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Exploring Some Pertinent Hurdles that the Youth Living with HIV/AIDS Face in Botswana and South Africa: A Literature Review

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ABSTRACT Indubitably, although no age segment is immune to HIV/AIDS infections, the youths more than the adults are more vulnerable to HIV/AIDS infections. Perhaps this heralds the need for a campaign structure that respects the age if the epidemic is to be won expeditiously. The aim of the paper, using the review of literature methodology, is to discuss the underpinnings of increased youth vulnerability to HIV/AIDS in Botswana and South Africa. Findings indicate the following underpinnings: denial of the HIV/AIDS status; pressure not to take the ARVs; stigma and discrimination from the significant others; and fear of disclosure of the status. The paper recommends the following: adequate adolescent sexual reproductive health education; the governments to increase anti-stigma and anti-stigmatization campaigns; the use of social media to disseminate the HIV/AIDS messages and campaigns; and putting in place stronger anti-stigma legislations.

INTRODUCTION

Indubitably, although some decades back HIV/AIDS was viewed as a phenomenon that was clinical or medical in nature, revelations dawned later in the development and growth of the disease that the disease posed serious social concerns that largely impacted on the social, economic and developmental aspects of people's lives. Globally, the HIV epidemic remains a major global public health challenge, with a total of 33, 4 million people living with HIV worldwide (Ndinga-Muvumba and Pharoah 2008). Statistics reveal that South Africa is topping the list among the countries with higher prevalnces. As by 2008, statistics indicated that the country had 5.7 million people living with HIV/AIDS (Ndinga-Muvumba and Pharoah 2008). In the provincial category, for example, KwaZulu Natal Province is believed to be having a higher level of the infection than any other province in the country while Mpumalanga has the lowest (Mdeletshe 2012).

In South Africa as in other countries hardest hit by the disease, the youth are more affected and stigma is believed to exacerbate the battle against extinguishing or mitigating the impacts. This calls for these countries to put their campaign house in order in the face of the stigma and protect its youthful population who are under serious threat (Ndinga-Muvumba 2008; Ramphele 2008; Barnett and Whiteside 2006). Gravely, HIV/AIDS continue to present horrendous and pinching effects with debilitating ramifications to societies. However, HIV/AIDS appears to be informed by the age factor, meaning that the youths more than the adults are more vulnerable to the scourge (Kang'ethe 2014; Kang'ethe and Mutopa 2014). In 2005, statistics in South Africa showed that among the young people, the rate of HIV/AIDS prevalence was higher than other age groups. Further, opinions and views allege that, young people are more prone to ignorance, promiscuity, excitement and reluctance to seek advice on relationships among other things (Mdeletshe 2012). Studies by the Human Sciences Research Council (HSRC) in 2012 revealed that 19.2 percent of the youths were infected while only 9.8 percent of the married people were infected (der Linde 2013). This leads to the concept called youthnization of HIV/AIDS that means that youths are more likely to be infected by the HIV/AIDS than the adults.

In the same vein, other findings show that unmarried people are more likely to report having multiple sexual partners within 12 months'

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period (der Linde 2013). Also and based on a 2008 survey, findings elaborated the pervasiveness of multiple sexual partners while the prevalence of the infection was also reported to be high among females probably due to *Ukuthwala* practices that enforce marriages of the young girls to the older men who have suffered the loss of their wives (der Linde 2013). The unfortunate state of the youths their illusionary mindset that they are at a low risk of the infection from HIV/AIDS. This makes them underestimate the potential risk that underlies their sexual behaviors (Anderson et al. 2007).

Perhaps why defeating the war against HIV/AIDS is taking longer is due to the state of stigma and stigmatization of the disease (Andrew et al. 2007). Among the infected youths, especially, there are challenges such as admitting and accepting the status. Attendant to this issue is that most find it confusing to understand how they contracted the virus especially if they were not born with it but got it from sexual relations. It therefore comes with devastating effects that can destroy the person or render them candidates for suicide, or can inculcate the irrational thoughts of one murdering their sexual partners (ETU undated). This has much to do with regret and despair as well as disillusionment.

It is also important to note that the disease also embraces the phenomenon of the feminization of women in which women more than their male counterparts are more vulnerable (Kang'ethe and Munzara 2014; Kang'ethe and Chikono 2014). Across the board in many youth contexts, the following underpins some prevalent challenges: denial of being infected; pressure not to take the ARVs; stigma and discrimination from significant others; and fear of disclosure of one's sero-positivity. The effect on the youths poses danger to the economic health of various countries in that the youths should be poised to take over the social and economic management of their countries. Regrettably, with the virus wreaking havoc their health, this poses a perfidious challenge that hugely militates against their capacities to drive their countries' social and economic endeavors.This paper, based on these literature findings recommend for both governmental and non-governmental agencies to put in place educative forums that can address the challenges faced by the youths living with HIV/AIDS. Recommendably, therapeutic and counselling services and awareness campaigns in schools and tertiary institutions cannot be over emphasized. Social workers as support structures can educate the public on accessible platforms such as the radio, television and newspapers towards disclosure issues; as well as fighting the stigma that goes with the disease.

Study Aim

The aim of the paper is to explore the challenges faced by youths living with HIV/AIDS in both Botswana and South Africa.

Problem Statement

Whether in developed or in developing contexts of the world, the youths more than the adults appear to be more vulnerable to HIV/AIDS. To the youths as well as the adults, living with HIV/AIDS presents a perfidious challenge with horrendous and pinching effects (Muvumba-Ndinga and Pharoah 2008). This is because of situations such as stigma associated with the disease; denialism of one's seropositive status; lack of adequate information to deal with the status; and the claim of culture as a solution to addressing the disease. With the youths' being poised in many countries to drive the socio-economic endeavors of their countries in the near future, the dream may be compromised by the unrelentless situation of the virus wreaking havoc the health of the youths. The situation has had the effects of lowering the youths' state of self-esteem, drowning their confidence and generally denting their outlook in life. Accepting and owning the status poses a challenge to living with it. While the youths of the Sub-Saharan region statistically bear the huge brunt of this harsh reality,it raises a lot of concerns regarding their ability to contain and live with it. It is therefore important to discus and debate the HIV/AIDS terrain among the youths in selected countries had hit by the epidemic with the hope of recommending strategies to help the youths live with it positively and possibly strengthen their prevention endeavors.

METHODOLOGY

This paper adopted a review of literature methodology through the use of HIV/AIDS related journals, books and the researchers' experiential intuitional knowledge on the subject matter. The paper sought to expose the challenges that are faced by most youths living with HIV/AIDS. The discussion is meant to inform policy makes and practitioners on ways to assist the youths from all possible perspectives.

OBSERVATIONS AND DISCUSSION

Factors Underpinning the Youth's Vulnerability to HIV/AIDS in Selected Countries Hard Hit by the Epidemic

Denial of the Status

Anecdotal sentiments support that most youths struggle to accept their status. Perhaps this is because the information pertaining to living with the virus has been besieged by different interpretations, mistruths, myths, and sometimes dreadful information such as the belief of one dying soon (Kang'ethe and Xabendlini 2014). This different information and myths living with HIV/AIDS informs the state of stigma and discrimination (Kang'ethe and Xabendlini 2014). The fact that the youths, especially the adolescent ones, are in a state of life where they think specially about themselves with respect to their future, with some still being in a situation of identity crisis and still struggling to craft, shape and to make a meaningful identity, these factors exacerbates their likelihood to succumb to denialism and stigma (Zastrow and Kirst-Ashman 2013; Erikson 1968). The same phenomenon of identity crisis may present itself differently to different youths. While some may have trivialized the phenomenon and face the ordeal with laughter, some may face it with shock and despondence. Therefore, accepting the status has not been an easy path, especially in countries struggling with public awareness of the HIV/AIDS and strategies to live with the virus (Kang'ethe 2015). Also, with some countries facing the challenge of poor and *adhoc* information packaging and dissemination pertaining to adolescent sexual health and ways of bolstering prevention, the issue of accepting one's positive status has not been easy. It should also not be lost to face the fact that contracting the virus in most societies is associated with careless sexual engagement, alcohol and drug abuse, and generally failure to embrace ethical and moral aspects of life (Byamugisha et al. 2002). While this thinking, attitudes, and stereotypes hold water in many societies amid less campaign to negate or invalidate them, issues of accepting one's status remain daunting and arduous (AIDS Info 2014; Byamugisha et al. 2002).

Pressure Not to Take ARVs

While the advent of anti-retroviral drugs (ARVs) has ushered in a new lease of life to those living with the virus for many countries hardest hit by the epidemic such as South Africa and Botswana (Treatment Action Campaign (TAC) 2007; South Africa National AIDS Council (SANAC) 2007), it needs to be succinctly understood that the lease can only be strengthened if the one living with HIV/AIDS adheres to the drug regimen (Kang'ethe and Xabendlini 2014). Unfortunately, there are many cases in different countries where people succumb to various pressures not to adhere to the drug regimen. This has had disastrous effects in that the defaulters have fallen sick and sometimes having to move from one line of treatment to another. This means that their lease of life is shortened. Although the phenomenon of defaulting may not only be associated with the youths, perhaps the youths are more vulnerable due to the situation described above, for instance the situation of them being in phase of identity crisis, emotional adjustments, and state of forming adulthood identity etc. (Erikson 1968). Further, the youths are usually in a state of experimenting different aspects of life such as alcohol. With the state of alcohol abuse among the youths increasing geometrically in countries such as South Africa and Botswana, cases of defaulting following the ARV regimen could be higher. The youths are also emotional to an extent that they may lose hope faster and the reason to take medication day-in -day -out may defeat their youthful temperaments and rationale (TAC 2007). They are therefore likely to fail to adhere to treatment than the adults. In a study carried out in Botswana by Kang'ethe (2010, 2012), youths living with the virus reported failing to adhere to drug regimen due to life apathy emanating from joblessness, poverty and its concomitant ramifications.

Stigma and Discrimination from Significant Others

Indubitably, battling the state of stigma and stigmatization associated with living with the virus remains the hugest challenge in the battle against the HIV/AIDS in countries such as South

Africa. (Kang'ethe 2015). Perhaps South Africa needs to borrow a leaf from other countries such as Botswana that have been able to bring their countries level of stigma to the lowest ebb (Ndinga-Muvumba and Pharos 2008; Kang'ethe 2015). Definitely, stigma is a social and a cultural phenomenon that involves the movement of a community from individual level perceptions to collective ones that make them to classify an undesirable characteristic in a person as socially and normally undesirable. This comes with various forms of stereotyping and discrimination leveled against the one living with the virus (Parker and Aggelton 2003). Empirical findings from other studies in South Africa point out that there are misconceptions and misinterpretations that align HIV/AIDS as a gay or lesbian disease while others align it with sexual promiscuity. Since the state of promiscuity is associated with immorality which is a social demeanor in many African societies, then, HIV/AIDS remains a loathed disease and therefore a stigmatized one (Byamugisha et al. 2002). Also, gays and lesbians are viewed by the majority in different societies as people who have lost direction, and are a betrayal to the normal society. Therefore, the thought of being a gay,or a lesbian, and equating the disease with this group exacerbates the state of stigma to the disease. However, these authors respect the human rights associated with any group of people in South Africa and any other part of the world (Cloete et al. 2010). Although on the other hand,global statistics demonstrate that 34 percent of young people aged 15-24 possess knowledge of HIV transmission (Cloete et al. 2010), there are unanswered questions why they cannot be able to surmount this state of stigmatization. This is because stigma is believed to be prevalent among the ignorant, the lowly educated people, and those who are denialists, despite the education pertaining to HIV/AIDS (Cloete et al. 2010). Perhaps this needs to lead the researchers to open another page to find out why despite the level of knowledge pertaining to HIV/AIDS aetiology, stigma is still a huge challenge. Perhaps one may point the potency of socio-cultural factors as possible deterrent, still making people to close the eyes and chose not to extinguish stigma and stigmatization.Perhaps a worrying effect of stigma and stigmatization surrounding the disease is its ability to dissuade people from seeking treatment timeously; as well as de motivating people from following the drug regimen; as well as making people fearknowing their status (TAC 2007). Evidence from countries such as Lesotho also show that young people have fear of being tested because the health care workers will accuse them of promiscuity (Bridges and Chitham 2011).

Fear of Disclosure of the Status

Due to its sensitivity, the phenomenon of disclosure of one's status, especially to the public is a daunting phenomenon that needs to be handled with all the sensitivity it demands. Perhaps why the HIV/AIDS campaign architects consider disclosure can assist the HIV/AIDS campaign is the fact that it is believed to make people living with HIV/AIDS allay their fears emanating from stigmatization. It helps to make people normalize the existence of the disease. Importantly, it paves the way for people to view the disease as a normal one (TAC 2007). However, these researchers warn that disclosure can herald an untold psychological challenge if one living with HIV/AIDS decided to disclose out of persuasion and emotions. Critically, disclosure should only happen when one is fully engrossed with ample education about the disease and after one richly explores all the tenets of positive living (Uys and Cameron 2003; Nurses Association of Botswana (NAB) 2004). It is critical that one also identifies strong support systems from either reliable institutions or close family and community members as well. Work place support especially from one's employer and colleagues is critical (Obermeyer et al. 2011). Perhaps caution also needs to be taken before one's decision to disclose matures. This is because experience indicates that some people after disclosing have been subjects of blame, abandonment, physical and emotional abuse, loss of economic support, and discrimination and disruption of family relationships. Also, disclosure has been associated with gender in that women more than men are likely to disclose. Perhaps this phenomenon can richly explain the state of feminization of HIV/AIDS in many settings (Kang'ethe and Munzara 2014; Kang'ethe and Chikono 2014). Perhaps it is good to indicate that men need to respond to the rigors of the epidemic in equal measures as women, if the epidemic is to be annihilated expeditiously.

CONCLUSION

Youthnization of HIV/AIDS needs to be addressed in countries such as South Africa where youths more than the adults are a higher risk of HIV/AIDS infections. Ample adolescent sexual reproductive health education needs to be strengthened for learners from the primary school level. In the same vein,anti-stigma and anti-stigmatization public awareness sessions and campaigns need to be strengthened. This is because the youth's sexual reproductive health continues to be undermined by lack of qualitative education, poor message packaging and poor and *adhoc* information dissemination. Critically, the messages from the traditional practitioners about how to handle HIV/AIDS, is sometimes diametrically opposed to what is offered by biomedical practitioners. Ample access to reproductive sexual health infrastructure such as health structures,having youth friendly corners or points is critical. Ensuring there is ample access to ASRH tools such as condoms is critical.

RECOMMENDATIONS

In light of the challenges faced by the youth living with HIV/AIDS, the following is recommended:

Adequate Adolescent Sexual Reproductive Health Education (ASRH)

Perhaps ample life skills adolescent sexual reproductive health needs to be programmed and initiated right from primary school level. This is for the young ones to understand their rights to sexual health and also the need to guard themselves from being targets of abuse. Literature confirms that in many African countries, younger women are usually robbed of their sexual reproductive health by being targets of abuse by men who are relatively older than them. Importantly, knowledge and internalization of ASRH warns the younger persons the dangers associated with careless sexual engagement, especially unprotected sex. The education also raises the knowledge on the use of contraceptives and widens the knowledge of the youths' health seeking behavior.

Governments to Increase Anti-stigma and Anti-stigmatization Campaigns

Importantly, governments such as South Africa needs to borrow a leaf on ways and strategies to extinguish the state of stigma and stigmatization. These researchers recommend community based anti-stigma and anti-stigmatization campaigns. Perhaps the use of the NGOs to lead such community based campaigns can be critical in countries such as South Africa where the rural areas are still behind in acquisition of the HIV/AIDS messages and campaigns. If effective campaign NGOs such as treatment Action Campaign could be funded to extend their tentacles in the rural areas, perhaps they could facilitate expeditiously annihilating the state of stigma associated with HIV/AIDS.

Use of Social Media to Disseminate HIV/AIDS Messages and Campaign

Establishment of televised support sessions to educate the nation on how to live healthy as well as ways of disclosing the status and the need to accept the status by the people living with HIV/AIDS is critical. Perhaps having the government and the HIV/AIDS bodies to increasingly use youth friendly social media as a platform of message dissemination and campaign on various aspects of HIV/AIDS could also be critical.

Stronger Anti-stigma Legislations

The countries should have stronger laws that criminalize those who stigmatize others. For example Zimbabwe has stronger legislation against those who stigmatize others on the basis of being positive.

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