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By

An ecological analysis of the stresses of fourteen HIV infected and affected individuals.
10 February 2012

Khalungiso Khosa

[Signature]

I, Khalungiso Khosa, hereby declare that this dissertation is my own work. All citations, references and borrowed ideas have been acknowledged. I declare that this dissertation has been submitted previously for any degree or examination in any other University.

Natal, Durban, South Africa. None of the present work has been submitted previously for any degree or examination in any other University.

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Challenging and Demanding Year

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Abstract

The health and wellbeing of the participants is complex and interconnected. The ecological framework, which takes into account the different levels of physical, psychological, interpersonal, institutional, community, and policy factors, was used to understand the experiences of the participants. The study revealed that the experiences of those affected by HIV/AIDS were influenced by various factors such as knowledge, cultural, and emotional responses, and resilience. The findings of this study suggest that some of the interpersonal relationships and social support systems could enhance their physical and psychological well-being. The study also highlights the importance of addressing the needs of those affected by HIV/AIDS in a holistic manner.
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5.1 Interpersonal factors that influence the senses of the participants

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CHAPTER ONE: INTRODUCTION
Moreover, in countries such as Botswana, Lesotho, Swaziland, South Africa, Zambia, and Zimbabwe, there has been a decline in treatment and prevention of HIV/AIDS.

The decline in treatment and prevention across the African continent continues to progress. It has been argued that the high and medical resources are limited (Andersen & Dayal, 2004). The southern and eastern parts of Africa, which were hardest hit, showed a significant decline in the general population-based on the results from population-based surveys, more specifically among women who are married. However, in some African countries, there has been a decline due to treatment and prevention campaigns. The decline in HIV prevalence is evident in countries such as South Africa.

According to UNAIDS (2010, p. 1), 3 million AIDS-related deaths occurred in the region, and 1.3 million AIDS-related deaths by the end of 2009. These are in the Middle East and North Africa, 460,000 people are living with HIV, 75,000 new infections and 24,000 AIDS-related deaths (UNAIDS, 2010, p. 1).
The aim of the study, therefore, was to answer the following questions:

- Individually, what interpersonal factors are common in the participants' stories?

This study explores the experiences of Fogtessa HIV infected and affected individuals.

On the other hand, the interpersonal level is the ecological model focuses levels of analysis rather than on only the interpersonal level. The ecological model places HIV/AIDS, taking into account the social context of an individual and focusing on multiple levels of analysis rather than only on the interpersonal level. This study has adopted an ecological model to understand the health of people with HIV/AIDS.


Similarly, cultural, economic, social support, but few studies have explored it from a clear that most research on HIV/AIDS tends to look at separate aspects of HIV/AIDS. It is the individual's unique experience that shapes health and illness. It is is that most research on HIV/AIDS tends to focus more on the interpersonal factors of HIV/AIDS.

Excessive research on the mental health of individuals with HIV/AIDS.

In the current study, the mental health of individuals with HIV/AIDS.

Problems and resources to more poverty and thus progression of the study on the mental health of individuals with HIV/AIDS. This study is also affected in a negative way due to the prolonged within the community because it is also affected in a negative way due to the prolonged within the community because TV and radio have been reported to have caused a rapid dispersion in the quality of life of family members due to poverty (Ibid). In addition, the Commission on HIV/AIDS Governance Report (2003) stated that the productive in number of people infected (Commission on HIV/AIDS and Governance in Africa, 2006).
mean findings and make some concluding comments about my findings in relation to the literature review. Lastly, in Chapter Five I present my conclusions where I summarize my analysis and discussion of my findings in relation to the theory and research discussed in the samplings. These data analyses are well as ethical considerations. Chapter Four consists of an emphasis on the importance of adopting an ecological model for my study. In Chapter Three I describe my research methodology. Discuss my research design, sampling technique, and the significance of adopting an ecological model for my study. In Chapter Two I review of research on HIV that is framed by the ecological model, and includes a review of literature on health psychology and multimodal approaches to health. In Chapter One, I review of the literature on health psychology and ecological framework, which is individuals. Chapter Two consists of a literature review and ecological framework, which is economic and ecological impact of HIV/AIDS across Africa among HIV unaffected/afflicted. HIV/AIDS statistics globally and within Africa, as well as briefly highlighting the scale, this dissertation consists of five chapters of which Chapter One has provided an overview of individuals into consideration.

Influence of the Participants’ Experiences

- How do the different levels within the ecological model work independently?
- What policy factors are prevalent in the participants’ stories?
- What community factors are prevalent in the participants’ stories?
- What organizational factors are prevalent in the participants’ stories?
Implications of my study.

Wider theoretical framework. In the conclusion, I also discuss the contributions as well as the
illness and distress, as it is this experience which will determine how the person behaves, the illness, though this may be universal. What is equally important is the person's experience of the malfunctioning of the body, and illness as the lived experiences of suffering (Kelman 1998, p. 14). Kelman argues that, "it is not enough to understand the physical disease or any physical disease, as is a biomedical concept, and illness (1986) refers to the work of disease, illness, and suffering. Disease is a biomedical concept, and illness refers to the work of illness and suffering.

In relation to experiences of health, illness, and suffering, he has primarily been interpersonal and has largely overlooked the role of social processes in relationships with health-related behaviors (p. 327). In this way, the focus of this approach has been restricted to research on a number of socio cognitive models and their application. However, these authors stress the importance of the psychological, social psychological, and social processes in understanding health and illness. Health and illness is through the biopsychosocial model, which incorporates the physical, psychological, and social processes.

A more recent framework for understanding health and illness is through the biopsychosocial model. According to WHO (2002, p. 176), health has been defined as a state of complete physical, mental, and social well-being. However, the World Health Organization (2002) defines health as a state of complete physical, mental, and social well-being. However, the World Health Organization (2002) defines health as a state of complete physical, mental, and social well-being. However, the World Health Organization (2002) defines health as a state of complete physical, mental, and social well-being.

2.1 Health psychology and its limitations
a greater understanding of the broader social experiences of individuals (Muñoz et al., 2004).

Moreover, while health psychology as a discipline recognizes that social class is associated with certain health-related behaviors, it tends to over-emphasize the role of these factors. Intervention programs that target these behaviors are not always effective, as health promotion plans often fail to address the underlying social determinants of health. These interventions, however, ignore the environment in which an individual is embedded, since they are often designed to change individual behaviors rather than address the structural and social factors that contribute to ill health. Furthermore, health psychology interventions are primarily oriented and are based on the assumption that if people’s beliefs, attitudes, or behaviors (at the individual level) are changed, then we can accomplish good health in individuals (Muñoz et al., 2004). These interventions are often designed to change individual behaviors rather than to change the structural and social factors that contribute to ill health.

Furthermore, health psychology has traditionally focused on individual or micro social issues. For instance, how social and psychological models can be used to understand why people experience ill health, and how these models can be applied to individual cases. According to Muñoz et al. (2004), an extensive amount of literature in the sub-discipline of health psychology has focused on the role of stress, illness experiences, and the experience of illness, highlighting the importance of the patient’s perspective. However, these perspectives have often been disregarded. In recognition of the importance of focusing on the patient’s perspective, illness experiences are now being looked at in a broader context. Illness experiences, illness experiences of illness, and the importance of these experiences can be seen to affect the doctor’s perspective on illness and disease. Illness experiences can mean different things to different people, and there are different definitions of illness and disease. Illness experiences can be seen to affect the doctor’s perspective on illness and disease.
framework.

understanding the relationships between the individual and their environment is the ecological

located in their environments. An important theoretical framework that is useful to apply in

(Murray & el, 2004). In this way, community health psychology emphasizes that people are

be the outcome of contextual factors rather than being the outcome of interpersonal qualities.

The relevance of the discussion so far is that it highlights that many problems in health may

relationships between individuals and communities or environments (Murray & el, 2004).

within social environments and therefore acknowledges and focuses on the important

useful approach to understanding experiences of health and illness because it views people

associated with society. Murray et al. (2004) suggest that community health psychology is a

psychology is defined as a sub-discipline which involves the interactions an individual is

processes when trying to understand how their health is shaped. Community health

consider community health psychology which examines both the individual and their social

Based on the limitations presented above, Murray et al. (2004) mean that it is important to

2.2 A call for a community health psychology

the influence of how individuals experience health and illness (Murray et al, 2004).

describing the individual experiences and social development of individuals, for example,

power relations which come to be regarded as well-being, fitness and health in individuals.

in Murray et al, (2004) argue that power shapes health policy and that the views of people in

understanding of health (Murray et al., 2002, p. 325). Similarly, Fream and McGirr (cited

in a major role. Concerned Murray et al. (2004) who maintain that „power is central to our

To understand health and illness it is important to recognise that socio-political processes play
The ecological perspective is informed by the work of Bronfenbrenner [1986] (cited in Meléndez et al., 1988) and Meléndez et al. (1991) as "...define the ecological model as...". Factors when assessing in modelling health behaviours include consideration of the way social forces influence health outcomes. It also relates the contextual needs of participants when designing effective health promotion programmes that take into account modifiable risk factors related to behaviours. Hence, it is stated that the ecological approach is a presented above because it takes into consideration contextual factors in understanding and modifying trends in health behaviour. The ecological model serves to deal with the limitations in health promotion in influence that society contributes to risky health behaviour and individuals. Meléndez et al. then tends to focus specifically on the health behaviours of the individual while ignoring the an individual (Meléndez et al., 1991). Therefore, some of the limitations in health promotion are as to sustain health while integrating possible contextual factors that can influence the health of because they merely target individual behaviour to alter risky health related behaviours as well for instance campaigns to control cholesterol. The goals and objectives are often limited have been extensively applied in both the physical as well as public settings to promote health, disease" (Meléndez et al., 1991). Health promotion strategies have been expanded and a vision building strategy by reflecting the importance of solving issues in health and promoting healthy behaviours. These strategies were criticised because they tended to "promote...promotion strategies were aimed at preventing risky health related behaviours as well as promotion interventions came into place. Furthermore, they point out that through health societies are faced with chronic diseases as well as high rates of death, hence health need within societies to prevent risky health behaviours and to promote healthy ones. Since Meléndez, Bleslou, Steckler and Gillman (1998) maintain that over the years there has been a
According to the ecological model presented by Bronfenbrenner, the mesosystem refers to the interrelationships and interactions between the exosystem, the individual, and the microsystem. Bronfenbrenner divided the environment into four levels of embeddedness by which one could explore influence on the individual. The exosystem is referred to these levels as the microsystem, mesosystem, exosystem, and macrosystem levels of influence.

According to Bronfenbrenner (1986), the mesosystem refers to the interrelationships between the environment and the individual’s qualities of life. Bronfenbrenner’s model emphasizes the interplay of factors that influence health and behavior. The microsystem refers to the individual and their social environment and the relationships between the individual and their environment. Changes in individual health and behavior are influenced by the microsystem. The mesosystem refers to the exosystem, and communities that support and maintain healthy behaviors.

For health promotion strategies and interventions that are directed at changing environmental factors, model which focuses on both individual and social environmental factors as targets.
Macleod et al. (1998) acknowledge that the individual with their interpersonal qualities

individually such as knowledge, self concept, belief system, attitude, etc. (ibid). In this way,

level of the model includes qualitative in which an individual can possess such at the

also help determine possible strategies to alter health related behaviour. The interpersonal

a guideline to help clarify the basis of multidisciplinary health behaviour and these levels could

public policy levels. Furthermore, they suggest that several levels from the analytic can act as

these levels of analysis include the interpersonal, interpersonal, institutional, community and

who divide the environment into the levels of analysis according to Macleod et al. (1988).

Brookhunenmen’s ecological model is borrowed and expanded on by Macleod et al. (1988).

Factors from which an individual originates (Macleod et al., 1998).

...development effective intercessions that will influence how behaviour is shaped by the contextual

are also likely to alter an individual’s change. The ecological model can be used as a guideline

Furthermore, since each level is unique and changes the behaviour of an individual, these levels

their environment and how these levels influence each other (Macleod et al., 1998).

Brookhunenmen’s model implies that there is a joint interaction between the individual and

health.

how the culture into which a person belongs influences and shapes his/her way of living or

can influence whether one engages in safer sex practices or not. The example demonstrates

influence whether one either lives positively or negatively, or how cultural norms and beliefs

levels, for instance, the impact of stigma and discrimination on HIV infected individuals can

an individual within a society or environment (Macleod et al., 1998) that influence the other

influence is the macro system and this refers to ideas, developments and the principles that shape

example, the impact of public hospitals services on an individual’s health. The fourth level of

includes the aspects that influence an individual who is embedded in larger social system for
and function of social relationships. That is, these programs tend to focus on social programs that include social influence in health promotion and to disregard the situation individuals belong to (McIntyre et al., 1998, p. 357). In some segments of the health care field, however, the importance of social influences rather than on changing the social norms or social groups to which individuals belong has been suggested. These health interventions have typically focused on changing individual thoughts and behavior. Although interpersonal factors play a significant role, health interventions that focus on interpersonal processes have not been emphasized. The person's health condition and even leading to poor functioning, have exacerbated the person's poor health condition and lead to poor functioning. Family or friends, due to an HIV diagnosis can also have a negative impact on an individual's health. The health of an HIV-positive individual can also have a negative impact on an individual's family or friends due to an HIV diagnosis. For example, social support from friends can enhance the health of an HIV-positive individual. On the other hand, a lack of support from friends can derive detrimental outcomes (Mcleroy et al., 1998). For example, social support from friends can provide important social support that plays a significant role in shaping an individual's Wilson 1998). These relationships are considered to be important because they are included in the dyadic relationships with close individuals in which an individual is embedded such as

The second level of analysis refers to interpersonal process which Mcleroy et al. (1998)

than simply a weakness of the individual themselves. be because they are located in a wider environment of poverty and discrimination, rather than in an environmental and the environment. If a person has a poor sense of self-efficacy of may separated from the wider social environment, there is a dynamic relationship between the individual to note, however, that the development of these interpersonal qualities cannot be

in HIV-positive stress more easily than someone who has a poor sense of self-efficacy. It is possible, for example, if a person has a strong sense of self-efficacy they might accept in a wider environment. They acknowledge that interpersonal qualities do have a role located in a wider environment, beliefs, knowledge (e.g., they go on to argue that every individual is
Regulate change in behaviors as well as changes in rules and regulations within the
support behavior change among individuals. For example, incentives can be awarded to
organizations. Furthermore, organizations can act as good role models in health promotion to
Good health, since people in societies spend extensive amounts of time within these
organizations. According to Mckoy et al. (1988), organizations can play a significant role in influencing
assistance programs that will experience better health than those who don’t.

Schools, churches, and non-profit organizations have a significant impact on the health behaviors of individuals. For example, in a recent study, those children with positive health practices were more likely to have positive health outcomes. The third level of analysis, as proposed by Melloy et al. (1988), includes institutional and

Family support groups could be developed as an intervention.

For instance, interventions could be directed at the family as a source of influence.

Example, in an HLV positive individual’s family may influence how they respond to their
individual to change behaviors as to promote their physical and emotional well-being. So for
individuals, the main goal will be to work on the social rules that influence their
individual have been embedded within the impact on health related behaviors. As Levy et al. (1989)
believe that the influence of the social processes within
influence other than the source of the influence of the social groups to which individuals

the energy of resources to participate.

disease is significant, and because the nature of the illness may mean that they do not have
can become isolated from political processes and power structures because of the way this
designed to address some of the health concerns to them. Furthermore, people with HIV/AIDS
power structures. Furthermore, they are isolated socially and politically, causing interventions
contrive over how their community operates, and limited access to community political and
community. For example, people with HIV/AIDS are discriminated against, have little
most ill-health are likely to be those who have least access to power structures in a
rationalizations (p. 346). McElroy et al. (1998) point out that those groups that experience the
of community physicians that, health promotion issues may have political and economic
364 (that influence the allocation of resources, including funding and materials; this means the
political context (McElroy et al., 1998, p. 363). The authors refer to „power sources” (p.
particular political or geographic area. Thirdly, „community is defined in geographic and
363), for example, relationships between government health providers and schools in a
relationship among organizations and groups within a defined area” (McElroy et al., 1998, p.
peer networks and neighborhoods. Secondly, „community can be thought of as the
individuals belong‟ (McElroy et al., 1998, p. 362). The meaning therefore includes familiar
Firstly, „community refers to „medicating structures of face-to-face primary groups to which
(1998, p. 363). The authors point out that community can have three different meanings:
organizations, institutions and informal networks within defined boundaries” (McElroy et al.,
The formal level of analysis is the level of the community and refers to „relationships among
behaviors in an individual

maintenance that organizations can be a significant platform to connect to other multiple
organizations can maintain or sustain behavior changes (p. 360). McElroy et al. (1998).
individuals of which it can hinder the wellbeing of individuals.

ecological perspective one needs to understand the infrastructural and societal context within which an individual is embedded. They go on to argue that from the individual or interpersonal characteristics while discounting the influence of the larger social model is critical to mainstream psychological models that have placed too much emphasis on factors on health-related behaviour. Nelson and Piliavin (2005) argue that the ecological approach from thinking individuals to their behaviour and recognizing the role of environmental determinants of health (McLeroy et al., 1988, p. 369). In this way the ecological model moves away from blaming individuals for their behavior and recognizing the role of environmental factors on health (McLeroy et al., 1988). The most important aspect of the ecological perspective, however, is that it is inclusive of traditional approaches that place too much emphasis on the role of behaviour in health and to discover the solutions that deal with environmental causes (McLeroy et al., 1988). The overall focus of the ecological model is to take into consideration the environmental causes of health change in health (McLeroy et al., 1988).

Because a community can act as mediators or contributors in policy development processes to improve the health of a population and enable access to care that will improve their health conditions, policies that support human beings should not be denied services can lead to improve health. Policies can have a positive impact in addressing health concerns in populations, for instance, policies, procedures, and laws to protect the health of the community. They maintain that 365 argue that one of the defining characteristics of public health is the use of regulatory

The last level of analysis in the ecological model is public policy. McLeroy (et al., 1988, p.
well as other families.

community as the most significant resource to influence the health of people who are ill, as
individuals (Nelson & Phillipsen, 2005, p. 72). This principle emphasizes the value of
For mental health consumers and family members, can facilitate good health for an
network, nonprofessional community helpers or volunteers and self-help organizations (both

distribution of health care, a way to enhance their health. Furthermore, the social
support already available within the hospital setting but also sufficient resources should be

72). For instance, an HPA-in-patient individual should not only be provided resources to
attention to potential unmet needs; resources in the system (Nelson & Phillipsen, 2005, p.
health of sick individuals within the system. The cycle of resources principle also draws
should also be reallocated in communities and families to enhance or provide support for the
only be restricted to psychiatric hospitals or hospitals for discharged patients but rather, they
since different levels are interdependent with each other. For instance, resources should not
distribution and allocation should not only be linked to one level within the ecological model

The second principle is that of cycling of resources. This principle suggests that resource

impact on all the other levels. (Nelson & Phillipsen, 2005)

are interconnected to each other and as result any alterations done on one level will have an

The principle of interdependence suggests that within the ecological model, different levels

adaptation and succession.

Important to understand, these principles include interdependence, cycling of resources,
Discuss the importance of environmental interventions to bring about behaviour change.

Meloney et al. (1998) maintain that it is important to see that although the ecological model


individually community influence the individual's community, family and environmental

and community to address health related concerns and recognize that any changes within an
ecological model stresses the strong association between the environment, individual, family,
individually is embedded, and that influence other health (Nelson & Philhensky, 2005). The
of holistic. Further, this model takes into consideration the contextual factors in which an
Nelson and Philhensky (2005) argue that the ecological model deals with the significance


of the problem and the need for planning for a preferred future. (Nelson & Philhensky,
that succession involves a long-term perspective and draws attention to the potential context
problems such as HIV/AIDS among people is significant. Further, it has been highlighted
The fourth principle of succession argues that sufficient time in planning to tackle health
individuals experiencing health conditions, well-being as well as improved health is achieved.
that if sufficient support from all the levels of the ecological model is provided among
stigma which society attaches to such diseases. Further, Nelson and Philhensky (2005) argue
other hand, people with dealing with health issues such as HIV/AIDS have to challenge the
conditions such as HIV, as well as cope with challenges to our support programs. On the
72). If has been pointed out that communities need to adapt to people with illness or health
The third principle is the principle of adaptation suggests that individuals and systems must
The ecological framework that can also be used to inform the research of people's experiences of individuals experiencing HIV/AIDS. It is agreed that the ecological framework is a useful tool in which all the different levels of influence come together to impact on the way in which studying the issue from an integrated perspective. In other words, it does not explore the way in which separate aspects of HIV/AIDS like stigma, treatment, and social support interact rather than focus. From a preliminary review, it is clear that most research on HIV/AIDS tends to look at the literature to examine the levels of influence of which research has focused on HIV/AIDS tends to lead to the ecological model of Blaxter et al. (1998) described above will be used to structure the research.

2.2. Preliminary Reviews of the Literature on HIV/AIDS

mental, physical, and spiritual satisfaction.

ecological model that is oppression and well-being, which is defined as a state of reaching the issue of power because it is linked to two other important concepts that are related to the difference within ecosystems. They argue that it is therefore important to think about the individuals that the ecological model does not adequately take into account or rethink power. They another issue that Nelson and Prilleltensky (2005, p. 78) raise is the issue of power. They conclude that the ecological model does not adequately take into account or rethink the world of a human being.
Individuals were likely to make the assumption that their sexual partners were positive only if condoms and thus increase the progression of the HIV virus. Further, the HIV positive positive have poor knowledge of their partner’s status, which hinders them from taking whether to use a condom or not. Basically the study suggests that most people who are HIV infected knowledge regarding their partner’s status which had an influence on the decision of participations were precise in identifying their partner’s status, whereas, 54% of the sample were in committed relationships (Nicca et al., 2000, p. 186). In addition, 46% of the occasional partner, whereas, 28% assumed that their sexual partners were infected when they likely to make an assumption that their sexual partners were HIV positive if it was an all above the age of 30 years. The results suggested that 75% of HIV infected people were sexually active and likely to spread the disease due to lack of knowledge regarding their sexual and the influence of condom use. It was hypothesized that HIV infected individuals who are assessed the knowledge of HIV infected individuals about their sexual partner’s status, believe that knowledge is significant in shaping an individual’s health. Nicca et al. (2002) assessed the effectiveness of HIV transmission by non-infected partner, therefore in interpersonal knowledge concerning their sexual partner’s HIV status is very important in influencing knowledge. Parker, Ayoub, Maguen and Kaiser (2002) argue that HIV infected individuals, 2.6 Knowledge involved in the increase on HIV/AIDS.

will react to certain issues such as health concerns. The following interpersonal factors are individual’s self or mindset and behaviour. These factors determine how one could play a significant role in shaping an individual’s health. Nicca et al. (1988) argue that the interpersonal level includes features that occur within the interpersonal factors.
For people to be educated about HIV and VCT to avoid more infections, the study recommended that the strong need for education (19.2%) and therapy (10.5%) and for early management of opportunistic be eligible for antiretroviral therapy (20.5%), and for early management of opportunistic and prevention. However, the behavioral change (27.4%), lack of prevention or MICT (17.4%), and increases in the

not to have children (12.5%), helps explore family planning options (11%), promises those 319 who knew the importance of condoms for example, if helps in deciding whether or not the knowledge of their HIV status and did not see the usefulness of the significance of

It was significant to know their status. In contrast, a large number of the women (69.3%) had knew somebody who died due to HIV/AIDS. Furthermore, 30.7% of the sample reported that the HIV was a stigma that existed in society whereas, 72% reported that they were not aware of the usefulness of voluntary counseling and testing (VCT). The results suggested that 72% knew knowledge and perceptions of HIV/AIDS among women as well as to determine the

Another study by Adeneye et al. (2006) did a cross-sectional study in Nigeria of 804 women

Knowledge of partners' infection status (Adeneye et al., 2006, p. 187) status compared to those in casual partnerships were less likely to accurately know their partner's individuals in committed partnerships were less likely to accurately know their partner's assumed that their sex partner might be HIV positive. The results indicated that the participants who were in casual relationships were likely to use a condom because they were in casual relationships and were likely to avoid using a condom. However,
opposed to males because, in many societies, females are relatively more vulnerable and resilient to stigma than males. In addition, self-awareness was more common in males as a result of the study. The results revealed that among HIV-positive people, positive attitudes and self-awareness play a key role in enhanced acceptance of one's friends and thus adherence, both males and females. All participants had been diagnosed with HIV, and there was no statistically significant difference in acceptance, and the possible gender differences in perceptions of acceptance. The study investigated how people living with HIV (PLWHIV) in Nigeria perceive their acceptance by people living with HIV/AIDS (PLWHIV-A) and acceptance, a study by Chower and Ima (2006). There are a number of studies that have been conducted in relation to people living with HIV/AIDS and AIDS-related disorders, but none specifically looking at these barriers. The study also points out that lack of acceptance of an HIV diagnosis can also reduce the uptake and effectiveness of anti-retroviral treatment. If the world is to reduce the number of new infections, the issue of knowledge or lack of knowledge is a universal concern facing people of all parts of the world. The results of these studies suggest that interventions should focus more on preventive measures and increase awareness about HIV. The results of the study have shown that knowledge about HIV is a major problem, since in Nigeria people around their diagnosis of disease, so that they can engage in healthy behaviors that will prevent further HIV transmission. One may state their lack of knowledge about HIV or knowledge about their illness or disease so that they can engage in healthy behaviors that are presented above point out that there is a strong need for individuals to have.
acquiring their AIDS-related losses was by adopting coping strategies such as numbing to their personal and family losses. In the context, all participants reported that their way of participating had to be 18 years or older and report an important relationship to a person or

who were HIV positive, coped with HIV-related loss, To be eligible for the study, qualitative South African study revealed (2007) explored how 18 bereaved partners 13 of life. Studies have emphasized how grief and bereavement is associated with HIV/AIDS. In a failure, they have witnessed the loss of loved ones. On the other hand, they have to cope with their according to Van Dyk (2000), individuals who are HIV positive have strong feelings of grief

2.6.3 Grief and Bereavement

self-blame and guilt that they had about the disease. Diagnostic. Moreover, those who accepted their diagnosis managed to overcome the feelings of grief and participants who accepted their diagnoses were able to settle and they were at peace with their secondary, they associated their HIV status to God’s will (Pleurer & Mclntire, 2006). The status in their lives because they felt they blamed themselves for contracting the virus and being HIV-positive was based on certain ideas. Firstly, the participants accepted their HIV. range in age between 20 and 46 years. The results revealed that the participants’ response to how people living with HIV cope psychologically with the virus. Semi-structured interviews and mechanisms. In Namibia, Pleurer and Mclntire (2006) used a qualitative approach to explore

One study viewed how acceptance of an HIV positive status can be used as a coping

played a major role in determining an individual’s level of acceptance of their HIV diagnosis (Chowden & Lea, 2006, p. 89). The study concluded that self-awareness as well as stigma

when perceived to be the vector of the disease especially in heterosexual relationships
Health of women than men

compared with the men in the study. Further, the study also found that women were more likely to experience uncertainty, grief, and more
distress. Women were more likely to experience uncertainty, grief, and more depression, anxiety, and recurrent thoughts of suicide when
assessment scores were used. The results suggested that women and men experienced grief in
structured clinical interviews, the Hamilton Depression Scale, as well as the Suicide
Assessment Tool (2004) explored how bereavement is experienced in people living with HIV, as well as
a 1-year level of psychological stability. The sample consisted of 93 participants, all
assessing their level of psychological stability. The sample consisted of 93 participants, all

Another study was conducted in the United States of America (USA), in which survivors
contacted with HIV/AIDS-related loss were more likely to lead to exploration within their profession
organizational resources. (Dennemer, 2006, p. 97). Moreover, study participants, recruitment
independent preparation for dealing with death and bereavement as professionals, and service
pressing their needs (such as economic survival), grief, and responses to talk about higher grief,
expressed difficulty in assisting clients with their grief due to several factors, including more-
expressed difficulty in assisting clients with their grief due to several factors, including more-
November received from non-governmental organizations in KwaZulu-Natal. "Caregivers
in dealing with HIV/AIDS-related loss. The sample consisted of 42 female professional
professional caregivers who have HIV positive deceased clients as well as their own experiences
Another study by Dennemer (2006) employed a qualitative approach to investigate the views of
spiritual beliefs, holding back their feelings, as well as sustaining a positive and
Infections among infected HIV/AIDS individuals because they will not change their circumstances of the virus. O'Horo (2008) argues that dental will result in causing more exacerbate the occurrence of the virus due to the ignorance that people have around the number of individuals in society such as the charities, companies, and families, and dental can preventative measures required to fight the HIV virus. Furthermore, dental affects a vast accessible, healthful and effective level of the population as well as hindering the accessibility, healthful, and effective level of the population as well as hindering the in contrast, O'Horo (2008) mentions that high levels of dental act as a barrier to infected disease.

through the stage of dental a way of reducing their emotional distress and to cope with this because an HIV positive diagnosis can be anxiety provoking, the majority of people go period of dental mostly just after being told about their HIV diagnosis. She asserts that Van Dyk (2001) argues that most people who are HIV positive are likely to go through a 2.6.4. Dental mean.

American group spiritual coping was more strongly associated with general for women than spiritual coping during the process of grief than females. In contrast, within the African individuals living with HIV, for instance, it was evident that while males rely more on the results showed racial and gender differences in grief and spiritual coping among Evaluation, Coping (cognitive-emotional, coping with illness scale and the grief reaction index, Sklooten, 2005, p. 109), Measures included the Health Status Scale, Instrumental Support of 252 bereaved, HIV positive individuals, (Narahariwath, Harris, Kohnen, & Kohnen, A another study in the USA, ”explored the influence of gender and ethnicity on coping...
In Africa, using a qualitative approach, Nam et al. (2008) explored the psychological resilience of people who have experienced the progression of HIV/AIDS. This study demonstrated how denial can hinder the progression of HIV/AIDS. The study reinforced the importance of openness and openness regarding HIV status. Programs can be effective only if they are designed in a way to encourage and promote condom use, as well as sex education among the participants. The results suggest that preventive programs can be effective if they are designed in a way to encourage and promote condom use, as well as sex education among the participants. The results suggest that preventive programs can be effective if they are designed in a way to encourage and promote condom use, as well as sex education among the participants. The results suggest that preventive programs can be effective if they are designed in a way to encourage and promote condom use, as well as sex education among the participants. The results suggest that preventive programs can be effective if they are designed in a way to encourage and promote condom use, as well as sex education among the participants.
amongst people who are HIV positive and has a negative impact on accessing treatment. The authors concluded that denial is a major barrier for individuals with HIV. Furthermore, evidence demonstrated denial as well as evidence in denial with the disease. Moreover, avoidance behaviors such as alcohol abuse were linked to individuals who were non-adherent. On the other hand, 26% of the sample were non-adherent, and partners and friends. On the other hand, 26% of the sample were not adherent, and adherent to medication, and adherence was associated with social support from family, friend, and the Brief Coping Inventory. The sample consisted of 73 individuals (both males and females). The results suggested that 74% of the individuals amongst the overall sample were engaged in coping mechanisms, and explored the link between compliance with antiretroviral treatment another study in the USA using a qualitative approach, focused on denial as a dysfunctional disease, had a negative impact. The results suggest that denial and distress by facilitating the development of the life threatening. The Brief Anxiety Inventory, Profile of Mood States, Impact of Event Scale, and Coping Scale. The USA after they had learned that they were HIV positive. The measures used included the diagnosis of HIV/AIDS (Power et al., 2008, p. 302).

Imagined, institutionalized support in the management of individuals' HIV disease.
substance abuse, post-traumatic stress disorder, and anxiety disorders; and that depression is the

in Africa and found that infected HIV positive individuals reported high levels of mental health distress and

Brendal (2008) reviewed qualitative research on the mental health of HIV infected individuals

reported depression

of the patients with HIV reported that they experienced anxiety while a staggering 80%

common among patients with HIV than those without HIV. Twenty-six percent

HIV care programs. The results showed that both lack of interest and depression were more

consisted of 4 HIV positive individuals (16 males, 29 females) recruited from an academic

depression and quality of life among individuals infected with HIV in Chicago. The sample

for insurance. The et al. (2003) used a qualitative approach to explore the link between

A number of studies have demonstrated the association between mental disorders and HIV

from family of friends (WHO, 2008).

the illness, resulting in reduced the effectiveness, spiritualization, and loss of social support

mental disorders are often accompanied by challenges such as complications with living with

likely to experience psychological disorders such as depression and anxiety. Furthermore, the

psychological burden on individuals living with the disease with HIV infected people being

The World Health Organization (2008) argues that the pandemic can create major

rapidly, developing countries are faced with massive mental health conditions in PLWHA.

higher rates of mental illness among PLWHA, and since the pandemic is developed

challenge. Research has shown several links between HIV and mental health, including

Brendal (2008, p. 11) maintains that mental health in developing countries is a long standing

26.5 Mental health and HIV
with other groups of pregnant women. Among the overall sample, 4.6% reported that they
ment health of HIV-positive women attending an HIV clinic over a period of three weeks,
conducted by Bermaisky, Souza, and Tong in South Africa in which it (2007) compared the
Other studies have focused on the mental health of HIV-positive women. One study
higher (49.7%) in the last stage of AIDS.
Disorders such as depression, anxiety, PTSD, and dysphoria were 43.7%, although it was
900 HIV-positive individuals. The results suggested that over 80% of mental
Diagnostic interviews and a structured interview were used to gather data from a sample of
and being HIV-positive using a qualitative approach. The Composite International
Premaan, Nkomo, Kaluar, and Kelly (2007) examined the relationship between mental health
(38.1%) followed by dysphoria (22.9%) and post-traumatic stress (O’Donnell, 2006, p. 212).
likely to experience psychiatric conditions, the most common being "major depression
Sheehan Disability Scale. The results suggested that 55% of the HIV-positive women were
Mini-International Neuropsychiatric Interview (MINI), the Centre for Epidemiological
incidence diseases at Tygerberg Hospital in Cape Town. The measures used included the
collected women between the ages of 18 and 35 years was drawn from an outpatient clinic for
Another study (O’Donnell, 2006) explored the psychological responses associated with an HIV
not receiving emotional support from friends and family.
female were not accessing ARVs, were experiencing poor quality health services, and were
with HIV/AIDS were likely to have a higher prevalence of mental disorders if they were
most commonly reported disorder. Brändle’s (2008) review showed that most people living
Healthy behaviors, people with HIV, by for instance, maintaining their ability to engage in sexual practices with their partners, but their
behaviors of an individual. Similarly, Power et al. (2003) argue that support from social support
networks, and these factors play a major role in shaping and modifying health-related
informal social networks and support systems, including family, workplace, and friendship.
The importance level is defined by McElroy et al. (1988, p. 355) includes formal and

2.7 Interpersonal Factors

Feelings of attractiveness is lessened.

Despite lesser hindering their ability to engage in sexual practices with their partners, but their

suggested that due to their HIV positive status, not only did the women’s level of sexual

of two groups of women (146 and 138) residing in age between 20 and 50 years. The results
diagnosed among HIV infected women who were in a HAAV study. The sample consisted

her the link between HIV and sexual functioning as well as feelings of attractiveness after

In the USA, Karoly, Steinmuller, and Lekas (2006) used a qualitative approach to explore

HIV/AIDS need to be employed to deal with the mental health of women.

The authors concluded that effective interventions that target the stigma around

studies with married women experiencing less emotional distress (Fanciulli et al., 2007, p.

As well as HIV status, marital status was an independent predictor of mental health

positive women had significant emotional distress, more than twice that in the control group.

preventive methods such as condoms. Only those used such measures. "Two-thirds of the HIV

the women who were engaged in sex after diagnosis reported that they did not use

had decided to conceal their HIV diagnosis, whereas 37.5% had disclosed to sexual partners.
unable to disclose due to fear of stigma and discrimination. Furthermore, attitudes that people
suggested that participants who regarded religion as a significant aspect of their life were
aged above and had to be followed for at least 6 months prior to the study. The results
2972 participants, were selected from 10 hospitals in France. All participants were 18 years or
relationship between religion and disclosure of HIV in couples. The sample, consisting of
literature a face-to-face questionnaire containing closed and open questions, they expressed the
Pregnant, Postnatal, Lesbian and Spire (2008) demonstrated the negative outcomes of disclosure.

**Mental Health**

from family members because of the stigma attached to the disease; thus impacting on their
disclosure efforts. They may also receive reduced social support and emotional assistance
individuals can experience overwhelming emotions such as guilt, shame and rejection after
disclosure. One’s HIV status can be followed by negative consequences and that HIV
infection people are openly living with HIV/AIDS. Luebbert et al. (2005) maintained that sometimes
people are reluctant to disclose their positive HIV status to others and fear
non-ma (2007) points out that since in developing countries we are faced with limited

**Personal Relationships**

but it may lead to extra stress as a result of stigmatization and discrimination and disruption of
opportunities for needed and social support, which may be critical in adjusting to the illness.
In significant others is often perceived as a double-edged sword because it may open up the
Konzusznia, Luebbert and Spire (2008, p. 231) agree that disclosure of one’s HIV sero-positivity
There are a number of studies that focus on the issue of disclosure. For an example,

2.7 Disclosure
Family, The sample, recruited from NGOs and a public hospital, comprised of 64 HIV-positive individuals who were diversified in terms of age, gender, and sexual orientation. The study also explored how partnerships, defined as close relationships, were influenced by the disclosure of HIV status. The results suggested that individuals who did not disclose their status to their partners, whether Black or White, were below the age of 35 years, with the majority being Black women. The study found that non-disclosure was more common among HIV-infected individuals, with 90% of non-disclosing individuals reporting non-disclosure of HIV status to sex partners, as well as the influence of non-disclosure on sexual risk behaviors among HIV-positive individuals. The study by Filer, Kelleher, Sheehy, Hefner, and McGuire (2009) used a qualitative study to explore how disclosure impacts individual well-being and social support, as well as improved emotional well-being of the individual. However, many studies have revealed the positive impact of disclosure, particularly among religious individuals who are better able to disclose their HIV status because of their religious beliefs. Conversely, some studies have found that religious beliefs hindered disclosure, leading to impaired emotional well-being of the individual.
individuals is important because it helps HIV-positive individuals to tackle the stress their
wellbeing. Furthermore, Kalichman et al. (2003) maintained that social support provided to
reduce the strain of being HIV-positive, thus improving physical as well as psychological
moral role in shaping the health of HIV/AIDS affected individuals, and that social support
Kalichman, Dimeo, Austin, Lake and Difronzo (2003) assert that social support plays a

2.7.2 Social support and social influence

ARVs as part of their daily life.

household members and were able to adhere to treatment and thus helped them to accept

the respondents who disclosed their status were able to receive social support from
with a sample of 38 HIV positive participants, 22 women and 6 men. The results suggested
data was collected using semi-structured interviews. One-on-one interviews were conducted
individuals in Soweto (South Africa) who were currently accessing antiretroviral drugs. The

acceptance — as aspects of lifestyle that can bear on adherence — among HIV positive
factors — such as disclosure, preparation for treatment, treatment meaning and treatment
Another study, Shiroma, Stallworth, Gey and Mehdie (2006, p. 12) “explores constrained

well as emotional wellbeing.

received enhanced social support that contributed positively towards both their physical and
who disclosed their HIV diagnosis to close family members (mothers, fathers, sisters, and brothers)

second continuum of the definition of close family. The results suggested that those individuals

into two sections: first section contained the family and disclosure questionnaires and the
positive individuals, 52% of whom were homosexual males. The questionnaire was divided
The sample consisted of 149 participants above the age of 18 years. The sample was stratified to ensure representation across different age groups, and a cross-sectional, descriptive study was employed to explore the connection between social support and environmental factors among HIV-positive individuals.

Decisions: Deconstructions of the impact of environmental support on an individual’s health-related decisions and disclosure of health status are crucial for the group who were not tested. This study was based on the results suggesting that individuals who were served by the CHC were more able to disclose their HIV status. The study concluded that the CHC provided effective support to these individuals. The study also revealed that individuals who were not tested and were not receiving any home-based care at the initial phase and a cross-sectional survey used qualitative approaches to inform strategies for the South African context. Similarly, Ncam (2007) assessed the impact of integrated community/home-based care (ICHC) and associated with enhanced mental health among individuals living with HIV. Adequate social support was associated with reduced discrimination and stigma, which is associated with enhanced mental health among individuals living with HIV. Moreover, this positively impacts mental and emotional and physical well-being. However, support, whereas younger individuals were more likely to be granted social support by family, older family members, and the younger individuals' friends in age range from 20 to 50 years. Hence, interventions to collect data on the networks and social isolation among older and younger individuals living with HIV/AIDS. The sample consisted of 88 HIV-positive individuals, the older adults were over 50 years old, and the younger adults ranged in age from 20 to 50 years. Further, interviews were conducted, and the data were analyzed.

A number of researchers have demonstrated that social support can improve the health of an
hospitals and universities share common standards that have an impact on the health
which are important for society to function. For instance, public services such as schools,
Mckey et al. (1988) maintain that institutional share common standards and behaviors.

2.6 Institutional Factors

An individual both positively and negatively,
above their social influence as well as social support play a major role in shaping the health of
people through encouraging in healthy behaviors. It is apparent from the studies presented
increase their social exposure to unsafe sex. Norms that guide the individual can influence
within relationships and intimate relationships. Women’s sexual expressions, discourage open discussion
gendered behavioral norms restrict women’s sexual expressions. Yuen et al. (2010, p. 72) maintain that the
impact on individuals’ health-related behaviors. Therefore, where factors such as peer or family support are likely to have a positive
relationship with HIV-related behaviors could be factors such as gender norms and power in
information, prevention, and behavior skills. They assert that social influences have
social influence is likely to influence sexual behaviors mainly indirectly through
negative and positive influences on an individual’s health-related behaviors. Studies have
Yuen, Xia Li, Talken and Caliendo (2010, p. 71) contend that social influence has both

Lack of basic needs such as food,
non-adherence included stimuli related to disclosure of HIV status, sexual abuse, as well as
infection medication adherence. However, obstacles identified by participants as Regarding to
results suggested that social support is essential in people living with HIV/AIDS because it
Support Scale: Morisky Adherence Scale; Perceived Non-Adherence Scale (ANTO). The
Measures used to gather data were: the Socio-Demographic Questionnaire; MOS Social
HIY/AIDS programs also involved the training of teachers to help enhance knowledge regarding the programmes among Grade 9 learners in 22 schools in KwaZulu-Natal, South Africa. The HIY/AIDS Response, Reddy, Ruhoff; McCalley, and Van den Borre (2006) employed a qualitative approach to assess the development and implementation of HIY programs. Schools are another institution that has an influence on how youth experience illnesses. Lyke (2001) states, ‘...individuals with HIV/AIDS.’

...did not request, and when their needs were not met, they were more likely to pursue legal additions. Individuals with cancer received more accommodation, sometimes even on their own. They were likely to disclose their health status at work as opposed to HIV positive groups. In 1980, there were evidence for instance, individuals disclosed their HI...disclosure of people who were diagnosed with cancer and HIV spread common experiences, and self-referrals. The results suggested that though some of the participants in both groups, workplace, the sample was recruited from an HIY organization, through local newspapers.

In addition to better understanding the advantages and disadvantages of disclosing in the workplace, the sample was recruited from an HIY organization, through local newspapers. The study of individuals with cancer disclosed in the workplace revealed that they felt they had more control over their health than individuals with HIV/AIDS.

Some studies have focused on how workplace influence individual health behaviours. For instance, to illustrate how organizations can influence health or health-related behaviours of individuals, a qualitative approach to explore the experiences of 18 HIY related people was used. (1001)
paraplegics failed to identify other higher risk groups, such as adolescents. The majority of
were at higher risk of contracting the disease were sex workers and homosexuals. Half the
reported poor knowledge. Problematically, 33.2% of the sample reported that people who
sample had good knowledge around HIV/AIDS. 94.1% had fair knowledge, whereas 3.9%
well as their families towards people living with HIV/AIDS. Only 3.9% of the overall
sectional survey was adopted to measure participants' knowledge regarding HIV/AIDS, as
254 nurses and laboratory technologists towards HIV infected patients in Nigeria. A cross-
is hospitals. Abdela, Beydoha and Ogudinan (2003) explored the attitudes and beliefs among
Another institution that has an impact on the way in which individuals experience HIV/AIDS

2.8.1 Hospitals

Youth people come to understand an illness like HIV/AIDS...

et al. (2008, p. 322) this study illustrates the significant role that schools can play in how
exposure to AIDS information, communication and knowledge. Bassey et al. (2008) found a high level of exposure to information and communication regarding

and parents, and educated students about the pandemic. The authors recommended that
AIDS in these primary schools due to the fact that schools adopted preventive programmes
Tanzania. They found a high level of exposure to information and communication regarding

1992 to 2000, among primary school children from 18 randomly selected schools in northern
explored the exposure to AIDS information, communication and knowledge levels from
Bassey, Sanga, Nnyika, Mawusi and Klipp (2008, p. 322), using a qualitative approach,

comparable with teaching more facts based rather than skill based topics.

et al., (2008, p. 291) concluded that, in formal teachers used a didactic style more and reported
complete the whole process whereas others partially implemented the programme. James et
concluded that lack of knowledge about HIV/AIDS and using safe sexual measures to
discriminate as well as unethical behaviors towards HIV infected patients. The study
enrolled in. The study also showed that a majority of health professionals engaged in
these HIV patients were describing the disease because of the risky behaviors they had
behaved that would distinguish them from other patients, and 20% of the professionals said that
reported that they believed HIV patients should be separated from other patients by having
so that they could be careful when dealing with each patient; 46% of the professionals
of the professionals reported that they felt it was fair to be told if the patient was HIV
professional was HIV positive with discrimination attitudes towards HIV patients, for example, 91%
including 14% who reported never obtaining consent for HIV tests. The health care
reported obtaining informed consent of patients for HIV tests half of the time or less.
(2005, p. 0746) reported problematic findings for example, over 50% of professionals
learning from courses that they had done as students, as well as from conferences. Cases of et al
sample: 67% consisted of females; the majority of the participants reported having some HIV
sample consisted of 1941 health professionals who were nurses, midwives and physicians in Nigeria.
Survey questionnaires as well as interviews were utilized to collect the data. Of the overall
consisted of 1941 health professionals who were nurses, midwives and physicians in Nigeria.
health sector and indicate possible contributing factors and intervention strategies. The study
aimed to characterize the nature and extent of discrimination practices and attitudes in the
Another study by Reis, Heiser, Andrews, Mclaren, and Anangwe (2005, p. 0743)
individual’s experiences of HIV/AIDS.
showed how health professionals within the hospital setting can have an impact on
practices towards HIV infected patients. Abraham et al (2003) concluded that the study
found concern was the large number (61.3%) of professionals who displayed discriminatory
participants also reported HIV as a serious issue in themselves as health professionals. Of
Health well-being (Delius & Gleaser, 2005)

Creating misery and stigma: Understanding their ability to enjoy life, and impacting negatively on

Awareness of people living with HIV/AIDS under their ability to deal with their own illness.

Perception and AIDS illnesses in the world (Chouven et al., 2006). Stigma and discrimination

Level of stigma and discrimination in widening and communities associate with HIV

Psychological concerns that create tension in an individual's mental health. Furthermore, the

common and continue affecting the well-being of infected individuals, often resulting

anxiety and behavior from non-infected persons towards people living with HIV are very

been very common with the diagnosis of HIV. Chouven and the (2006) point out that negative

assess that since the HIV/AIDS pandemic has been known stigma and discrimination have

(1993) is perhaps the most stigmatized medical condition in the world. (Shapiro, 2007, p. 1823)

2.9.1 Stigma and discrimination

Impacts on individuals in addressing their health concerns.

Therefore one can state that community factors can have both negative and positive

discriminatory groups such as HIV individuals because of the subsidiary it holds in society.

Melzer et al. (1988) argue that a community can have a major influence in marginalizing

2.9 Community factors

the way in which sick dwell patients.

How institutional practices like lack of training and limited resources can have an impact on

contributed to attitude of the participants (Rees et al., 2005, p. 9746). This study illustrates
mental health. For instance, Windood et al. (2008), using a cross-sectional survey including

studies on stigma in relation to HIV/AIDS have focused on the link between stigma and

Comparing HIV/AIDS as compared to the American students,

sexual behaviors, whereas females from South Africa were more likely to be at higher risk of

were aware of condom use. Males from both groups were more likely to engage in high

whether college students held low perceptions of stigma towards people with HIV/AIDS and

consisted of 169 South African and 145 black African American college students. A questionnaire

explore the relationship between social stigma, HIV knowledge, and sexual risk behavior.

Duncan, Harrison, Tolson, Melak, and Samuel (2005) used a cross-sectional survey to

In the context of HIV and AIDS, studies have shown that stigma impacts on prevention.

- HIV results in parental death and therefore HIV positive individuals must be avoided.

- HIV can be casually transmitted, which enforces fear of HIV positive individuals.

- HIV is caused by society, which is part of HIV-III.

- HIV is considered a punishment from God.

HIV: Higher among some of the myths people

and disease and cultural aspects. Theron (2003) reports that myths and stigmas can influence the awareness of HIV, fear of death, and discrimination. Theron (2003) argues that stigma is

prohibition of HIV-positive persons from certain occupations and medical examination, isolation,

lesehla, compulsory medicalization of HIV/AIDS cases; restrictions in the right of autonomy;

variety of cultures and all levels of society as well as involves compulsory screening and

Park and Alexander (2002, p. 354) maintain that stigma and discrimination occur in a
The only way to forward was to plan interventions that would deal with the stigma. We were likely to be discriminated against by health care providers. The authors concluded that this occurred from accessing treatment because they feared disclosing their status. Secondly, they suggested that social stigma and discrimination from society played a major role in hindering positive sex workers' health. The results indicated that among HIV-positive sex workers aged 21 to 48 years, the results indicated that about 15% of females were affected. The study also explored qualitative approaches, examining what hindered HIV-positive sex workers from accessing ART.

A study in India (Chandarpur, Neverman, Shinnumgan, Kune, & Dutrow, 2009), using a similar approach, explored what hindered HIV-positive sex workers from accessing ART and adaptive to the social conditions of AIDS in South Africa (Simpson et al., 2007, p. 1823) and AIDS stigma, and the design of interventions to assist people living with HIV/AIDS to adapt. AIDS stigma, the design of interventions, and social stigma in relation to ART use for social and economic reasons to reduce non-attendance, and the design of interventions to adapt to the social and economic reasons to reduce non-attendance to ART were investigated. The results indicate that the highest level of disclosure is associated with psychological problems such as depression, drug abuse, and social stress. The results suggested that 40% of the sample experienced discrimination which was likely to be stressful. The mean and median HIV-positive women in Cape Town, South Africa. The results showed that stigma was associated with mental health aspects such as depression, poor quality of life, stress, and psychological problems among HIV-infected people. The participants were 420 interviewed, a quantitative approach to explore the link between internalized stigma, mental health, and depression scales.
The results suggested that both women and men had a right to initiate sex and both
the right of women to refuse sex, and the conditions under which women may refuse to have
initiated the right of women to initiate love, philandering, and contraceptive rights for women.

In addition, the focus groups also revealed that men were more likely to seek to gender relations
conducted in Khayelitsha-Naai (South Africa), conducted of 11 focus groups among men and
women in both rural and semi-urban areas (including a township). The focus groups
assessed the views of both genders about proposed prevention methods among female patients. The study
assessed the participants for HIV infection. For instance, Nithode, Lichide, Chimbwebe, and Pooi (2007)
argue that there are several factors that explain the gender inequality.

The study focused on gender relations and how gender associations impact on communities
and people from developing countries about the disease (AIDS).

Most African countries where they represent a sign of impurity to the society, promoting
practices that favor men in decision-making. Topics related to HIV/AIDS are disregarded in
developing countries. For instance, lack of women's access to education and cultural
practices that favor men in decision-making. Topics related to HIV/AIDS are disregarded in
women being at higher risk of contracting HIV, although norms promoted by society also
reflect a significant role in widening the gap of inequality between male and female relationships, resulting in
derivation in women, as well as deep-rooted traditional practices. These factors play an important
role in widening the gap of inequality.

Hetherington (2005) argue that gender inequality, especially in communities like Africa, can be a

2.2 Gender Issues
The most women were from minority groups and were experiencing high levels of distress. Evaluation lists, and the coping questionnaire were used to collect data. The results showed the Depression Scale, Trait Anxiety Inventory, Social Readjustment Rating Scale, Social or other, receiving medical care at an outpatient HIV hospital was chosen. Measures such as minority and low income women living with HIV, a sample of 100 women, at least 18 years.

In a USA study, Carz, Felton and Rice (2000) examined psychological distress among minority groups.

To properly measure and social care services due to the stigma and discrimination attached to Kelly et al. (2001) assessed that most marginalized groups infected with HIV and denied access.

2.3 Minority Groups

The need to study and analyze variables related to gender inequality and social position "Inadequate to measure". Anthropoids et al. (2006) concluded the findings emphasize adherence to treatment. Another study, Alvare, Ros, Laveza, Alves, and Corre (2009) adopted both qualitative and quantitative approaches to explore the relationship between adherence to treatment and susceptibility to HIV/AIDS in Colombia. These women were recruited from health care centers and NGOs. The measures included the social situation among 269 women living with HIV/AIDS in Colombia. These women, especially those who were married and had to fulfill cultural norms and expectations and genders play an important role. In child-bearing decisions. However, men pointed out that women were not allowed to refuse sex; an exception was only to be made when a female was sick.
of adopting awareness campaigns to respond to HIV/AIDS because the speed of government preventive methods were critical in the reduction of sexually transmitted diseases (STDs) well as effective methods to help lessen the infection for instance, in Senegal effective countries' some countries such as Tanzania and Senegal have managed to adopt different as started focusing on access to treatment (Harden, 2009, p. 60) However, within the lack of ARVs and concern about the political instability caused by AIDS in Africa, policies are considered to be very expensive. "In 2009, following global campaigns to lower the prices Harden (2009) is of the opinion that most African countries are poorly resourced and ARVs Africa countries has served to reduce or restrict access to ARVs or treatment. Similarly, providing treatment (ARV) to HIV positive individuals. However, limited funding in most passing panicky to prevention and awareness campaigns. Although some policies do focus on mostly on prevention and awareness campaigns. Although some policies do focus on improve health or limit unhealthy behaviors to promote effective and better health. Related to mental health, these policies can target the behavior of individuals by using incentives to governments and aimed at dealing with populations to address health or health-related problems. Meltzer et al. (1988) assert that public health policy is a set of rules, actions, and laws.
The interventions, especially those for behaviour change based prevention, 
recommendation was that young people in the age group 15-24 years should be a focus of all 
areas of HIV/AIDS in South Africa (HIV and AIDS Strategic Plan, 2007). In particular, a 
treatment, care and support, human rights, as well monitoring and evaluating reach within 
In order to reach these aims, the main areas that need to be focused on are prevention, 
Support to 80% of all people diagnosed with HIV 
and society by expanding access to appropriate treatment, care and 
reduce the impact of HIV and AIDS on households, families, communities

Main goals were to:

According to the HIV and AIDS Strategic Plan for South Africa (2007-2011), some of the 

2004, p. 78)

have at least one treatment site in every local municipality within five years" (Cooper et al.
have improved public sector antiretroviral treatment (ART) for people with AIDS, prompting to 
voluntary counselling and testing (HIV and Aids, 2004).). These methods included condom promotion as well as 
prevention methods to combat the pandemic. Cooper, Meron, Omer, Moodley, Harries, 
example in 2003 the government's plan for HIV/AIDS focused primarily on promoting 
In South Africa, various policies to address HIV/AIDS have been adopted over the years for 

2.1.2 Policies that address HIV/AIDS concerns in Africa

1444.

because they had any experience of the disease in their own lives" (Alien & Heald, 2004, p.
response to the threat meant that people had to believe in the health promotion messages
as well as organizations to address the needs of AIDS affected children by including
protection and empowerment (COPE) project in Mbabane which involved the community
provide support such as food or clothes. Another example is the Community-Based Options
movement (Phill & Webb, 2002, p. 21). Volunteers identify the needs of these children and
keeping children in school; income generating activities; and volunteer training and
vulnerable affected AIDS orphans through "regular household visits; community oversight;" and
Zimbabwe; the Family AIDS Care Trust (FACT) was established to identify and observe
polices have been adopted to respond to concerns about HIV orphans. For instance, in
Cape, Penson and Abdua (2004) report that in Africa through the help of donors,

2.10.2 Policies to address HIV/AIDS orphan

- health facilities.

- challenges in implementation can arise in Africa due to a lack of resources and under-

in these programs. One may argue that although policies are developed to address the pandemics,

- implementation, failing our ARVs can be very expensive which can disrupt the sustainability of

- not being reached as well as stigma and discrimination which prevent people from using.

- lack of resources such as limited testing facilities, which can lead to large numbers of people

- can hinder in effectiveness can arise in other developing countries. These challenges include

cope to deal with the pandemic in Botswana, Heald (2005) mentions that challenges that
denial, stigmatization and death" (Heald, 2005, p. 7). Though ARV therapy was viewed as a useful
duplicate such programs was "to advance behaviour change by breaking the cycle of
people living with the pandemic and who had a CD4 count of less than 200. The aim of
Heald (2005) points out that in some countries such as Botswana, ARV policy was adapted to
are embedded and with which they have a dynamic relationship.

climate, by taking into consideration the wider human environment in which people live. The ecological framework, however, moves beyond the level of individual systems. The ecological framework would have perhaps been hinted at the inter and intra personal levels of people infected and affected by HIV/AIDS. A review of the literature from a traditional framework has enabled a much more integrative and holistic understanding of the experiences of people infected and affected by HIV/AIDS. A review of the HIV/AIDS literature framed by the ecological model of health and wellbeing and competence, "A review of the HIV/AIDS literature framed by the ecological model of health and wellbeing and competence" (2005, p. 72) are clear that the ecological model is critical of mainstream psychological models that have too much on individual psychological processes and neglected the important role that social systems play in human development. Nelson and Phillips (2005, p. 72) argue that the ecological model is critical of their theories and recognizing the role of environmental factors on health related behavior. HIV/AIDS is experienced. The ecological model moves away from framing individuals for the analysis of the various levels of influence that impact on the way in which an illness like HIV/AIDS occurs. Using the ecological framework to review some of the HIV/AIDS literature has enabled an enhanced understanding of assistance and protection of options as part of community
Therefore, process and change are important. Lastly, another characteristic of qualitative research is that it is process research which examines integrated events along a continuum of influence, people's ideas, experiences or health. The third characteristic of qualitative research is the individual and how these concepts developmentally interact with one another when adopting qualitative research because it emphasizes the various means and ends.

When adopting qualitative research, focus on the participants' perspectives and the analysis and interpretation of qualitative research. Firstly, Stead & Strange (2007) highlight four characteristics of qualitative research. Firstly, to understand people's experiences, individual and cultural practices and material conditions and contexts. This approach aims to focus on complex relationships between personal and social meanings. Similarly, Strathern and Jolly (2005, p. 4) contend that qualitative research is an approach that serves to focus on complex relationships between personal and social meanings. Strathern and Strange (2007) assert that qualitative research methods can be used to gain insight into people's attitudes, behaviour, value systems, concepts, motivations or aspirations. As part of this process, qualitative research is a descriptive approach to analysis. Brann and Clarke (2006, p. 6) define the research method as a descriptive approach to analysis. For this study, I employed a qualitative interpretative method, which adopts a descriptive approach to analysis. In this chapter, the research design, sampling technique and sample size, data analysis as well as ethical considerations are discussed.

3.1 Qualitative Interpretive Design
Aids in Africa. The book was written by Stephen Holmes, a journalist and AIDS reporter.

For reasons of HIP Krejci individuals were selected from the first edition 28 stories of.

3.2 Data collection

Experiences of individuals.

different to studies that use quantitative research designed to measure and quantify the
2007). Furthermore, it allows subjective human experience to be explored in depth and is
Gaining new understandings of complex experiences in a given population (Gree & Strauss).

where individuals experience illness. As has been pointed out, this approach is best at
all the levels of analysis within the ecological model. One together to impact on the way in
The qualitative approach is well suited to this study because the study series to look at how

importance of the participants perspectives and experiences.

embedded. By focusing on those of the participants, my study also recognizes the

quantitative research by taking into account the social context in which the participants are
affected by HIV/AIDS. In this way my study recognizes the importance of context in

or how each level of the ecological model influences the participants who are affected and/or
understand the experiences of HIV infected and affected individuals. This enabled an analysis to
My study adopted a qualitative approach and drew on the ecological theoretical framework to


may argue that as the study progresses, so does their use of theories and research (Sturwig &
research participants and their different contexts could be different in research literature. They

Qualitative researches tend to be misjudged of theirs and prior research, partly because
research according to Sturwig and Sturwig (2007) is that it is flexible in terms of using theories.
participants directly not go through the very lengthy process of transcribing interviews.

Nolen (2007) proposes a pre-existing interview setting mean that I did not have to interview the

were efficient. As a researcher's student experiences in my study a limited amount of time,

(2010) did not have the funds to travel across Africa to interview individuals. This was also

having to actually travel and interview them. This is the case in my research. Like Kaderwa

describe how this enabled her to access the sources of information across Africa without

use of secondary data is resource efficient and maximises the use of existing data. She

completing evidence for the use of secondary data in qualitative research. She maintains that

analyzing Nolen's (2007) stories for her own research, Kaderwa (2010) notes that there is

writing process of Nolen (2007) in her capacity as a journalist (Kaderwa, 2010, p. 39). In

have already been collected, and, in a certain extent, interpreted and analyzed through the story.

I need to acknowledge that the data used in this study is secondary data as the "narratives of

resilience, love, care, and hope in the most unlikely circumstances."

stories of resilience and hope, as Nolen (2007, p. 17) states, "narratives of triumph and

beating by their lovers, government, families, and neighbors... Yet many of the people told

HIV/AIDS in the world. Many of the people she met suffered various levels of loss including

Africa because it is one of the countries which have been reported to have the highest rate of

is a nation held up to the cultures and societies we build" (Nolen, 2007, p. 4). Nolen chose

and, still down, and sent a very long conversation, AIDS is not an event, or series of events, or

their reporting on AIDS is different. You don't get in and get out on a story like this; you get

viruses. Nolen (2007) describes how she traveled across Africa to collect stories and argues

met a local AIDS organization in Malawi and whom she shared her experience of living with the

Nolen (2007) wrote the book after being inspired by an HIV positive woman whom she read
explicates the data in great detail. Similarly, Rubbi (cited in Breen & Clarke, 2006, p. 80) claims
and provides the following patterns of themes within data, "maintaining that this method
theoretical analysis, which Breen and Clarke (2006, p. 79) define as a "method for understanding," and brings meaning to a large amount of data. The method of data analysis in my study is
Stowfeld and Stedle (2007) assert that data analysis methods enable the researcher to organize
analytes adding new layers to the meanings and interpretations of Nolan (2007).
existing understandings. In my research therefore, I have integrated in a process of secondary
secondary analysis is a continuous process where new layers of meaning can be added to
"already been exposed to a level of analysis and interpretation through Nolan's (2007) study.
Kadewa (2010, p. 39) acknowledged that the stories that she analyzed for her study were
3.4 Data analysis

Aims

affected by HIV. Tojo was the only HIV positive child. The participants were all black.
ian were HIV positive; Rebecca was an elderly HIV carer; Soma and Joe children
eigh was made: Godfrey, Lil; Molly, Zack, Peter, Thabo, Lephe, Ana, Fred and
Zimbabwes; and Soma and Joe from Ethiopia. Five of the participants were females and nine
from South Africa; Tom from Zambia. Fred from Malawi; Rebecca and Molly from
Boswana; Lelo from Lesotho; Marita from Uganda; and Ana from Zimbabwe.
Participants were from African countries: Godfrey and Peter from Zimbabwe; Lil from
HIV/AIDS, as well as the impact that the disease has had on these individuals. All
The stories chosen included the lived experiences of individuals affected and/or infected by
3.3 Participants
levels of analysis.

As I read the stories, I highlighted excerpts that I felt reflected these different
and public policy levels. I used a flow of different colors that represented each of these levels
of analysis of the ecological model: the interpersonal, institutional, institutional, community,
meaning and patterns in the data. My pre-existing theoretical codes were the different levels
and therefore had pre-existing theoretical theoretical codes that informed how I read and searched for
approaches to the analysis of my data because I used the ecological model to analyze the stories
position, and theoretical of deductive, or top down, analytical. I adopted a theoretical
Braw and Clarke (2006, p. 15) recommend that there is a difference between "inductive or
and so on... I therefore began the process of analysis by reading each of the stories repeatedly.
reading" of the data, and reading the data in an active way - searching for meanings, patterns
by immunising oneself in the data. They assert that interpretation "usually involves repeated
Braw and Clarke (2006, p. 15) recommend that it is important to start the process of analysis
3.4.1 Phase one: Familiarising myself with the data

recommended by Braw and Clarke (2006) and which are described below.

approached with flexibility. My analysis is an adaptation of the six phases of analysis.
caution that analysts, guidelines are not a set of rules and that they therefore need to be
movement is back and forth as needed and is a process that develops over time. They
Braw and Clarke (2006, p. 86) describe the thematic analysis as a "recursive process, whereby
thoroughly your data.

then thematic analysis is excellent because you discover themes and concepts embedded.
reliance and experiences of death.

which, I found, the following sub-themes: knowledge, denial, acceptance, emotional responses.

example, I had to look for the sub-themes under the over-arching interpersonal theme, for

sub-themes amongst the extracts that were recorded under the over-arching theme. For

these main themes, this phase of the process of analysis involved reviewing and

interpersonal factors, interpersonal factors, institutional factors, communal factors, and

professional factors. Under these themes, I had numerous extracts that felt demonstrative

codes of authenticity became my over-arching themes. The six over-arching themes were:

theoretical driven, that is, the main levels of analysis of the ecological model (and my initial

sub-themes. My over-arching themes had already been decided because my analyses were

This phase of the analysis involved looking at the codes and focusing on searching for themes and

3.4.2 Phase three: searching for themes

the data.

effect. I had pre-defined codes and then I attempted to match these codes with extracts from

framework, I transcribed this quote verbatim under the heading, "interpersonal factors." In

found an extract that I felt reflected the interpersonal level of analysis of the ecological

ecological framework, and listed extracts verbatim under these headings. For example, when I

used different sheets of paper which were headed with the different levels of analysis of the
dean and so phase two involved a deeper level of coding and organizing of my data. I now

phase two was not separate from phase one. In phase one I had already begun to code my

3.4.2 Phase two: generating initial codes
3.4.6 Phase 6: Producing the Report

This is the final phase of my analysis and is presented in Chapter Four, Analyses and Discussion, where I pick up on the story that the data was telling in relation to my research questions.

Therefore, involved writing to move beyond verbatim quotes and paraphrasing and Nyffeler (2006, p. 22) advises that

Identify the "story" of each theme tells; it is important to consider how this fits into the broader overall "story" than you are telling about your data.

Write an analysis for each one. Brennan and Clarke (2006, p. 22) advise that "as well as about each theme and sub-theme, I identified relevant and supporting excerpts and then the sub-themes and then began to work at tying in to clarify which each theme was essentially named at the coding stage of the analysis process. It was at this point that I worked at refining because my analysis was theoretically informed my main over-arching themes were already.

3.4.5 Phase 5: Defining and naming themes

To trigger the "diagnosis" and knowledge about diagnoses, themes these themes, I identified two further sub-themes under "knowledge", that is, "knowledge of interpersonal factors", I identified the sub-theme of "knowledge of the phase of reviewing these themes, into further sub-themes for example, under the overarching theme of research question. It was during this phase of the analysis that I worked to break down the included and which theme should be discarded, or which themes were included in the

3.4.4 Phase 4: Refining themes

Revising themes. It is a phase whereby themes get broken down in to which should be
gender and age of the participants. I believe that by using a pseudonym and taking steps to

however, provided some demographic details including the country of origin, HIV status,
pseudonyms and not including photographs or the face numbers of the extracts I have,

with this issue with caution. I decided to do what Kanda (2010) had done, that is, insert

der their details being made public, my supervisor and I believed that it was important to deal

the extracts from the sources. Although the people in Nolan's (2007) sources had consented to

stories, she would use pseudonyms and would not include photographs or face numbers for

though Kanda (2010) who argued that because she could not personally obtain the consent of each individual in the

Kanda (2010) refers to the work of Wainwright, Mc Kee and Stell (2001) who argue that

the personal details of each individual and includes a photograph and demographic details,

whose book is located within the public domain and accessible to a wide audience, disclosures

individuals' real names and demographic details have been publicly disclosed. Nolan (2007).

In her research, Kanda (2010) noted the ethical dilemma of using stories in which

Research study:

Committee of the University of Kwazulu-Natal which granted permission to conduct the

Books (1d) and submitted with the ethical clearance application to the Ethics Review

Permission was obtained in writing from the publishers of Nolan's (2007) book (Appendix)

3.5 Ethical considerations

The ethical framework above the analysis goes beyond just a description of the data.

that my data calls. I have attempted to relate my analysis to previous research and the broader
but also on many subjective meanings that people attach to them.

that their interactions with each other and wider social systems. It focuses not on objective facts
is a paradigm that sees the world as constructed, interpreted, and experienced by people in
is when they fail to. Similarly, Ulrich (2007, p. 18) maintains that the "interpretative perspective
subjective experiences societally and making sense of these experiences by listening carefully.
the interpretation paradigm involves taking people's

My dissertation has employed an interpretative paradigm because, as pointed by Terrelaberge

anonymity and therefore respected their right to some degree of confidentiality.

make it difficult to identify individuals in the stories. I have attempted to present their
never been openly acknowledged and his possible risk had clearly not been addressed.

While Godfrey acknowledged that he was not entirely naive, his former partner's words had

against hope, "the hope was denied."

"AIDS, although no one said so at the time, so when he went for his test, I was hoping

entirely naive about what it meant. "a former acquaintance had died the week before of

including an HIV test. He would never have tested otherwise," Godfrey said. "I wasn't
certain course in learning about HIV. His visa application involved a routine medical.

He had political aspirations and in 1990 was a scholarship for six months of a political

status.

Nolen (2007, p. 227) speaks about the circumstances that led to Godfrey knowing all this

circumstances. "This illustrates the realities about the fear of testing. In the following excerpt,

with symptoms. Few participants voluntarily went for testing and only tested if forced by

regard to HIV, which made them reluctant to test even though some of them were presenting

According to Nolen (2007) many of the participants lacked comprehensive knowledge with

4.1. Knowledge prior to HIV diagnosis

4.1. Knowledge

4. Interpersonal factors

In this chapter I present an analysis and discussion of the findings from my study.

CHAPTER FOUR: ANALYSIS AND DISCUSSIONS.
Nolen (2007, p. 277) discusses the case of Tom, who claimed that the main reason he became

possibly ill of an HIV strain, and that was only when the physical symptoms manifested that Ill was forced to confront the

possible risk of HIV. In the weeks after, Coilsey was forced to restart his treatment program. He was told that he had been

people and not a chance in a million cases. A level of denial is evident in both Coilsey and

knowledge about the disease because the perceived HIV as a disease that only affected poor

and minority associations with HIV/AIDS. For Ill, it is apparent that she had learned

his former girlfriend had died due to AIDS, he was still reluctant to test, revealing the fears

In the above extract it is evident that Coilsey was forced by circumstances to test. Although

for food and clothes in the yard.

didn't get HIV, the disease was for poor people, people back in the village with whom

her to have an HIV test. She finally refused. Pretty young women with college degrees

more weight of an already heavy frame. She saw a series of doctors and each advised

And she sought to get sick, black lesions appeared on her face, and she lost more and

was extremely ill.

Nolen (2007, p. 137-138) also speaks of Ill from Brazil who did not react even though she
Nolen (2007, p. 137) writes of the limited knowledge the Marinha had about HIV/AIDS:

HIV/AIDS. Nolen (2007, p. 367) discusses the case of Theba:

The following excerpts also illustrate how many of the participants knew very little about

resulted in him getting infected.

of this (the head two decades), he lacked awareness of information around HIV which

I was apparent from the above excerpt that although Tom was well educated in other aspects

infected.

you and failed in some like others. But because I lacked information I got

he got infected. "I always say I am a priest who did some good things like some of

the HIV test. As word spread, there was one thing everyone wanted to know, now I

I have this that I lacked information. I have two degrees, one first class but I failed

There is no one here I ever felt guilty about my status", he said. "The only regret
Research on HIV/AIDS suggests that knowledge is a powerful factor and a guideline that directs individuals' lives and shapes their positive well-being. Adeyeye et al. (2006) assert that methods to avoid the spread of disease as well as improving the health condition of an individual promote safe behaviors or preventive methods to avoid HIV. Adeyeye et al. (2006) note that knowing one's HIV status helps in making important decisions such as using preventive measures before marriage.

The excerpt illustrates the significance of HIV information among couples as a way to avoid transmission. In the excerpt, Nkosa makes reference to how Godfrey's knowledge of HIV prevented him and his wife from getting infected by his infected relatives. The excerpt portrays the importance of HIV knowledge in avoiding transmission, especially in situations where one is married to someone who has HIV.

In the excerpt, Godfrey explains how his wife, Thabo, and Marita knew very little about HIV and AIDS. He does not know when it happened, but they did not test before marriage, so he did not know whether they had already had the virus. The excerpt also highlights the importance of knowledge of HIV/AIDS in safeguarding one's health.

In the following excerpt, Nkosa (2007) highlights how knowledge could have helped Godfrey and Thabo lead healthier lives.

The excerpt illustrates the importance of knowledge in preventing the spread of HIV/AIDS and promoting healthy behaviors.
In this disclosure to his ex-partner to establish whether he might have infected her. His first

a few weeks later and was negative both times, more concerned for him than her own health. She received her following day and again

hadнего, and told her the news. She was as always, unusually supportive, much

consumed with fear that he might have infected her with HIV. So he went to see her
dentist for a couple of years. They had a condom break a couple of times and he was

did anything? His most pressing concern was for his close friend, Sarah whom he had

informed anyone else? If the woman were at risk he felt he had to tell them before he

about suicide. Then he had another thought: what about his lovers? Could he have

that he might be positive? When the counselor said the word he thought immediately

he decided it was time to go for an HIV test although he never entertained the idea

of his own seroconversion disclose this fact.

In the following extract Nolen (2007: p. 34) describes the case of Thabo and how knowledge

the knowledge of one's status may influence

isky health behaviours, thus enhancing their health.

found that women who knew their HIV status were able to plan for their future and avoid

preventive methods such as condoms when engaging in sexual activities. These authors

transmission and the consequences of poor knowledge can distance individuals from using

her poor knowledge with regard to HIV is often associated with higher levels of
The HIV-infected women who had knowledge about their sexual partner's status were able to cope with their HIV status. Hence, the process of testing for HIV among individuals. Furthermore, Adeyemo et al. (2007) found that knowledge regarding one's HIV status enables better health and lifestyle changes. Knowing their own status and their partner's status helped significant people in both Thabo and Fred's lives to understand the impact. In the following excerpt, Nolan (2007, p. 54) discusses how Fred's knowledge regarding his partner's knowledge resulted in positive changes. This decreased his transmission risk, because it reduces the assumptions that sexual partners can have about each other.

Muggs and Kissinger (2002) assert that knowledge about a partner's infection status is significant because it reduces the assumptions that sexual partners can have about each other's knowledge. This is most evident when there is emotional involvement with a partner and commitment to an ongoing relationship. Similarly, Negandhi, Palyly, Ayoub, without their knowledge. This is most evident when there is emotional involvement with a partner and commitment to an ongoing relationship. They know that their partner is aware of their status and does not engage in unprotected sex.

Ensuring that he had not infected his previous sexual partners. Muggs confirmed that, „most, especially people feel a unique sense of responsibility to react on his previous status was thoughts of suicide. His other major concern was to try and
When Godfrey was told he was HIV positive, he reacted as follows:

He had ever wanted to see and wished to die (Nolen, 2007, p. 181).

This is best captured in his own words: "The doctor gave me six months to live," he recalled. He

Zack's reaction to his diagnosis was as follows:

"I'm still waiting to die. I don't die."

After being diagnosed with HIV I'll say:

and loss of hope, as illustrated by the following extracts:

According to Nolen (2007), some of the participants associated their HIV status with death

4.1 Knowledge of one's positive status associated with death and loss of hope

The virus in other people as well as enhancing healthy sexual behaviors.

Knowledge of one's status promotes awareness and early knowledge can prevent the spread of
convinced, she sought to avoid consulting her. She then waited for H7V. She was positive.

And so even though she was a doctor, who could clearly recognize the symptoms,

despite knowing the symptoms of HIV (2007, p. 80) writes about the disease, which was in denial about her own HIV status. No one.

The following extract illustrates how denial was experienced by the participants. Nolan, 4.2.1 Denial as a coping mechanism

4.2.1 Denial

Before they knew their own status, fear, uncertainty and denial are often associated with the disease and both experienced immense despair. While Jack and Colley and Jack and Colley believed that their diagnoses were associated with a loss of hope since there is no cure and so much stigma continues reaching them to experience overwhelming fear about their status. Further, their

It is evident that both Jack and Colley believed that being HIV positive was a death sentence. His life was ruined. He knew he would die to find a place to publish them before he died. Nolan, 2007, p. 227.

About having his life brutally truncated... After a week he was at home, he thought he
I thought what I dropped.

and parties, 'I'm still waiting to die but I don't die. So I'm just going to have fun -

money her mother gave her and going back to Pretoria, blowing the cash on booze

they did not end the syringe of AIDS. Before long, I was taking her medication

Here was a lesson for the realities of HIV/AIDS could make a person well, but

The drugs soon made her well but she still didn't tell her friends when she had

denial.

Nolen (2007, p. 141) describes how, after her HIV diagnosis, she continued to live in

be HIV regretive.

Despite having seen an eye specialist, the or HIV he still hoped and believed that he would

discovered his urine - when he went for a medical examination when applying for a visa.

Similar level of denial was seen in the case of Godfrey (discussed above), who only

accessing care. He took being admitted to hospital for HIV to face his positive status, a

relieving the progression of HIV/AIDS, as well as hindering HIV positive people from

avoiding their own possible HIV positive status. As Menzies (1999) argues, denial can

people with or without awareness and knowledge about HIV are denial a way of

symptoms she was experiencing, illustrates her level of denial. L.L.'s denial illustrates how

I'll lie, refusing to test, even though she could identify clearly some of the HIV positive
Healthy

After you feel well, my positive sense doesn't trouble me and that's why I think I'm healthy. Health with HIV/AIDS is your own mind. If you think all the time about AIDS, it will make you feel very strong and healthy, and I think something that creates better health.

Diagnosing, which improved positively on the well-being of people. Nolen (2007, pp. 5-3, 4) presents the case of Fred who demonstrated acceptance after his HIV diagnosis.

4.3 Acceptance: Facilitating Resilience

HIV diagnoses

HIV infected women used denial and avoidance as coping mechanisms to deal with their health. Greater distress and less ability to handle adverse situations well (Laouson et al., 1999, p. 100). Other studies (e.g., Boland et al., 1999) also found that exposure to stressful events correlated with poorer mental health. Ecker et al. (2009) demonstrated that denial of one's serostatus is associated with maladaptive coping strategies such as alcohol abuse or substance use. Reduced emotional distress, Laouson et al. (1999) demonstrated that denial of one's dyadic HIV status is a way of coping with the increasing disease as well. High levels of loneliness are associated with denial, which in turn causes the disease to progress. A study by Duk (2001) highlighted how people who are HIV positive are likely to go through periods of denial and eventually, HIV positive individuals, maladaptive behaviors. The abuse of alcohol, like this case illustrates, are ways in which HIV can be denied, as well as the consequences of denial.4.3 Acceptance: Facilitating Resilience

HIV diagnoses

HIV infected women used denial and avoidance as coping mechanisms to deal with their health. Greater distress and less ability to handle adverse situations well (Laouson et al., 1999, p. 100). Other studies (e.g., Boland et al., 1999) also found that exposure to stressful events correlated with poorer mental health. Ecker et al. (2009) demonstrated that denial of one's serostatus is associated with maladaptive coping strategies such as alcohol abuse or substance use. Reduced emotional distress, Laouson et al. (1999) demonstrated that denial of one's dyadic HIV status is a way of coping with the increasing disease as well. High levels of loneliness are associated with denial, which in turn causes the disease to progress. A study by Duk (2001) highlighted how people who are HIV positive are likely to go through periods of denial and eventually, HIV positive individuals, maladaptive behaviors. The abuse of alcohol, like this case illustrates, are ways in which HIV can be denied, as well as the consequences of denial.
another sweater for Joe, because his wrists now dance four inches below the cuffs of more wings and more water. And just where exactly is she going to find money for there money for rent? Is there money for their school fees? Is the money for Rentas' room for her long arms and legs? Then she lies in the dark and runs through the list, as falls asleep sprawled on their one narrow bed and she has nudged him over to make the street and chills him about his homework-then the illusion crumbles. After Joe in the blazer and holds a small pot of Rentas' when she calls her brother Joe in from to the sandpile across the corner to buy water, plus a few caps of cow dung to burn but when it's coming to dusk and she walks back home when she takes the Jerry can.

Her younger brother after the loss of their parents due to HIV/AIDS: sister, Convos, who was forced by her circumstances to adopt the role of an adult to take care of sister (2007, p. 33) depicts the case of AIDS orphans from Zimbabwe. Joe and his 4-year-old

4.4. Anxieties experienced by HIV/AIDS-afflicted orphans

4.4 Emotional responses

created a positive attitude that enabled him to achieve emotional wellbeing the association between acceptance of one's diagnosis and resilience: accepting his stigma plan effectively. For their future, hence enhancing their wellbeing the above excerpt illustrates. Neiling (2006) reminds that acceptance enables people to be in charge of their lives and to develop a positive attitude towards life, hence his self-reported resilience. Plummer and

[It is evident that Fred's ability to acknowledge his positive HIV diagnosis has led him to]
Nolen (2007, p. 77) describes the anxieties of Rebecca who was a caregiver to AIDS orphaned children.

"I'm so relieved that I had the support of my family and friends. It was a long and difficult journey, but I knew I had to keep going for the sake of my children."

The role of care was overwhelming, and Rebecca often felt isolated and alone. Her experiences highlighted the need for support and resources for caregivers of children orphaned by AIDS.

"I didn't think I could do it on my own, but with the help of a local support group, I was able to find the strength to keep going."

Rebecca's story is just one of many instances of resilience and determination among caregivers. It serves as a reminder of the importance of providing support and resources to those facing similar challenges.
collecting firewood; yet, they need support and care. (Sean Gonzalo, 2007, p. 351). The demands of household economy through farming or assisitance with chores such as fetching water or cooking further accentuates the impact because of the children’s inability to contribute to the housework.

authority emphasized that “the composition of the new household members may vary. One result of the responsibilities of caring for HIV infected and affected individuals. The caregivers were likely to experience negative economical, emotional and physical consequences. This study found that HIV infected and affected elderly caregivers (Gonzalo, 2007), and that care for Rebecca had a negative economical impact such as deep depression. A study in Malawi also found that Rebecca, whose partner died of AIDS, and whose children are now in need of care, is in deep depression. She is often seen weeping at night. She says, “I was able to help my children with a story of my home when they stayed with my parents. But now they are in school. I have no one to help me. I am alone.”

The excerpt above reveals the burden and challenging elderly caregivers are likely to face. The

and worries and children.

her mind, instead of girls and boys of old age that should be here. Rebecca has work to do. She has many chores to do. She is very busy. She is often seen cooking for her children. She is always busy. She is always thinking of her children. She is always thinking of the children’s needs. She is always thinking of how to provide for them. She is always thinking of how to afford their education. She is always thinking of how to provide for their needs. She is always thinking of how to provide for their future. She is always thinking of how to provide for their future. She is always thinking of how to provide for their future. She is always thinking of how to provide for their future. She is always thinking of how to provide for their future. She is always thinking of how to provide for their future. She is always thinking of how to provide for their future.
For their HIV/AIDS affected grandchildren, this Zimbabwean study found that most
which explored the psychological wellbeing of grandchildren in rural areas who were caring
the children when they died. Her concerns are in line with a study by Mudavadi (2008)
Rebecca was conscious about her age and was distressed about who would be able to care for

The extract above demonstrates the fear and uncertainty about the future of her grandchildren.

I can still manage.

for a moment I think the children should suffer……. I am old now, but we thank God
perceived one a different family. No one the know could be expected to take all
fees is that if the children are orphaned again, they will be separated, each one
What will happen if she dies? If nothing else stick or can't manage? She told me that her
But had of course, was Rebecca's predominant worry. She is conscious of her age.

the future of the orphans for whom she was caring:

Nolen (2007, p. 75) portrays the case of Rebecca who was worried, because she age above

a.3 Uncertainties and Fears

To work from before sunrise until later sunset further compromising her physical well-being.
HIV/AIDS is exacerbated by poverty. Rebecca also experienced physical strain from having
Rebecca's example also illustrates how the burden experienced by elderly caregivers due to
well-being. Moreover, the impact was amplified by a lack of basic resources such as food.

The intensity of the caring giving process which clearly had an effect on her emotional
of care for the orphans impacted negatively on Rebecca's daily life as well as exhausted
everyday lives especially after a new diagnosis. One study (Smith et al., 1996) explored the
life of people with HIV/AIDS, and interviewed individuals about the impact on their
lives. The results of the study showed a decrease in the quality of life, family and social
relationships, and an increase in mental health problems. Cognitive behavioral therapy was
found to be effective in improving mental health and reducing stress.

Another study focused on the experiences of caregivers for individuals with HIV/AIDS,
exploring the challenges they face. The caregivers reported feeling overwhelmed and
exhausted, and often faced financial difficulties and social isolation. The study
highlighted the importance of support systems and resources for caregivers.


4.4 Hopelessness among HIV-infected individuals

Rosewood describes the emotional impact on different families.
was HIV positive and extremely ill. Nolan (2007, p. 131) refers to Molly who was concerned about her children's future since she

4. 5 Uncertainties and fear among HIV affected individuals

extremely ill

 joys of Zack's life, but the virus eventually limited his ability to read. Something that he found

how the illness reduces what one is and just a way to do. Reading was once of the greatest

This extreme demonstration not only the impact of the virus on Zack's physical health, but also

could barely get out of bed. In his letters to his wife, he talked about the impact of the

neurological and speech issues, the rest of the time he

been reading. But now he could no longer get through an email. He considered his

longer capable of reading enough to read a single page. All his life his greatest joy had

when facing it. The worst part was that the nausea and chills meant he could not

just a natural part of me. He had oral thrush, constant respiratory infections, but I

bacteri. 'Sirled with me I can't remember how many times I vomited. Dermatosis was

His physical health was critically high, and every week he contracted a new infection

of the most common HIV symptoms that Zack faced daily.

Nolan (2007, p. 131) also writes about the emotional struggles that Zack faced daily.

emotional distress.

difficulties during physical activities due to the disease which was likely to also cause

quality of the among HIV symptomatic women and found that most participants experienced
encouraging positive adaptation within a context of significant adversity. "

Lutiner, Cecich, and Reecer (2000, p. 543) define resilience as a dynamic process

4.5 Resilience

women and impacting on their emotional well-being. Women should care for and protect their children, add to the stress experienced by HIV-positive

Molly, this extract also illustrates the cultural and social expectations that women infected individuals. A sense of guilt for leaving her children behind was expressed by

strong association between poor psychological well-being and HIV illness among

with HIV. Other studies (e.g. Tchana et al., 1995; Reynolds, 1990) found that there is a

uncertainty is a chronic and pervasive source of psychological distress for persons living

worried about transmission. Research has found that uncertainty is other

It is evident that Molly (like Rebecca discussed above) was uncertain about her children's

Leave them.

This was the idea that haunted Holly. "I'm afraid for them, she said. "I don't want to
said too, "If we had more, I would try to take care of them. But it’s too late."

I watched him through the doorway. Her head against one shin, he grabbed the hand, and she care of her. And when Joe had gone out to run with his friends in the street, some money to son. When this sister was out of earshot, he confided, "I’m not sure it is right to take money and glass; the things they need in the house, and perhapsify there were lots of books and clothes, he would want to go to the best school in the city, and then he would buy proper clothing pans. When it paid the question to Joe, he answered instantly that he said practically; she would spend it finding better housing and new clothes and while Sonya lies to look at the clothes and the books, she had more money, she would walk down the road at night home from school, he child took.

Nolen (2007, p. 43) notes how Sonya and Joe both demonstrated hope for a better future and a sense of resilience and being optimistic about their future.

That resilience is well as good mental health in AIDS orphans was associated with academic accomplishment and being optimistic about their future.

ensured that their future would be brighter. Harris, Kizza, Sebunywa, and Jack (2009) found Sonya had committed herself to education as a way of surviving their current hardships and to grades 8 class. Joe is sixteen, or twenty-nine in grade 4.

clean and fed in school. In 2006, she stood amidst of fifty-two students in her

And yet, in years since her mother died, she has kept herself and her brother Joe
Feelings shaped by humour and laughter can have a significant positive impact on health. Happiness can facilitate resilience. Trumpet, Pridonald and Barten (2004) assert that positive experiences that were happy, The external factors that provided positive emotions, such as resilience circumstances and challenges, are a catalyst for sharing jokes, songs and stories to cope with negative circumstances and challenges. 

It is apparent from the above extract that Rebecca had demonstrated the ability to cope with her stress, I sing them songs. I wish them happiness.

As I must tell them jokes. In the evenings when we sit around the cooking fire. I tell childrend happiness, because if I look and they will wonder and wonder what is happening. But she is worried a great deal about their abilities, 'I try to help them to make the best decisions. Keeping the children fed and clothed, in need of something of a miracle. Rebecca was keeping the children fed and clothed. In need of something of a miracle.

Rebecca was keeping the children fed and clothed. In need of something of a miracle.

The women's lives had changed to overcome her hardships.

Nolen (2007, p. 72) speaks about Rebecca who was a carer for her 15 grandchildren, and

4.2.2 Resilience Among Affected Caregivers

Individuals under the stress in one of adversity, thereby enhancing the psychological well-being of the resilience. This extract also demonstrates the significance of support and love as a way to care for each other. The hope and love for each other strengthened and developed their inability to change their current conditions; however, they clearly had each other and a desire.
other HIV-positive people.

strength and determination that enabled her own health, which also allowed her to work with
instructed people develop the courage to face being HIV positive. Like Lili, Ann showed a
Nolen (2007, p. 173) writes about AIDS who used her own HIV status to help other HIV

back. She was filled with life.

her unusual single-mindedness that she wanted to live, her body could still fight
more. And she was lucky to be young and strong enough that when she decided with
Lili said when confronted with actual, imminent death, it didn’t seem so appealing any

had a strong will and the ability to fight to regain her health.

positive when she was in hospital and extremely sick. Nolen describes Lili as someone who
Nolen (2007, p. 142) discusses the case of Lili and how she overcame the stress of being HIV

resilience toward the hardships and challenges of living with HIV.

The following excerpts illustrate how some of the HIV-infected participants demonstrated

4.3. Resilience among Infected Individuals

thus enhancing her own emotional well-being.

close bonds with their had helped her adversity and her to adaptation to daily hardships.
of individuals. The social support that Rebecca provided for her grandchildren, as well as her
were green things do in the new South Africa. He founded an organization called
windows named "The Voice" and decided the surgery as well go back to activation. There
But at the end of six months, he felt as well as he had ever had. Zack opened the


...then told them how the virus works:...

person goes HIV. From sex and blood products and mother passing it to babies. She
is the room and in her deep Griffin voice, began her education. She told them how a
beneath were fired with HIV-cohorts from several patients. And hered one group in
they tell me. You don't look like some of them..."inside the clinic, the low wooden
her white shirt as she stepped in to the hospital, she showed her head. "These people, "I'm
HIV positive. I'm an ARV's, I'm strong. I can take care of my children. Smoothing
reason for you to die! Since we've got medicine, she scolded him. "Look at me. I'm
through the window, leaning the driver ever as he started to pull away. "There is no
watched her get out of a shared mini-bus taxi, crying for work, and lean back
best advertisement, and she took the role to her heart. One spring morning in 2005, I
She was deadlifting a negative reaction. But instead he told her, that she could be the
the young Canadian doctor running the project and consulted with her instead of HIV
people in treatment. After a couple of months in the job, she realized approached
"coming together in order to help one another in Chinhwadi which was focused on building

... And not his job of nurse in charge of the Lindzwane Clinic (the name means
The above extracts reflect how all the participants adapted to their situations of having HIV/AIDS. Although they had successfully adapted to their different situations by taking
ensuring that they had the ability to make possible outcomes of their experiences of having
a positive approach to life, all of them demonstrated resilience differently within their unique
context. For instance, Jill demonstrated positive self-efficacy in order to overcome her
agenda is much clearer. I will live and will go to school."
help them plan meals and prepare and wash them and then sell it. This short-term
could be to be a prime minister. I'd use my salary and give all the people food. I'd
He considered this and added, "Maybe I will be a doctor. And I think another thing I
moment of reflection. "I want to work for police," he began. "I want to catch thieves."
when he wanted to do when he finished school. He passed for an uncharacteristic
the future. Although he subject presented something of a command. When I asked
Lobo himself had no interest in learning about AIDS. Instead, he was making plans for
Future rather than on his illness:
boy. Again he highlighted a strength and determination that enabled Lobo to be focused on his
in the following excerpt Nolen (2007, p. 207) describes Lobo, an HIV positive twelve year old
infected and went to work for a fledgling organization called the AIDS Law Project.
with HIV/AIDS whose days, mostly gay men fighting to end discrimination against those
protestation for gay rights in the new constitution. He also joined gay rights efforts by people
the National Coalition for Gay and Lesbian Equity, and he fought for formal
Shadow were over.

clothes rapidly starting to fray and at the age of 74 Rebecca’s days of singing in the
orphans from another daughter. Before long there were a dozen children in the
daughter. Lily’s husband and came home bringing her surviving child and me
daughter-in-law died, and the two children were sent to Rebecca. Then her third
directly to our attention, as the grandmother she is responsible. You cannot
died, I went and assessed the situation. Their father did not have much left for him
In 1998, one of her daughters died in Lusaka and she took a Lexi she had to the

Nolen (2007b, p. 72) describes how Rebecca experienced multiple losses due to HIV/AIDS.

4.6.7 Responsibilities above others

4.6 Experiences of death

enhance their wellbeing.

which HIV infected individuals can demonstrate resilience within different contexts to
and resilience of many people with HIV. Lastly, these external factors vary and means by
care goals and most importantly, his hope to live. The external马路 illustrate the strength
sense of confidence in a brighter future. Resilience was reflected in his desire to reach his
their ability to make a difference around the issue of HIV/AIDS. I’ve also displayed a strong
disease and injury to create awareness. Both of them demonstrated that they had a belief in
Zack. Resilience was displayed by making a difference through educating others about the
adversity. Resilience was shown by the strong desire to fulfill her purpose in life. For Ann and
Nolen (2007) also describes the responsibilities Peter and Jane were left with when their daughter-in-law died:

"Since her mother's death, Sonia had become responsible for providing for her brother."

Just on our education. Would I have the responsibility of my brother and we would have her love and focus working about what I do so to provide for my brother? If my mother were around I think about my mother when I

Bad lost both parents due to HIV.

Another participant, Nolen (2007, p. 36) notes about a 14-year-old orphan who

help caregivers to address their grief issues as a way to promote their wellbeing. Care for the surviving orphan. Furthermore, this illustrates the need for interventions to

caregivers is often overshadowed by the massive responsibilities they have to fulfill, such as

grandparents go through. The excerpt above illustrates that grief among elderly HIV affected

after multiple deaths within her family. Cook and O'Higgins (2003) cited in Ndhlovu et

In the above excerpt, Nolen (2007) focuses on the responsibilities that Rebecca was left with.
brother and the additional stresses they bring to their home.

beige and less concern. Nolen (2007, p. 42) discusses the case of the orphan, Sonya and her
released relative, whom was significant was their poverty overskew the eyes of clients with their
Delmont (2006, p. 14) found that among professional counselors assisting clients with HIV

4.6.1 Crime versus Poverty

immediate attention.

needs of the children left behind are of primary importance for all the participants. Requiring
fear of the participants, but highlights their responsibilities. This suggests that the immediate
HIV is interesting to note that in the above example, Nolen (2007) does not reflect directly on the

a demanding ministry with dreams in England abandoned.

Tom barely remembers the last few months. Left suddenly alone with the daughter and

after he had lost his wife due to HIV.

Lastly, Nolen (2007, p. 276) presents the case of Tom who was left to look after his daughter

weave our prayers around known.

of, so they took in a lodger, and Peter invested their savings in a tractor that he could
Grandparents Peter and June now had Leon and his older brother, Neo to take care

She died that evening, after Gentry remembering her small son that he must mind his
has moved back home to help her mother. "It's difficult - the only way I manage is
has experienced her own and could reasonably expect to be retired. Everyone
boy to earn an nth grade diploma. Kim, the only other child in the family, is fifteen-one and
Rebecca has a constant struggle to care for this bread, raising four from a fifteen-year-old
peered around it where her mother lay. Sometimes Jenny gave her a little more.
grass and chicory. Every hour of two her older daughter crept up to the door and
Jenny, who was then exactly my age, thirty-two. She was lying on the floor on a fresh
Rebecca led me inside this one and introduced me to one of her youngest daughters.
while watching her daughter die.

Another experiment presented by Nolan (2007, p. 73) is Rebecca who had to deal with poverty
onces.

they are not able to deal with the emotional stresses associated with the death of their loved
Although there is no direct evidence of it, these problems may be at risk of compromising their
highlighted the material wrongs that she was left with as a result of being an orphan.
interesting to note that while Nolan (2007) commented on some's experience of death, some
The extract above illustrates the consistent worries and realities that AIDS orphans face. It is
have to live on streets. We will have no option, "Then, the worry I have all the time.
She appeared the house for school fees or help with food here will be nothing left. "We
care for more orphans. He has less money to give to Sonja. She worries the next time
After now I pay 70 birt - tomorrow I must be 90 birt or 100. As adults struggle to
Even a heavy bowl cannot ease her worries. "The thing I fear the most is housing.
Intended to visit their grandchildren, they were chased away from the home.

Her family had contacted them since she had been bedridden and when Holly's sons say, I am the one who brought sickness, and are blaming me. "Not a single member of about 14 they refused to take care of her or to even come and see her. Dean said. "They who summoned her after she told them she had AIDS. When Holly's parents heard this decision stood in sharp contrast to the attitude of Holly's own family members.

Disclose:

and Dean (a married couple) living with AIDS, and how their family reacted to their those infected and affected by HIV/AIDS. Nolan (2007) describes the case of Holly disclosing their HIV status due to the stigma and discrimination that society holds towards according to Nolan (2007), most of the participants underwent disclosing situations after

4.7.1 Disclosure vs. Rejection

4.7.1 Disclosure

4.7.1 Interpersonal Factors

Her youngest daughter,鲜明 of AIDS, appears in the financial demands overshadowing Rebecca's emotional reaction to witnessing difficulties imposed on the family because of her dying daughter's inability to work. If very difficult emotional experience for Rebecca. However, what is highlighted is the emotional although Nolan (2007) does directly mention it, seeming her daughter she must have been a as it helps them live

What little I sell, I give them, "Rebecca said. "Even if it's not very nice food - as long
well-being of HIV infected individuals. The experiences above reflect the harsh reality that despite
widespread discrimination, HIV/AIDS infected individuals are also dealing with the disease. Nation (2002) found that environmental support enhanced the
relationships discrimination causes much suffering and therefore leaves people with AIDS isolated.
Disclosure led to the loss of his job. Skinner and Ateljevic (2004, p. 161) remark that "in all
society that society holds about people living with HIV/AIDS. Laski's, Iman's situation of
himself, the negative reaction continued even when ordered a beer. This regards the
environmental and physical assault can occur. Cadbury's disclosure created added stress in his
consequences because potential for adverse social consequences including reaction.
Kajibimaka et al. (2003, p. 316) recommend that HIV disclosure demands careful
participation disclosed in a different context but they experienced similar negative responses.
with the disclosure, illness, which is mostly inferred about the effects is that each
consequences following their HIV/AIDS disclose, contributing to added stress in dealing
with the above experiences than family, Cadbury and Iman suffered negative

work environment too hostile for him to stay

So he told a few of his colleagues, but they did not accept. Soon management made the

disclosed to his work colleagues:

Nolen (2007, p. 334) discusses the case of Iman who lived discrimination once he had

sometimes regrets it - he still gets hassled everyday time he orders a beer.

While Cadbury knew his decision to go public had a huge impact on people, he

The impact of public disclosure for Cadbury is described by Nolen (2007, p. 236):
Nolen (2007, p. 28-29) writes about Codhey and the reaction he received following his disclosure. Nolen (2007, p. 364) describes the circumstances that led Tribe to disclose his status to his public because of the attention that it attracted. However, in the above excerpt Nolen (2007) discloses his views. If was noted above that he sometimes required having made his stance.

It is interesting to note that Codhey experienced both negative and positive consequences to his disclosure. He shareded the comments that a person informed would be visibly worried and still feel so bad when he spoke before crowds, and by standing up in front of them. This happened to you when you are HIV positive is what you lose all self esteem. Codhey felt as if the burden was removed the sense of worthlessness. One of the things straightforward concerning despite the standing crowds and their probing questions, it was soon he was the country's AIDS outreach effort a campaign of one. He found it

3 Disclosure

Although the excerpts presented above reveal the negative consequences following disclosure of one's status

4.1.2 Positive consequences following disclosure of one's status

Rejection:

necesing social support many people with HIV/AIDS receive harsh discrimination and
disability of one's HIV status can be associated with positive consequences such as societal support and eased her concern that he might have infected her. Studies have indicated that of one's status. For those, disclosing his status to his significant other led him to receive social support, which enhanced his self-esteem. The excerpts reflect the significance of disclosing to others as a way of achieving acceptance. People have sought HIV/AIDS education and to create awareness. In Godfrey's case, disclosing his affairs, revealed confidence by disclosing both of them disclosed as a way to challenge the myths that disclosed, but also the communities around them. Godfrey and Lily both found comfort and The above excerpts illustrate not only the different situations in which the participants were a college graduate who was publicly HIV positive and made them listen. AIDS. She loved the attention and how the people drank up when she had said the begun to do small talks in workplaces, telling people how she was living healthily on...and at the center she was given preliminary training in public speaking and the

The response to Lilly's disclosure is presented by Nolan (2007, p. 142):

than for her health.

her the news. She was as always, staunchly supportive, much more concerned for him. She fear that he might have infected her with HIV. So he went to see her that night. Later of years. They had had a condition break a couple of times, and he was concerned with His most pressing concern was for his close friend. Therein when he dared a couple
Support received from family and friends:

In the following excerpt, Nolan (2007, p. 85) recalls how Marthe's social support from her family helped her through the various stages of her illness:

"In the early years, Marthe's family was a source of strength and comfort. They provided a stable environment that helped her to stay on track with her medication. Marthe's mother, who was also living with HIV/AIDS, was a constant source of support and encouragement. Her father, although he was not able to provide financial assistance, was always there to offer words of comfort and hope. Her sisters and brothers also played an important role in her life, providing a sense of community and belonging. Even though they were not directly affected by the disease, they were still there to support her and help her through the difficult times."

Marthe's illness progressed, and her family continued to provide her with the support she needed. They helped her to stay on track with her medication and provided emotional support during her hospital stays. Marthe's family was a source of strength and solace, helping her to cope with the challenges of living with HIV/AIDS.

As observed above, for one person the experience of disclosure can be both positive and negative, as in the case of Gady. This highlights the complexity of disclosure (Kihara et al., 2004).
Social support is an important aspect of psychological well-being for people living with HIV. A review of recent research, conducted by individuals who were interviewed, indicated a strong link between social support and adherence to ARVs and medications. The findings of this study suggest that social support may help enhance the ability of individuals to adhere to treatment and improve adherence. The results also indicate that many individuals who received support from family and friends had a positive impact on their well-being. In the narratives, these families made a significant contribution to the well-being of their members.

The examples presented above show how the social support that participants received from their families, friends, and community members helped them to adhere to their treatment plan. There was something sweet about all three of them and the warm family life they had built around a situation they could have never chosen. It was clear that they had only a few weeks to live, and their courage and grace were being shown to honor them.

The support they received from the other wives of their husbands' deaths was shown in the way they thought of others. They were very close to the people they lived with, and together they would sing to the weaving boy. They knew what he was very ill, he would creep into his grandparents' bed and wake

Leda was an HIV orphan cared for by his grandparents (Nolen, 2007, p. 201)

was born in Uganda was open. Drugs are used that blur love and support - these are first."

The reason I survived was from support from my family and my friends, the second.
practices towards HIV infected individuals, and 99% refused to care for those people. This was found in a survey of health care professionals discarded discrimination attitudes and beliefs in hospitals. Similarly in Nigeria, Kees, Heiser, Anwori, Mohammad, Maham and Ayoade noted that medical care, this highlights the challenges and realities that people with HIV/AIDS face.

The above excerpt reflects the hostility that Martha encountered within the hospital. The possible explanation is that they were waiting for her. "They were waiting for me to die soon as possible."

not dissocial them from their work," they were waiting for me to die as soon as possible.

not feel or balance her: they sufficed her full of fatigue so that she would die slowly and not feel.

the nurses told her, "Go home to Lagos and take the disease with you." They would not feel.

In June, she was admitted to hospital in the small coastal city of East London. There,

hospital because she was extremely ill with HIV/AIDS in South Africa.

Nolen (2007), p. 81 discusses the case of Martha, a Ugandan doctor who was admitted to


4.9.1. Prejudice

4.9 Institutional Factors

their diagnosis and dealt with it in positive ways."

social networks in which an individual is embedded, a person with HIV can in fact, accept in stress and that, if provided with sufficient support from family, friends, works groups or participation experiences also suggest that being infected with HIV need not necessarily result in positive advice to and accept their diagnosis and thus promote their well-being. These

intervention. Martha, Leda and Anna illustrate how social support can help people who are HIV.
Community: 

extract illustrates how he was treated after he disclosed his HIV status to the church.

Nolan (2007, p. 277) describes the case of Peter, a priest and teacher. The following:

4.9.3 Prejudice towards HIV infected people in churches.

and prejudice in the work environment resulted in him losing his job. When Codhey tested positive for HIV, he was no longer eligible to pursue his scholarship.

Both Codhey and Lian experienced negative consequences within their work environments.

Soon management made the work environment too hostile for him to stay.

HIV status to management.

According to Nolan (2007, p. 334), they experienced prejudice at work, even disclosing his

His visa application involved a routine medical including an HIV test.

Nolan (2007, p. 277) writes about the situation that forced Codhey to test for HIV.

Codhey experienced

work environments. The extracts presented below illustrate the prejudice he faced and

Nolan (2007) describes the cases of two individuals who were discriminated against in their

4.9.1 Prejudice towards HIV infected people in the workplace and universities.

evironment.

HIV/AIDS, showing the kind of hostility towards people with HIV within the hospital.
northern Maine, she was referred with something, something she couldn't rid of.

pain of being told she had a final illness at the age of thirty. Margot Johnson, who had
seen this coming, yes, she had her computer, but a double of pills didn't soothe the
consultants who drew up Boswann's AIDS plan and talked to him, they might have

"Tremendous hand, I ended stigma. I had barely denied it. If any of the high-profile

Diagnosis:

Nolen (2007, p. 144) speaks about "living with self-stigmatized" as a result of her HIV.

4.10.1. Stigma: Impact of HIV Infected Individuals

4.10.1. Stigma

4.10 Community Factors

"diminish the level of stigma associated with HIV/AIDS."

Community support and civic groups would raise knowledge levels, alleviate stigmatization, and

Garmyn's (2004, p. 38) notes that "providing educational programs for clients, living with HIV, and

Living with HIV from disclosing their status due to fear of being stigmatized. Can and

Liberace (2007) contends that in certain instances religion plays a major role in preventing people

expected to fulfill. Moreover, HIV is often associated with immoral behavior. Prejudice at all

The above extends beyond the norms and expectations that authorities in the church are

"Stories? Doesn't he care about the image of the church?"

There are still people who are nervous about my message, - why is he taking all these

and warn - the wider church community. He was very risky. He said it's still risky.

He told his students, who were for the most part, encouraging and then began to tell
opposed to rural groups.

was pointed out that people in urban areas have higher levels of literacy, that is, awareness as to access better resources such as health care access as opposed to rural groups and likely, in social networks where gossip is most common, also people from urban areas are at a disadvantage.

difference between the rural and urban groups was assessed to urban areas consisting of larger areas rather than in urban areas, affecting both psychological and physical wellbeing. The larger groups confirmed that self-stigmatization was likely to be common among PLHIV in rural areas and in a study conducted in the African countries (Lesotho, Malawi, South Africa, Swaziland and Botswana) stress disorder in HIV positive individuals. Furthermore, Ndolo et al. (2007), showing that stigma was associated with psychological conditions such as depression and schizophrenia and psychological well-being among HIV infected individuals confirmed a link among people living with HIV/AIDS. Simpali et al. (2007) have explored the link between stigma and discrimination attributed to HIV influences the emergence of the HIV epidemic worldwide. Ndolo (2007) notes that life is still like a black sheep. Meecane (2004) asserts that accomplishment in everything she had been prior to her diagnosis. Her perceived herself as better. For her, the diagnosis reduced her strength and her voice. The stigma was so overwhelming for life that it even changed the way she perceived herself. The above extract illustrates how stigma associated with HIV has a negative impact on well

spouse.

saw herself a nobody, she thought about AIDS about how she was marked, stigmatized and perceived. Her voice became silent. She couldn't face the people, her job, in Pretoria and linked around her
For their daughters, he built a sturdy brick house with glass windows and roof.

of better economic conditions. She wishes her homework women wear as shirts and
ben bought Maria's lessons from the city's middle class, sullenly despised new heads.

Giving him power to dominate in their relationship.

Nolen (2007, p. 299) writes about Martha who depended on her husband for financial support,

4.1.1. Fear of economic exploitation

4.11. Gender Inequality

and establishing a feeling of shame in regards to the group who is stigmatized.

people, creating a feeling of superiority for those who are not affected by the stigmatizing belief

in Nigeria et al. (2007, p. 18) comment that a woman role that stigma plays is that in separations

with HIV, and co-workers' negative emotions towards him. Skinner and Merce and 2004, cited

The above extract shows that Thabo was aware of the stigma stigmatizing people living

went back to work.

But after that, he took a day off every day, questioned him for signs of illness where he

HIV. A couple of women, we're encouraged them to ask questions but no one did.

in the bookshare self-meeting, he read a poem he was working on about living with

fact that he was infected, less like a fear whom might waste away and the day moment.

because he was doing well on the drugs, he fell more comfortable asking about the

The HIV stigma:

Nolen (2007, p. 370) describes Thabo, who was stigmatized among by all other disclosers.
relationships increases the spread of HIV/AIDS.

Dependence can jeopardize women’s ability to be assertive or voice their opinions in

because of the pressure to provide for their children. This external pressure has economic

arranges their partners who are economically vulnerable are at higher risk of contracting HIV

and less likely to leave relationships their partners perceive to be risky.” Similarly, Brandt (2008)

on men’s financial contributions and are thus less likely to succeed in negating the prevention

Xekana (2003, p. 127) maintain that “Economically vulnerable women are highly dependent

are rooted in a patriarchal culture face such challenges on a daily basis. Women’s learned

submissive towards their husbands and forced to comply with their husbands’ roles. Women who

views of males prevent Marma from challenging her husband’s opinions. As a result, she is

expressions their views around their husbands. Culture and familial power that favor the

The above extract reveals how women are entrenched in a cultural norm that limits them from

she and the girl-bride, Anaka, learned to live together.

whose plump body her husband clearly relished. But when he went back to the mines,

brick building in the yard, and she had to share the kitchen with the girl, a child ready

where a girl of just twelve, Margina was charged. Suddenly, Ben was pushing something

Margina had a couple of small children. Ben came home with something else: a new

made in in Shekere. The only house left in the village. Then in 1985, when
Reflection and violence as a consequence of her attempt (Nolen, 2007, p. 300).

Talking about AIDS or negotiating sexual practices with one's husband because she feared negotiating safer sexual practices with her partner's brothers; Marthe expressed fear in Nolen (2007) discusses how some of the female participants encountered difficulties in

4.11.2. Difficulties negotiating safer sex with the partner

Position in coping with it and their greater suffering from its effects.

cause of women's and girls' greater vulnerability to HIV infection, they disadvantages, social and economic powerlessness and low status relative to their menboys in the root,, individuals. Bennett, Thomson and Complain (2005), p. 4 (this section in red) argue that

concentrating HIV due to power dynamics among men and women especially among traditional

inequalities among different genders. Women such as Marthe are at a greater risk of

on women's wellbeing. Moreover, it is evident that women are vulnerable to HIV due to the

illnesses the position which men have over women in households thus increasing markedly

nhiders when from expressing their opinions regarding their husbands' decisions. Further, this

are obliged to be submissive towards their husbands due to norms set by society, these norms

It is apparent from the above excerpt, that women who are still entrenched in cultural norms


voices, and I had to accept it."

another family. I couldnt say anything. "She said, "He was happy having two

doesnt need. She herself possessed around the home, stead and made room for

doesnt need. She herself possessed around the home, stead and made room for

In 1999 came wife number three—Gevinda become a twenty-three and beautiful high
Illusion of the challenges faced by some women who confront sexual issues with their

because of the power dynamics between men and women. In contrast, the case is an
negotiation of safer sex, illustrating how women are in danger of contracting HIV/AIDS
that men have over women. Martha speaks about the risk of being pregnant if she initiated the
well as the fear that women have lowered making decisions in relationships due to the power
about safer sex. The extent reflects how gender inequality plays a role in relationships, as
expected to be passive in sexual interactions. Martha was unable to even talk to her partner
example of a woman who are still rooted in cultural norms, whereby women are

had intervened here. "I was a virgin when we married, so he couldn't blame me."

which and recognized his words, she knew and she will tell everyone who asks that he

"bar girls" instead. "Why wouldn't I bother with an old cockroach like you?" And

have to use a condom. He couldn't refused the idea, something that he would just go in

So Andy went home and told John that if they were going to have sex again, they would

with her husband (Nolen, 2007, p. 17):"A

After learning of her HIV positive status, she attempted to negotiate safer sexual methods

home.

costumed that I even had to ask her then and almost certainly chased her from the

had asked him to wear a condom?" He would have been my. Martha replied,

But Martha told me with a sly smile. "What I imagined would have happened if you

I never talked to been about AIDS. If would be very frightening taking to him about
which was their only source of income.

Carrying in informal jobs such as washing people’s clothes, bricklaying, and selling cigarettes,

collected in South Africa. They found that children-headed families were more likely to be

poverty in South Africa. They found that children-headed families were more likely to be

and children are exposed to the risks and strains of children-headed families as well.

Donald and Chambery (2005) explored the risks and strains of children-headed families as well.

and Xan’s circumstances forced them to earn money from odd jobs in order to stay alive.

Children-headed families face major challenges and emotional strain in order to survive. Some

Children head families face major challenges and emotional strain in order to survive. Some

children here or four hours (40 cents) for an afternoon playing.

She earns a bit less than $200 a month, and the neighbors will

save for months. Sonja earns a bit less than $200 a month, and the neighbors will

robed by other boys who steal his money and his shoes and polish shoes. Although more than once he has been

sometimes earn a few iron shining shoes—although more than once he has been

Nolen (2007), p. 42) describes how two orphans (Tan and Sonya) stay alive:


4.12. Poverty

making it difficult to control the pandemic.

as well as socially vulnerable to HIV/AIDS in a variety of contexts with such high

experiences various abuse and neglect. These examples indicate how women are physically

partners. And’s effort to negotiate safer sexual practices due to her HIV diagnosis led to her
shows that are worn only to school and church and otherwise kept stored away
emperor for another term. Sometimes there is a bill for over a new shirt or a pair of
off farmers near town to earn enough. Thus far, it had been enough to keep them
On the holidays and between terms, the older children go on to help the fields of
in Zambia it costs $3,500 Kwacha per year per child or about $25 a huge burden.
have sex with older men for cash or food. She wants the children to go to school, but
supposed by the presence of her then is in uncommon fit and embarrassed that she was
granddaughter. Rebecca said, looking pointed and embarrassed, that she was
house that day was in charge a few weeks old born in a fourteen year old
grandchild are worse off than her own children were. The newest child in the
feed sacks. If is a source of some shame for Rebecca who knows that her
hands, the children were dust smeared and dirty, wearing short trousers made out of
rounded to sh and rest for a minute or two. She twisted her swollen calves with barked
writhe. From the whinge and musk rely on the work of the other children. Her
beam on the floor and push her to the end and pocket. But she has no cash to hire
then I have to till the land, and I have no animals to help me plow the maize field."
"Even if I'm not very nice food as long as it helps them to live. The biggest problem is
"I's difficult - the only way I manage is the little I get. I give them, " Rebecca said

and the AIDS affected orphans that she cared for (Nolen, 2007, p. 73):
(blood pressure) of Rebecca (an elderly caretaker), and for the emotional wellbeing of both
Poverty forced many students residing in major rural communities for the physical and

4.12.2: Financial challenges among HIV/AIDS caregivers
How long it would be before it was him.

They should have been able to buy them. Besides, Molly had cured and been wondered
whether before she got too sick to stand at the stall. They knew about the drugs, and
which would help them need to make enough to cover household expenses as a matter
of fact: both were high school graduates and Ben had a full-time job as a security
guard. Could have bought them — when they were doing okay by the standards of Southern
Africa, where they lived — and they knew how it worked. And not long ago, they
were well again, were for sale at the pharmacy, just down the road. Molly and Ben, who
were the third two, was thirly from AIDS, and the drugs to keep her alive, in place

ARVs which they could not afford (Nolen, 2007, p. 22).

Molly and her husband, Ben from Zimbabwe were both HIV positive and struggling to buy

4.2.3 Poverty among HIV infected individuals.

Support structures are necessary to assist caregivers and strengthen families.

and taken in their adopted’s. They concluded that educational incentives and community
improvement, intellectually driven from having cared for and nurtured relatives
(see, 2007). Howard et al. (2006, p. 7) note their “daily caregivers, especially the elderly are
orphans (e.g. Howard, Phillips, Gooch, Smith, University, Goodwin, Meclem, Johnson, 2006; Linn. In e
shown that poor economic conditions make coping difficult for affected caregivers to care for

Rebecca was faced with financial constraints that diminished her quality of life. Studies have
positive. Her mother immediately bought the first month's supply of drugs.

A month. Presented with the plate of ARVs, she agreed to let him come back was available in Botswana. Available, that is to people who could afford to pay $50.

This was a radical notion. That the treatment that could keep people with AIDS alive

of the government response to HIV/AIDS, as well as the impact it had on this health.

Nolen (2007, p. 139) writes about HIV positive woman from Botswana, the influence

4.1.3 Policy influence common infected individuals

4.1.3 Public policy

and therefore future interventions should deal with the socio-economic impact of the disease.

HIV/AIDS is very common among impoverished people, thus increasing the need of poverty,

offs as well as HIV infected individuals. Bosson and Badingham (2002) concluded that

resources for coping. World Bank (2004, p. 3). Poverty affects HIV infected categories. HIV

population groups, the disease is most prevalent among impoverished people with lower

He was also HIV positive. ...while the consequence of AIDS have been felt across all

the concern of whether he would be able to live long enough to care for his dying wife, since

resources such as money to buy medication add to a burden of worry to Bon because it raised

by the couple's inability to afford medication (ARVs) to make her well. Moreover, lack of

case mobility was extremely ill and dying from AIDS, her health condition being exacerbated

The examples above illustrate how poverty can compromise the health of an individual. In this
government to make ARVs accessible were a success. Although he was HIV positive,

The above excerpt illustrates how Zack's courage, single-minded and hard work in persuading the

public eludes

revels announced that it would begin to take steps to make ARVs available to the

efforts to force the government to give the people the medicine. "That was a brilliant

medic's, " said Dr. Koziel, chair of the South African Medical Association. Yet in the

The South Africa's first-ever national AIDS conference. Many key members of the

A few days later, Zack marched with thousands of other TAC members to the site of

2007,p. 193)

For treatment to be made accessible for people living with HIV/AIDS in South Africa, Nelson

Zack was a South African-based activist whose work on HIV included the broader struggle

HIV/AIDS since her mother could afford the drugs to improve her health status.

Lili benefited from the approach of the Botswana government towards the health

climate. Her skin was peeling off. She got sick. Her family had to keep her on dryers.

Within weeks of stopping the pills, she was sick again. Her hair was falling out in

1.42

1.42

ILL overcome her negative emotions as a result of the impact of ARVs (Nolen, 2007, p. 141).

preserved below used ARVs, resulting in an improvement in their health and a sense of hope.

preserved below used ARVs, resulting in an improvement in their health and a sense of hope.

numerous infections which created misery in their lives. She documented how the participants

numerous infections which created misery in their lives. She documented how the participants

Nolen (2007) discusses some of the participants who almost lost their lives and suffered from

Nolen (2007) discusses some of the participants who almost lost their lives and suffered from

4.4 ARVs save hope to people with HIV/AIDS.

4.4 ARVs save hope to people with HIV/AIDS.

to make treatment accessible saving the lives of many HIV infected people.

to make treatment accessible saving the lives of many HIV infected people.

The above extracts illustrate how policies can have a positive influence on the health of

The above extracts illustrate how policies can have a positive influence on the health of

people with HIV especially in poverty-stricken countries. Zack’s activism demonstrates the

people with HIV especially in poverty-stricken countries. Zack’s activism demonstrates the

importance of collaboration in addressing health concerns, which led to the government effort

importance of collaboration in addressing health concerns, which led to the government effort

that although governments have adopted policies to respond to the pandemic, major

that although governments have adopted policies to respond to the pandemic, major

HIV infected people and instilled hope. Mckinnon and Mckinnon (2007) advise, however,

HIV infected people and instilled hope. Mckinnon and Mckinnon (2007) advise, however,

people, some policies such as ARV policies adopted in Africa have prolonged the lives of

people, some policies such as ARV policies adopted in Africa have prolonged the lives of

campaigns have been adopted to fight the pandemic with an evident decrease in infected

campaigns have been adopted to fight the pandemic with an evident decrease in infected

informed the response to HIV in Africa: control programs such as awareness and prevention

informed the response to HIV in Africa: control programs such as awareness and prevention

become a hero. Mckinnon and Mckinnon (2007) identify various policy measures that have

become a hero. Mckinnon and Mckinnon (2007) identify various policy measures that have

activism kept him strong because he was able to help others as well as develop resilience and

activism kept him strong because he was able to help others as well as develop resilience and
common among people with HIV compared to those without HIV. Hughes and Kelespies

Chicago. They found that both lack of interest in activities and depression were more
2006; O'Malley, 2006). With the most common disorder being major depression. In a study in
HI (K.S. Brindal, 2008; Mitchell, Burges, Judd, Corden, Komhl, Hoy, Lord, Gibble, & Street,
multiple infections. Studies have demonstrated an association between mental disorders and
and hopelessness and the attempted suicide was confirmed with imminent death due to
 Lilly's health worsened when she stopped taking the pills. She experienced feelings of despair.

...on AIDS...taking them responsibly this time. Her CD4 count slowly climbed...purpose. I still have to do something in life; soon she was out of hospital and back

...could still feel back. She was filled with the sense that her life was spared for a
time when she decided with her usual wisdom that she wanted to live, her body

...seemed appreciating any more. And she was just lucky to be young and strong enough

...inspiration. "Lilly said that when confronted with actual, imminent death, if I'm

...struggling, you're doctor told me, I was lucky to be alive. She's my

...headed. "There is no one who went through what she went through and is still

...through the cancer, and the tuberculosis. She got over pneumonitis and her lesions

...would almost finish the job she started with her poisonous homemade cocktail. Her CD4 count was 8. Doctors told her family that this horrifying array of illnesses

...news. And she had pneumonitis, stroke, tumors, tuberculosis and Kaposi's sarcoma.

...and drank it down. She was in a coma for three days. She awoke in hospital to the

...made a concession of place. She didn't want to hear the "I just wanted to bring that day". She

...thought, I'm going to suffer and go to the "I just wanted to bring that day. She

...and she decided she couldn't wait any longer for death that was dragging his feet, I
I had not realized how much I had missed my routine. The routine had been a lifeline, a constant in the midst of chaos. But now, it was gone. The days and nights blurred together, and I found myself struggling to find the motivation to do anything.

In the end, I had to admit that I was alone. I had no one to turn to for support. I had no one to comfort me. I was left to face my demons in solitude. It was a lonely place to be, and I hated it.

One day, a friend of mine came to visit. She didn't say a word, but just held me in her arms and let me cry. It was then that I realized that I was not alone. There were others who cared about me, who wanted to help me. And for that, I was grateful.


could not previousty manage due to the illness (Norton, 2007, p. 194).

 Zack explained how the ARVs bought him the break and how he managed to do things that he

combination antiretroviral therapy was emergent in the mid-1990s.

Improvements in health provision to be a more marked and enduring than anticipated when

antiretroviral drugs on the management of HIV infection has been startling, with

according to the report on the global AIDS epidemic (2008, p. 132), "the impact of

can reverse their serious health status and bring them back from the brink of death. Similarly,

Gilbert and Walker (2009) note that adherence to ARVs among people who are HIV positive

When I first stopped taking the ARVs, his physical and emotional condition deteriorated.

associated with psychological, mood and physical dysfunction.

(2001) argue that there is a strong link between people with HIV and suicide, which is often
long. There was a new rival, and something could be done. Someone had never heard of
assumes this means he would die. But Pillay told her that at she had hoped for so
little help. Pillay broke the news to Valentine that "...had AIDS, and the grandmother
..."He had made it to leave, against outrageous odds, and it was high time he got a

as well as hope for his future (Nolton, 2007, p. 206):

Grandmother, for she had heard of AIDS. ARVs restored Lopa's childhood
Wewere year old Lelo, who was HIV positive, was always sick and was being cared for by his

experiencing multiple infections due to HIV.

perform simple, pleasurable activities such as reading which he had been unable to do when

enhancing their well-being. For Zak, ARVs restored his energy and hope when he could

positive individuals retained their ability to manage HIV like any chronic disease; but

HIY/AIDS for many respondents, and indicated that the provision of treatment among HIV

Walker (2009, p. 112) found that "...ARVs are transforming the experience of living with

complexities and challenges of managing treatment when governments oppose it. Oliver and
do these he had not been able to do when he was sick. Zak's example also reassured the
his health instilling a sense of hope and enabling him to get his strength back so that he could

Clearly, Zak was nervous about taking ARVs because he then South African Government

two weeks I was almost a whole human being
back I was capable of holding a thought, speaking, engaging being nice. And within
due to HIV/AIDS, Leda had been sick his entire childhood. Inhibiting his ability to develop

pumping his arms in the air and accepting hugs from the school

had hepped over the 75 kilogram mark. He ran through the chine like a pride figher

is such a surprise coming from his little boy’s body. When he stepped on the scale he

the hill. His face was fuller; he stood awake. He laughed more - the lucky chance he

later. Back in Kolo for chine day, she looked out the window and say... “Charging up

even drugs would do it. She feared his immune system was too worn out a month

night, Yet as she seen the Grandmother and the boy away, Phily wondered if

heads to her, telling her which ones... would have to take each morning and which at

rooms at home until they dead. But this whip-then-sprint doctor was confirming

someone getting treated for HIV’S. When people in Kolo get sick, they lay in darkned

but has brought hope to them.

people with HIV has removed the perception of doctors simply prescribing people for death.
because he was put on ARVs, Gibson and Walker (2009) asserts that the provision of ARVs to

be lieve, Leda’s health improved not only because he had support from family, but also

healthy resources to people infected with HIV so that they might be reinserted with the

childhood cancer! It’s no points to the growing demand for government to provide sufficient

like other healthy children. His story illustrates the challenges and struggles that HIV infected

access to the medicines that will keep them alive.

then, "all across Africa there are people with HIV who, because of cost or logistics, cannot get

and possibly shape the health the wellbeing of an individual. Nolen (2003, p. 322) maintains

these excuses demonstrate how a wider conceptual reader such as policy can both enhance
health conditions (Meltzoff et al., 1998). Health is compared to individuals who are emotionally distressed as a result of other difficulties. Their purpose is to describe the distress of health conditions is more likely to experience good interpersonal communication. For instance, in individual who demonstrates the desire to fulfill or an individual to experience good health depends on the individual's ability to change their influence in addressing health-related concerns and emotional distress. They state that the ability to interpersonal factors that impacted in the stories of the participants

The analysis of the stories of the fourteen HIV infected and affected individuals commented on these findings in relation to the ecological conceptual framework. This informed concluding chapter. I summarize the main findings of the analysis and make some concluding individuals experience being HIV positive or being affected by HIV/AIDS. In this study looked at how the various factors come together to impact on the way in which

interrelated, contributing to the health or illness of an individual (Meltzoff et al., 1998). My experiences of health and illness and these different levels of analyses are interdependent on interpersonal, institutional, community and public policy factors contribute to people's understanding of their subjective experiences as well as the wider social environment that influences and

CHAPTER IV: CONCLUSION

Fourteen HIV infected and affected individuals, according to Meltzoff et al. (1998), this finding of this study was to adopt an ecological framework to understand the experiences of
education was the key to a better life for them, and educational opportunities helped them to
build their resilience through a strong sense of confidence in their future. These were key factors that
helped them to overcome the disease and live a full and healthy life.

While resilience was demonstrated by making a difference in the lives of others, it was also
shown through the influence of their positive self-identity in order to overcome the disease and make a difference in
their lives.

Resilience is also demonstrated through the influence of other individuals, such as friends, family, and
community leaders. Some individuals who have experienced HIV/AIDS have found positive influences in
these relationships, which can help them to overcome the disease and maintain a healthy lifestyle.

The study by Delicato et al. (1990) underscores the importance of acknowledging the relationship of

Reframed resilience in them.

Illustrated, iatrogenic resilience was beneficial for some of the HIV-positive participants as it
introduced them to accessible medical care and their health. The findings further
indicated that intervention was required to be used as a coping mechanism, but had a negative influence in their life.

Due to the stigma surrounding HIV/AIDS, some participants were in denial about their HIV status despite knowing the
symptoms. Consequently, the study found that those who knew they had HIV were more likely to belong to the
HIV/AIDS community, whereas those who were infected and affected but not informed of their status were
more likely to develop positive influences. The study also suggested that some of the interpersonal factors which were evident
in shaping the health of those with HIV were different and affected participants included factors
and characteristics of the study, such as knowledge, denial, acceptance, and resilience factors.

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in shaping the health of those with HIV were different and affected participants included factors
and characteristics of the study, such as knowledge, denial, acceptance, and resilience factors.
different outcomes, but they experienced similar negative experiences after disclosure. For these Why is most interesting about the extracts is that the participants disclosed in three
their HIV/AIDS disclose experienced additional stress in dealing with their lives. Participants such as Molly, "I am better now," and Tanya, who suffered negative consequences following their disclosure, shared that social relationships influence how an individual copes with their HIV status.

For people who are HIV positive, My findings concern with the view of Melia et al. (1988) meaner, My analysis is intended the importance of social support from friends and families support from friends and families, enhancing their ability to adhere to their medication and
their health and enabling resilience. For example, Marla, whose reduced resilience through social the well-being of some HIV infected individuals, because it enhances their ability to adhere to this enhancement their physical and psychological well-being. Family support also influenced however, experienced positive consequences, which facilitated acceptance and social support families and colleagues as a result of disclosing their HIV diagnoses; other participants.

My study found that some participants were ostracized, rejected or abandoned by their

Sisters, shrinking an individual’s well-being as well as the ability of an individual to cope with the behavior of individuals, and that these interpersonal factors play a significant role in friends, neighbors, and colleagues as well as sources of influence in the health-related
Melia et al. (1988, p. 356) suggest that interpersonal relationships with family members,

S2 Interpersonal factors that influence the stress of the participants

lying to create awareness about their HIV diagnoses.

In bonds with their grandchildren, and the HIV positive participants demonstrated resilience by
overcome their adversity. HIV affected caregivers overcome their adversity by forming close
Scholarship their lack of work. 
led to him losing his job, and for him this diagnosis rendered him ineligible to take up a 
were also discriminated against with their work environments. For (1968) who was difficult to make it 
adjust to the medical setting to which he was admitted, which made it 
more difficult for him to cope, adjust and recover from her condition. Her and (1968) 
regained their strength, get medical care and to keep their jobs. For instance, Maria was 
workplaces and shelters. These negative attitudes made it extremely difficult for them to 
stories who experienced prejudice within different organizational contexts such as hospitals, 
within organizations did not have a negative impact on the health of some of the individuals in the 
the opinion of Melroy et al. (1989) (888) coincides with my findings: hostile environments 
health of some individuals making it more difficult for them to recover from their illness. 
wellbeing. However, a hostile organizational environment could negatively influence the 
training, teaching empowerment and offering incentives to individuals to promote their 
social support for behavioral change. This can be achieved by organizations embedding 
encourage behavior change or "provide the individuals with HIV/AIDS the chance to build 
from a significant social identity for individuals. Organizations can also achieve or 
substantial influence on the health and health-related behaviors of individuals since they 
Melroy et al. (1989, p. 359) assert that "organizations' structures and processes can have a 
5.5 Organizational factors that influenced the experience of the participants 

members.

instance, Malory and then were shunned, rejected, ostracized and abandoned by family.
accomplishments and everything she had been prior to her diagnosis.

perceived herself. The diagnosis redefined who she was and also overshadowed her
their lives. The stigma was so overwhelming for [I] literally even changed the way she
and through experienced increased stigma due to their HIV diagnosis, which severely limited
stigma, gender inequality, and difficulty navigating safe sex with partners. For example, [I]ll
community resources that influenced their experiences of health and illness included poverty.
The analyses suggested that among the included and affected HIV participants, some of the
poverty while faced with HIV/AIDS.

communities and societies. In my findings, people had to adapt to and cope with experiences
model is adaptation, which suggests that people must cope and adapt to changes in
1998), Nelson and P uphill (2005) contend that one of the principles of the ecological
and power structures in their communities and experience the most ill-health (McAloney et al.
usually have little control over how their community operates and limited access to political
evironment (McAloney et al., 1998). People with HIV/AIDS are disenfranchised agents,
related behaviors. These structures also connect an individual to the wider social
community’s norms and values, individuals’ health care beliefs and attitudes, and a variety of health
mediating structures; these structures are responsive and important influences on the larger
McAloney et al., 1988, p. 366). Multiple factors, ‘an important component of community influences
5’s Community Factors that Influenced the Experiences of the Participants

These findings from different organizational contexts hold lessons for people with HIV.
behavior more of the emphasis on this HIV positive status different. These responses show the
HIV-positive status. The assumption that he had engaged in risky or immoral
Peter, a priest, was discovered to be infected with HIV during a sexual encounter when he was discovered

to reduce or restrict access to ARVs or treatment for people who are HIV positive (McCauley & McCallum, 2007). However, in Africa, challenges such as limited funding and awareness campaigns or providing treatment (ARVs) to HIV positive individuals and their well-being are often addressed at the local or community level. ARVs played a major role in giving hope to people living with HIV, improving positivity on HIV.

5.5 Policy factors that influenced the experiences of participants living or affected with HIV

. These factors include better health facilities and treatment, problems, the HIV infected couple, and their own quality of life as well as the physical environment, and economic wellbeing. In general, the HIV affected caregiver was faced with the financial strain of raising their children, surviving, and securing their own future. Financial constraints were survival and affect the quality of life of the infected individual.

An individual's gender in society and how gender inequality can shape the health of

Dynamics between the genders in society and how gender inequality can shape the health of people who are HIV positive is also significant. This indicates the power imbalance because the husband is financially dependent on him and expected to be submissive towards his partner. Another participant, who was married to a polygamous man, was not able to negotiate safer sex with her partner. Gender inequality was a major contributor to the spread of HIV among some participants.
different levels interest and are interdependent. Similarly, HIV-affected caregivers also
directly affect the individual at the interpersonal and interprofessional levels, and how the
younger siblings. This example shows how poverty and lack of resources impacts on and
parental role expressed concern about not being able to provide for the basic needs of their
infected and affected by HIV. Some of the affected HIV caregivers who had undertaken a
The principle of interdependence was clear in my analysis of the stories of individuals
community factors such as poverty or stigma.

system. For instance, interpersonal factors such as emotional distress can be linked to
differences in any one part of the system will have ripple effects that impact on other parts of the
independence. "Assesses that the different parts of an eco-system are interconnected and that
According to Nelson & Phillips (2003, p. 71) the ecological principle of
5.6 How the different levels of analysis are interdependent

been born with HIV and had always been sick. ARVs restored his health.
resulting in enhanced physical and psychological well-being. And lastly, for Leda, who had
left. Leda: "I'll have to overcome her negative emotions about living with HIV, took her ARVs.
able to do when he was sick. The medication brought hope to Daki and others. Like Lila and
the ARVs, which enabled him to get his strength back and to do the chores he had not been
convincing him that they were poisonous. However, he challenged the government by taking
initially nervous about taking ARVs because the government in his country had over the years
Public policy impacted on some of the individuals in the stories. For instance, Zaki was
 centrally, ARVs were considered to be very expensive in most countries.
& Melsonhu, 2007). Haddon (2005) also argued that since Africa is a poorly resourced
different levels, therefore, impacted in shaping the participants' experiences. For participants

Peter the stigman was so intense that it impeded on them at an interpersonal level. The
organizational interpersonal and in turn the individual level. Furthermore, the
progress of their family's organizations of social networks, showing the link between the
disclosure to their families, organizations of social networks and discrimination when they
Participants such as Lili, Thabo and Peter experienced stigma and discrimination when they

The findings further illustrate the importance of interpersonal processes such as disclosure,

their personal well-being.

Injured and affected individuals' social support (interpersonal factor) impacted positively on
resilience at the interpersonal level. The findings also established that among some HIV
grandchildren, this demonstrated how an interpersonal factor impacted on the development of

expected to their hardships by forming close bonds and supporting each other

individual level. On the other hand, some of the affected caregivers such as Rebeccah have
example illustrates how wider contextual factors such as education can foster resilience at an
committed to education, which become a way of surviving their current hardships. This

Some HIV affected orphans, such as Yen and Sonke, found encouragement from being

these children

the emotional stress (interpersonal level) of this woman who has to worry about the future of
children. In this example, gendered expectations at a community level have a direct impact on
experience that women should take primary responsibility for the care and protection of their

childhood event when she died. This woman's concern reflects a cultural and societal
interpersonal level. One HIV positive woman expressed guilt and fear around leaving her

again, reflects how a community factor such as poverty can affect the individual at the

worked show how they would provide their grandchildren with basics such as food. This,
very different levels of influence that come together to impact on the way in which investigation is from an integrated perspective. In other words, it does not explore the way in separate aspects of HIV/AIDS like stigma, measured and social support, but few studies in a preliminary review it is clear that most research on HIV/AIDS tends to examine health. Enhance the lives of HIV positive participants by giving them hope and improving their health established that public policy such as ARV distribution by the government can negotiate safer sex with their partner, but wasn't very afraid for the health of her concern. Lasty, her husband because she feared that she would be financially disadvantaged. Any attempt to negotiate safer sex with an interpersonal level difficult. For instance, Martha was unable to negotiate safer sex with her husband because she feared that she would be financially disadvantaged. Any attempt to negotiate safer sex with their partner. This demonstrates how an interpersonal level further negotiation is more complex with their partners. It demonstrates, how an interpersonal level further enhance way. In addition, some HIV positive participants experienced difficulty in how a community factor such as stigma can influence the individual level of experience in a her accomplishments and everything she had been fixed to her diagnosis. This demonstrates the peer support her HIV diagnosis was so overwhelming that it even changed the way community regarding her HIV diagnosis was so overwhelming that it even changed the way some community members such as stigma have a negative impact on the well-being of some HIV positive participants. For instance, for one participant, the experience of stigma from the organizational, interpersonal and interpersonal work together to make HIV a manageable positive impact on their wellbeing. The above example demonstrates how the different levels, who received a positive reaction to their diagnoses and received family support, there was a
HI/AIDS infected and affected individuals. My findings highlight the importance of
individuals' experiences in understanding their health as well as experiences of
experiences of health and illness
experiences as well as the wider social environment that influences and shapes their
experiences of an individual in a holistic manner. By taking into account their subjective
experiences of HI/AIDS infected and affected individuals is useful because this model looks at the

In conclusion, this study found that adopting an ecological framework to understand the

problems, taking power and social context into account (Hurry et al., 2004, p. 329),
ecological model challenges individualistic interpretations to problems and stresses to examine
are embedded to understand health and behaviour. In addressing health concerns, the
are embedded in a holistic manner within the social contexts in which they
and seeks to consider individuals as holistic beings within the social contexts in which they

Research on issues related to HI/AIDS has tended to focus more on the interpersonal

qualitative to understand the health of people living with HI/AIDS.

HI/AIDS, it is clear in consideration both the social context as well as interpersonal

hierarchical framework that can be used to inform research on people's experiences of
individuals' experience their illnesses. It is argued that the ecological framework is a useful
caregivers or children or males.

focus, for example. It would be interesting to focus exclusively on the experiences of elderly participants on an ongoing basis. It is also suggested that future studies could narrow their
researcher to make a much more in-depth analysis and enable them to consult with the
could make use of primary data collected from direct interviews as this would enable the

The limitations of the study are that the data (stories) were already collected. Future studies

but also in research to understand the health and illness of HIV infected/affect ed individuals.

considering the social environment not only when designing interventions to help HIV/AIDS
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