qualitative study collects extensive detail information about each participant of the study. The goal is not to generalize the information, yet to describe the specific variable that is being studied (Creswell, 2013). However, qualitative sample size should be enough to obtain enough information to sufficiently describe the phenomenon. According to Creswell, 2013 studying 3-10 subjects for phenomenological approach is recommended, but final number is determined based on theoretical saturation.

### **3.1.5 Inclusive Criteria**

The inclusive criteria are only involved under these conditions:-

- ✓ Adolescents who are living with HIV
- ✓ Age ranged between 12-18 years
- ✓ Adolescents who have a follow up in black lion specialized hospital ART clinic

### **Exclusive criteria**

Participants excluded under this conditions:-

- ✓ patients with known mental disorders
- ✓ Adolescents without HIV history
- ✓ If they are adolescents with other medical health condition

### **3.1.6 Data Collection Procedure**

The author of this study first got appropriate permission from the ART clinic to collect data. The data was collected by using semi-structured face to face interview with adolescent participants who live with HIV and has follow up in ART clinic during the time of data collection. The

interviewer conducted the interview by using Amharic language, the national language of Ethiopia, so as to bring mutual understanding between the researcher and the participants. The researcher took notes and recorded them in order to capture data. In addition, necessary precautions were followed so as to prevent COVID 19 transmission during the time of data collection.

### **3.1.7 Data Analysis**

Right after the interview was done, the researcher kept filed notes in privet so as to keep the confidentiality of the information. The researcher was familiar with all the information collected by rereading the field notes. The data was analyzed by applying thematic qualitative method of data analysis, particularly by categorizing the response of participants based on its relatedness, and direct quoting was also used.

Step 1: Become familiar with the data

Step 2: Generate initial code: - in this phase I started to organize my data in a meaningful and systematic way. Coding reduce lots of data into small chunks of meaning.

Step 3: Searching for theme

Step 4: Review themes

Step 5: Define the theme or final refinement of the theme.

Step 6: Writing up the final report (Moria et al, 2017).

### **3.1.8 Ethical Consideration**

After identifying with whom to begin an interview, a discussion and brief explanation of the process was held. All the participants had the right to withdraw from participation, to receive a more detailed description of the study, to request any relevant information about the study, to maintain confidentiality, and to be free of any discomfort, such as the name of the participants. All of these things were discussed with participants and finally informed consent was taken taking in to account the age and the vulnerability of the study participants.

## Chapter Four

### 4.1 Results

Under this section, the researcher discussed findings that contained themes and demographic information. Themes were discovered based on the lived experience of adolescents with HIV status who participated in the study while it was conducted. This chapter presents the result of the transcribed data that was received from a semi- structured interview that was used in order to get information about psychological distress and coping mechanism of adolescents living with HIV. Themes are developed and defined during the process of data analysis. Besides that, direct quotations are used so as to provide more meaningful and comprehensive information.

#### 4.1.1 Demographic Information

Ten participants were involved in the study. Five of them were male and five of them were female. All of them have follow up at Black Lion Specialized Hospital, paediatrics ART clinic. Their age ranged from 15-18 years old. Three participants followed up in ART clinic starting from their birth. Two participants reported that they have been following up their treatment for more than eight years. Another two participants said that they followed up their treatment for fifteen years and the remaining three participants stated that they followed up for the past three, six and fourteen years. Two participants are elementary students. One participant is currently learning in college and the rest seven participants are now high school students.

#### 4.1.2 Psychological Distress

##### A) Fear of disclosure

Depending on the description of most study participants, the majority reported that they do not encounter psychological problem due to their health condition for the fact that their HIV status is not known by peoples around them. While they demonstrate the benefit of staying low key, they state that, it played a critical role in terms of mitigating stigma from the society. One participant described her experience as follow:-

*“I haven’t encountered any psychological distress due to my health condition because everyone knows that I am a healthy person. So they do not stigmatize me”*

In contrast to this, two participants reported that as a result of their known HIV status, they faced

stigma from society, which resulted in psychological problem such as loneliness, feeling sad and suicidal attempt. One participant said that:-

*"My neighbours know that I have HIV and they do not want their kids to stay with me. Even though the kid wants to play with me, their parents do not allow them to."*

In consistent with the aforementioned statement, another participant shared his experience by saying

*"I do not want to remember how I grew up because I did not play as much as I wanted. Currently, I do not want to see kids playing with their friends because it reminds me my stolen childhood"*

## **B) Fear of Stigma**

Participants (N=6) fear the stigma they will encounter if they disclose their health condition. So, most of them said that they are putting their effort so as to keep it private by using different ways, such as: hiding their hospital cards and medications. It is also reported that they are hiding themselves while they are taking their drugs. One participant said this while he was sharing his story:

*"When our neighbours come to our house for coffee, I often go inside to take drugs. If I did it in front of them they would probably anticipate my condition"*

In addition, he also reported his struggle to keep it private. He said it as follow:

*"I am struggling to keep it private and this struggle sometimes makes me tired and frustrated"*

Moreover, one participant stated that she is most concerned about rumour and gossip about her. She expresses this as "horrific" or an incident that caused her to "panic". Similarly, the rest of the participants (N=4) reported that they do every possible things in order to keep their situation private and reduce their fear of stigma. For instance, one participant said that he always takes his drugs seriously because he does not want to be sick and give a chance to people to anticipate his conditions. He reported that:

*"I told to all of my friends that I have a kidney problem and I am taking drugs for that purpose"*

In parallel with this statement, another participant also said that she lied to most of her friends by saying she was taking drugs for her tonsillitis and removed suspicious tendency of her friends. In a nutshell, they state that they are dealing with the fear of stigma but they are not experienced actual sigma that caused them psychological distress.

### **C) Experience of Stigma**

Participants (N=2) shared their experiences regarding the stigma they faced due to their known status in the society they live in. According to one participant demonstration, he was challenged because of his known HIV status and stigmatized by the society. As a result of this, he stayed home all the time. He described his feeling by saying:

*"The Society I lived in caused me a lot of troubles and I did not have much for them"*

Likewise, the other participant shared her experience regarding the peoples in her vicinity area. She is subjected to lots of stigmatization from them. Her neighbours don't come to their house, to eat or to drink anything. On top of this, they scolded their children not to stay with her. She also added that one of her neighbours pretend as if she cares for her, yet she usually reminds her that she is "*ill person*" in front of her friends. She described the feeling as "humiliating". As she reported, insult is a very common experience she encounters on daily basis. Apart from her neighbours her father who is HIV negative does not understand her. She described the situation as follow:

*"My father said I am tired of being discriminated because of you. I do not want you to go out and socialize. Just stay home"*

As a result, he locked the door on her.

### **4.1.3 Associated Factors**

#### **A) Society Awareness**

All of the participants (N=10) reported that the society's knowledge and awareness of HIV is very poor. Most of the time, people think that they can be infected with the virus by touching, spending time together, socializing, eating or drinking. Consequently, they stigmatize people with HIV. In addition to this, one participant stated that people usually do not know the right ways of transmission and think the only way for transmission is having "unprotected sex" and he

said they do not consider HIV can be transmitted from mother to child, so whenever they see someone with HIV, they think they have the illness due to unprotected sex and they become judgmental. He mentioned the role of the media as well. He stated his opinion by saying

*"TV commercials speak as if HIV is transmitted through sexual conduct only, and give less emphasis on other ways of transmission. So that this paved a way to treat people judgmentally"*

In consistent with his idea, other participant highlighted the content of commercials media over HIV.

Depending on one participant's reported speech, HIV is viewed as a sprit among society. People think HIV might catch them by any possible means. Thus, they simply stigmatize people. Another participant also shared a similar experience. He said:-

*"It seems nowadays people accept and understand the nature of the illness, but it is not true"*

Moreover he also said that:-

*"I see so many people, including my close relatives, when they come to our house, they do not eat, drink or touch anything because they believe that they are probably infected by HIV."*

In addition to social awareness, some participants (N=3) shared their opinion on how the family communicates this problem with their children. Families lied their children about their HIV status. So this, in turn, caused lack of acceptance of their health condition when they find out the truth. One participant said this while he was sharing his thoughts:-

*"Families hide their children about their health condition. They even beg hospital not to disclose their status. Then if the child finds out his conditions by his way, it causes huge trouble to the child."*

## **B) Changes Due to Age**

Majority of the participants (N=10) described that they don't face any psychological distress as a result of their age. Instead, they said that they feel independent and able to take responsibility for their health. Most of them said that they come to hospitals on their own, take drugs without reminders, and attend friendly program willingly. For instance, one participant reports it this way:-

*"I do not do things like I did when I was a kid. I used to refuse to go to hospital or take drugs, but now I am fully grown, I can take responsibility for myself."*

Other than this, participants reported that they have not encountered love relationships and most of them said that it is not mature age to handle relationships. As a result, they are not bothered to disclose their HIV status. One participant reflects her opinion as follow:-

*"Things are very difficult, especially when it comes to dating. In particular, dating HIV negative person is unimaginable. Actually, I have not been challenged personally, but I have seen most of my friends bothered by this."*

### **C) Precipitant factors**

All of the participants shared their diversified thoughts regarding what could be the precipitants of psychological distress. Two participants state that having less social support precipitate psychological distress. Another participant reflected upon this by saying

*"I am always alone at home and I wish I had someone to be by my side to understand my situation."*

Similarly, one participant said being isolated from society is the most difficult challenge faced by HIV patients. Plus, one participant reported that psychological distress precipitated when she thinks about her future.

*"My fear is precipitated when I think about future. When I think about marriage, I am afraid of this family. When I think of joining the university, I am afraid of my dorm mates and how they react."*

On top of this, participants stated that insults and gossip are related to once health condition. They are the factors that precipitate a person's psychological distress.

### **D) Routine of drug adherence**

Based on participants' (N=4) statement, the following drug adherence routine is monotonous cycle that could not be broken. As one participant reported, taking drug every day is like eating only one food every single day. Likewise other participants also shared their frustration with this everyday routine. One participant said that

*"I was out with my friends and we did not finish our program, but I had to get back home for medication and that incident made me so upset because it was keeping me from things I wanted to do."*

In line with this statement, two participants shared their experience by saying they could not go to holy water place or fast due to this routine. One participant said it as follow:-

*"Taking drugs is a routine that challenges my freedom. For instance, I want to fast but I can't because I have to eat so as to take drugs"*

Furthermore, they said that they cancelled programs, friendship gatherings and so on resulting from drug taking routine.

#### **4.1.4 Social support**

##### **A) Health Care Professionals**

Participants (N=10) reflected that they are very happy with the support of health care professionals. According to their statements, most of them reported that their support involved tracing their health, providing drugs, facilitating free counselling services and youth friendly programs. One participant said that

*"Health care professionals give me critical support in addition to their medical services. They build up my mentality. They helped me to resist peer pressure, external environment and societal attitudes. They do not only helping me but also my family."* He also described their support as his *"back bone"*

Another participant described her thought as follow:-

*"I can't even imagine what my life is going to look like without their genuine support"*

One participant said that he was happy by the support and encouragement of health care professionals. However, while he joined the society, he felt helpless due to their stigma. In general, the majority of participants reported that health care professionals 'support is a profound base for them.

## **B) Family support**

The majority of the participants said that they receive the utmost support from their family. Most of them reported that their family reminds them to take drugs and encouraged them during their difficult times. For instance, one participant said that

*"My family reminded me of hospital appointments and time to take drugs. In addition, their encouragement helped me to look forward."*

In contrast to this, two participants stated that their family was not supportive throughout their journey. One participant shared her experience as following

*"My father does not care about me. I do whatever I want and he does not care about me. Previously he was somehow caring, but not now."*

However, she received help and encouragement from her friends. Consistently, another participant reported his mom is busy and she does not talk about challenges he goes through.

## **C) Youth Friendly Group**

Eight participants described attending a youth friendly group facilitated by the hospital. As most of them stated, they are very happy to meet people who shared similar stories with them. One participant stated that

*"Youth friendly groups are helpful and reminded me that I am not alone."*

The rest of the participants also shared their experience by saying youth friendly groups are insight giver and encourager to move forward. One participant described it this way:

*"We teach peoples what we know and share our experience and juniors also ask questions and share their experiences too"*

### **4.1.5 Coping**

#### **A) Adaptive Coping**

Participants (N=9) shared that they are engaged in behaviours that can help them to calm down their distressed emotions. The majority of them reported that listening to music, talking to family, watching movies, and going out with friends are therapeutic for them. For instance, one

participant said that

*"Watching movies and meeting with my friends helps me to cool down my emotions"*

Depending on the reported speech of two participants, they stated how self talk helps them to vent their emotions. One participant said this while he was sharing his experience

*"I have self talk time in the morning and at night and it is one of my daily routine that I prioritize most. It helped me to be rational"*

In line with this, one participant said

*"People say someone is crazy if he/she speak to themselves, yet often times I do that. I set a calm place and talk to myself, especially when things get overwhelming"*

In contrast, one participant reported that

*"Most of the time, I am a very impulsive person. I tried to commit suicide whenever something bad happen to me"*

Based on her statement, her HIV status is known among her neighbours and she encountered stigma from them. Therefore, most of the time, when she face an argument or dispute with those people, she rushes herself in to suicidal behaviours, such as using drug overdose and liquid detergent.

## **Chapter Five**

### **5.1 Discussion**

#### **5.1.1 Psychological Distress**

##### **Fear of disclosure**

This study was conducted on the psychological distress and coping mechanisms of adolescent, who lives with HIV, by exploring different aspects of participant's experience related to their health condition. One of the major domains of this study is psychological distress. Due to this, findings received from this domain. The majority of respondents reported that they did not encounter any psychological distress due to their health condition because they kept their health status confidential, and it is, therefore, not known by peoples around them. In the contrary, few participants responded about their known HIV status among the society they live in and the stigma they face. Therefore, this finding is consistently related to the study of Vranda and Mothi, 2013.

##### **Fear of Stigma**

The present study also investigated about the fear of stigma and more than half of respondents reported that they have a fear of stigma if their status is disclosed to other peoples around them. In parallel to this finding, the study of wolf et al, 2014, showed that the fear of stigma caused the problem with safe disclosure.

##### **Experience of Stigma**

The current study tries to discover the impact of stigma among study participants. Few respondents (N=2) shared their experience regarding the stigma they face due to their known status in the society they live in. This finding seems to coincide with the study of Adane B, 2020.

#### **5.1.2 Associated Factor**

The other domain of the present study is associated factor. Under this domain, respondents reported their diversified thoughts regarding different associated problems that contributed to psychological distress. According to the current study finding, most respondents reported things related to social awareness, changes due to age, precipitant factors and issues of drug adherence. In particular, in relation to social awareness study, all participants responded that there was a

lack of societal awareness regarding to HIV. This finding is in line with the study of Ahmed et al. 2020. In the current study, participant, furthermore, reflected on associated factors in relation to different precipitants and many of their response were subjective and seem inconsistent with the findings of the previous study.

The study of Louthenoet al described that drug adherence is associated with behavioural problem, yet the current study finding showed that drug adherence was reported as a hectic ritual but not refused. Thus, this also showed that the inconsistency between the two studies. According to the study by vranda and mothi, 2013, being sexually active during adolescent age is a challenge for adolescent with HIV. In the contrary, the current study finding showed that respondents are not challenged due to the shift in their age.

### **5.1.3 Social Support**

This study found that the majority of participants received the utmost help from their family, health care professionals, and a youth friendly program that is facilitated by the hospital. Most of the study participants demonstrated that the support was very encouraging throughout their journey. Similarly, fang et al 2019, reported that social support mitigates the association between mental health needs and risk behaviour.

### **5.1.4 Coping Mechanisms**

According to the findings of the current study, the majority of the respondents reported that they have adaptive coping mechanisms when things blow up and their different ways of coping help them to calm them down. Likewise Amal et al, 2020 stated the benefit of coping strategies focusing on the problem for people living with HIV in terms of handling the stressor.

## **Chapter Six**

### **Conclusion and Recommendation**

#### **Conclusion**

The present study investigates the psychological distress and coping mechanisms of adolescents living with HIV at Black Lion Hospital, ART Clinic. The major finding of this study illustrate that, people have fear of disclosing their HIV status due to the fear of stigma from the society. In addition to this, the current study state that, lack of social awareness related to the disease and continuous drug adherence routine are associated factors that contribute to the psychological distress. Therefore, this study concluded that the aforementioned factors can potentially add to the psychological distress.

#### **Recommendation**

- ✓ Heath care professional who work in Paediatrics ART Clinic at black lion hospital should work better than they did so as to give quality service to adolescents living with HIV because their contribution is associated with positive outcome.
- ✓ Paediatrics ART clinic should work hand in hand with psychiatry department in order to deal with mental health problems among their patients.
- ✓ Raising awareness among the society regarding HIV is another responsibility that is expected from healthcare professionals. Particularly, from professionals who devote their time to work on HIV.
- ✓ Future researches also needed to be done so as to investigate the topic in a more border and representative sense because the current study is only limited in under seeking only ten participants. This is less representative and explorative. Consequently, further large sample sized investigations are needed in order to give a full picture of the problem.

## Reference

Adisu birhanu weldesenbet et al (2020), the effect of poor social support on depression among HIV patients in Ethiopia

Ahmad Ikhlasul Amal, Moses Glorino Rumambo Pandin( 2020), stressor and coping, strategies of people living with HIV

A, Ozdemir.N.utkualp& a. pallos (2016). Physical and psychosocial effect of the change in adolescent period

Creswell.(2013) qualitative inquiry and research design

Derman,o. (2013) adolescents psychical and sexual development

Hilary T Wolf, Bonnie L Halpern-felsher, Colette L Auerswald (2014), a qualitative study exploring the reason for loss to follow up among HIV positive youth

Jefferey Jensen Arnett, adolescence and emerging adulthood, 5<sup>th</sup> edition

Kristen. L. psychosocial aspects of HIV/AIDS: children and adolescents

Kurtman,o (2005) our behavior development and learning 4<sup>th</sup> edition

Lian fang, deng-Min chuang & Maria Al-Raes (2019), social support, mental health needs and HIV risk behaviors

Mark f. Schmitz & Stephen crystal (2000) social relations, coping and psychological distress among person with HIV

Ma.dolores c. tongco., purposive sampling as a tool for informant selection

M.n. vranda,S.n mothi (2013), social issues of children infected with HIV/AIDS

Moira Maguire and Brid Delahunt (2017) doing thematic analysis: a practical step by step guide for learning and teaching scholars

Orawan,L., Peninnah,o., & virat s., psychosocial function in adolescent with perinetal HIV  
infection receiving highly active antiretroviral therapy

Ronald E. dahl & Ahmed R. Hariri (2005) connecting new research in biological scienceto the  
study of adolescent development

Steinberg, development of adolescent

UNICEF, adolescents living with HIV: developing and strengthen care and support

WHO, report, 2020

## **Annex I-Information sheet**

I am BEZAWIT H/MICHAEL a student at AAU, collage of health science. Currently I am doing a research for fulfilment of my post graduate degree on psychological distress and coping mechanisms of adolescents living with HIV.

**Participation:** - your participation in this study is voluntary. You may refuse to take part in the research at any time and you are free to not to answer any particular question you don't need to answer for any reason.

**Benefit:** - you will receive no direct benefit from participating in this study however; your response may help us to learn more about psychological distress in HIV positive adolescents.

**Risk:** - there is no possible risk involved in participating in this study other than those encountered in day to day life.

**Confidentiality:** - all the information you will give remain confidential and in addition the information collected from you will be coded in numbers

- Contact person:- BEZAWIT H/MICHAEL
- Phone number; 0948062135
- Email; [bezymena@gmail.com](mailto:bezymena@gmail.com)

## **Annex II-Informed Consent Form**

I affirm that I understand the contents of the document and the purpose of the study, and that I agree to engage in the research on a voluntary basis. I accept that I am free to leave the study at any moment.

- Participant signature
- Name and signature of the researcher

## **Annex III- Topic Guide**

### **1. Demographic data**

- Age
- Sex
- Level of education
- Years of follow up

### **2. Psychological distress experience by adolescent living with HIV**

- Have you encountered any psychological problem in relation to your health condition?
- Can you please mention psychological problems you have faced as a result of your health condition?
- How do you explain your experience?

### **3. exploring associated factor**

- What do you think about the cause of psychological distress in relation to your health condition?
- What kind of things do you think can precipitate your psychological distress?
- As a result of age biological and psychological changes presented. How do you handle these changes according to your health condition?
- How do you explain your social support?
- What do you feel about the support you receive?

### **4. coping mechanisms**

- What do you prefer to do when you pass through difficult time regarding to your health condition?
- From where do you did you get most of you resilience?