

## The Psychosocial Well-being of South African University Students Living with HIV/AIDS

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**ABSTRACT** Various studies on HIV/AIDS management at institutions of higher learning have been conducted; however, there is a dearth of research on the psychosocial well-being of university students living with HIV/AIDS (SLHWA) in South Africa. Drawing from Ryff and Keyes' psychological and social well-being models as theoretical framework, this paper seeks to describe how the SLHWA deal with the pathogenic effects of stressors such as discrimination and antiretroviral treatment. By employing the systematic review as a form to collect data, the researchers explored journals and dissertations which addressed the phenomena. The literature findings showed that the flourishing SLHWA tend to demonstrate self-acceptance, autonomy and purpose in life, as compared to their languishing counterparts who lack sexual self-efficacy due to inadequate social support. In conclusion, this paper recommends the collaborative approach amongst different stakeholders such as HEAIDS and Health Department to enhance transformative social justice because HIV/AIDS is a public health concern.

### INTRODUCTION

Nearly three decades after initial diagnosis, Human Immuno Virus (HIV) and Acquired Immuno Deficiency Syndrome (AIDS) are still devastating and stressful, especially in developing countries. Sub-Saharan Africa has one of the highest global prevalence rates of HIV and AIDS, with an estimated 22.5 million, representing 68 percent of the global HIV burden (UNAIDS 2012). Universities have also not been spared by the devastating effects of HIV/AIDS as the prevalence of HIV and AIDS amongst university students in South Africa is a cause for concern. In Kenya, Zimbabwe, Uganda and South Africa, stigma and discrimination continue to hinder effective prevention, communication and other program intervention strategies to curb HIV/AIDS, resulting in disproportionate number of SLHWA living in fear and defaulting from compliance and adherence to their antiretroviral treatment (Kheswa 2014). According to Higher Education HIV/AIDS Programme (HEAIDS) (2010), the Eastern Cape, being the poorest province in South Africa (Statistics South Africa 2013) has the highest number of university students who have contracted HIV/AIDS at 6.4 percent fol-

lowed by Western Cape at 1.1 percent. This is regardless of the numerous HIV/AIDS programs and the introduction of Anti-Retroviral Therapy (ART) that reduced mortality rate among people living with HIV/ADS. With HIV/AIDS becoming a chronic disease, universities should assume the responsibility not only for the students' formal education, but also for their psychosocial wellbeing. Psychosocial well-being is described as the dynamic interaction between an individual's psychological (thoughts, feelings, emotions, understanding and perceptions) and social processes (social networks, community, family and human beings). The psychological factors occur internally while social factors are comprised of social networks around them (Compton and Hoffman 2013).

Psychosocial well-being of an individual can be classified in a mental health continuum as either languishing or demonstrating moderate mental health or flourishing (Keyes 2007; Sun et al. 2014). Languishing individuals are considered to have emotional distress, psychosocial impairment, limitations in daily activities and loss of working days (Keyes 2002). Such people may show low levels of well-being, feel unfulfilled; struggling individuals present with mental ill-

ness and low well-being while flourishing individuals are perceived as having manifestation of mental health and functioning well (Keyes 2007; Koen et al. 2011). The promotion of well-being amongst students living with HIV/AIDS (SLWHA) leads to flourishing as it has constructive properties that are related to better health with less illnesses, optimal functioning, and efficiency in their academic work as well as participation in activities within the institution (Diener and Ryan 2009). It is a fact that HIV has deleterious psychological and social effects on those who are affected. However, SLWHA who manage their well-being properly seem to gain self-esteem, self-efficacy, autonomy and change their worldview, which in turn, make them stronger than they were before contracting HIV/AIDS (Hoho 2014).

### **Problem Statement**

Being a student at university and diagnosed with HIV/AIDS has its new experiences that could be interpreted as stressful and students living with HIV/AIDS (SLWHA) constantly face the danger of poor academic achievement and diminished social functioning (Verger et al. 2009). Very often such a cohort faces many psychological (discrimination and stigmatization), social (isolation, rejection by friends and partners) and emotional (fear) challenges that may impact on their psychosocial well-being (Van Dyk 2008), which, in turn, endanger their ability to maintain good health and prevent academic progress (Ansari and Stock 2010; Banatao 2011; Sandy and Mavhandu-Mudzusi 2014). These effects of stressors let SLWHA suffer from intense emotional conflicts (Agrawal et al. 2012) and contribute to non-adherence to antiretroviral treatment (ART) in the presence of others for fear of rejection (Florom-Smith and De Santis 2012; Goudge and Ngoma 2011). As a result, SLWHA may experience feelings of hopelessness and powerlessness, and report low self-esteem and opportunistic infections owing to low CD4 count (Cohen et al 2011; Kheswa 2014). Against this background, this paper seeks to answer the following questions (i) Which factors influence the psychosocial well-being of university students living with HIV/AIDS? (ii) How do the SLWHA deal with the pathogenic effects of the stressors? and (iii) Are there psycho-educational programs

for university students living with HIV/AIDS to improve their psychological well-being?

### **Objectives**

The research objectives of this paper are as follows:

- (i) To investigate factors influencing the psychosocial well-being of university students living with HIV/AIDS.
- (ii) To describe how the SLWHA deal with the pathogenic effects of the stressors
- (iii) To suggest psycho-educational programs for university students living with HIV/AIDS to improve their psychological well-being.

### **METHODOLOGY**

Systematic review was used as a form of methodology. Systematic review is a comprehensive review and synthesis of data focusing on a topic or related questions. It is used to address many questions and it offers an explanatory exercise that informs the amount of evidence potentially relevant to different questions. This information can aid in more planning for allocation of resources (Russell et al. 2009).

### **Conceptual Framework**

Psychological well-being by Ryff (1989) and social well-being by Keyes (2007) guided this paper to comprehend various psychosocial factors associated with SLWHA. These theories are as follows:

#### ***Psychological Well-being***

The constructs of psychological well-being and mental health have been used interchangeably and has two approaches namely; the eudaimonic and hedonic perspectives. Eudaimonia entails purpose in life, autonomy and independence, emotional competence, self-actualization and mindfulness, self-acceptance, authenticity, values and social connectedness (Ryan and Deci 2008). Hedonic perspective on the other hand emphasizes kindness, courage, and honesty and it also proposes that an individual's potential in the pursuit of complex and meaningful goals is the characteristic of a good life (Ryff 1989).

Within the HIV/AIDS context, by self-acceptance, Chaudoir et al. (2011) are of the view that SLWHA should be comfortable and accept their HIV status in order to gain confidence to deal and cope with disclosure. To have purpose in life requires self-acceptance and the fortitude by HIV-positive students to reflect a greater concern for their sexual health and safety while drawing meaning to life shared with their sexual partners whom they hold in high regard (Parsons et al. 2013). Rather than to harbor hatred, having good relations with others is posed as a criterion of maturity. In this regard, SLWHA should exemplify “positive altruism” to protect others from contracting the infection irrespective of their sexual preference (for example, heterosexuals, gays, lesbians or bisexual) (O’Dell et al. 2008). Compton and Hoffman (2013) emphasized that once the SLWHA are fully functioning, they may have an internal locus of evaluation, which requires no sense of expectancy of approval from anyone, but evaluates oneself by personal standards. In other words, such students might have gained mastery control over stressful life events, challenges and their future through moderating its effects and mental ill-health. Women in particular, may feel confident to negotiate with their partners the importance of condom-use, gender-equality and power dynamics in their relationships (Weeks et al. 2010).

### *Social Well-being*

Social well-being is the personal evaluation of one’s functioning and it is associated with optimal functioning within one’s social networks and community (Keyes 1998). Closely linked to social well-being is social integration, social actualization and social-acceptance. Social integration entails the extent to which people feel that they share something with others and the degree to which they feel they belong to their communities. Integration involves social protection of SLWHA as they are at risk of exclusion and marginalization by community members (Despa 2013). To feel emotionally strong and to continue living positively with HIV/AIDS, Kalipha et al. (2014) suggest that SLWHA need the unconditional support of their families and loved ones. Seligman and Csikszentmihalyi (2014) found that living positively contributes

to the ability for one to make meaningful contributions in one’s society in a cohesive manner with feelings of shared development and potential for recognition of others. By sharing similar interests, that offers SLWHA a sense of coherence. By nurturing genuine sense of belonging with family and friends, SLWHA may live a healthy life without unconditional love (ibid.). In this regard, PLWHA may be involved in community structures as a result of improved self-esteem and health (UNAIDS 2012). Theoretically, drawing from Bandura’s theory (1977) of social learning, they may further increase their responsibility based on being valued by significant others (Westerhof and Keyes 2010). Because PLWHA begin to adjust well with the pandemic, their ability to reappraise the value of life is likely to manifest (Alomepe et al. 2016). According to Westerhof and Keyes (2010), they may attach meaning to their lives, have a positive perspective towards others and recognize that they are the recipients of social growth through hope for the future of their society (Keyes 1998). Consequently, educationally, they are bound to fulfill their goals and contribute in the economy of their country.

For optimal functioning to occur, Keyes (1998) posited that SLWHA needs honesty to experience and for determination to develop constantly. Social actualization is the ability of the society to control its purpose by focusing on its development through self-realization (Keyes 2014), eudaimonic happiness (Wissing and Eeden 2002) and personal growth (Ryff 1989). These theories hypothesized that SLWHA who trust others in their environment are able to accept their status because they know that they have the support from families and their loved ones. They tend to survive for longer periods as they adhere to treatment and health promotion programs (Bravo et al. 2010). By virtue of social acceptance, which is viewed as equivalent to personal acceptance where people feel comfortable about others and accept the good and the bad aspects of their lives (Ryff 1989), Westerhof and Keyes (2009) found that when SLWHA have developed trust and their perception of about them is positive, they become productive.

In responding to the first question of this current paper, factors influencing the psychosocial well-being of SLWHA that pose a challenge for these students will be discussed.

## Factors Influencing Psychosocial Well-being of SLWHA

### *Stigma and Discrimination*

Literature documented that stigma and discrimination fuel the trauma of living with HIV/AIDS and the SLWHA are often being ostracized by members of their community (Agrawal et al. 2012; Turan et al. 2016). For example, Kalipha et al. (2014) found that at University of Fort Hare, Eastern Cape, South Africa, students living with HIV/AIDS continue to be stigmatized and discriminated against, on the university campus. This is highlighted by a female student who responded as follows:

*"I get stigmatized everyday by my peers and other members of our institution. But fortunately for me I am living beyond HIV positive status so that does not affect because I decided to own my status. Also, I was rejected by my boyfriend."*

Also, the fear of stigmatization is a strong obstacle to utilizing available resources. Students in particular do not want to be associated with anyone who has an illness related to HIV/AIDS. This was proven when a female authority at the residence of University of KwaZulu-Natal (UKZN) reported that *"he was ill; he couldn't walk... students around him totally ignored him...he couldn't cook for him... he didn't want to go home. He had a very bad TB...he had a student staying with him."* This shows that students do not want to be associated with HIV/AIDS (Earnshaw et al. 2016). From this literature finding, it is clear that the student did not want to consult doctors or go home. In other words, SLWHA who express internalized form of harmful opinions often suffer from self-blame and guilt. They often suffer emotional strain that arises from ignorance and stigma attached to HIV/AIDS (HEAIDS 2008) and frequently suffers from depression, learned helplessness and hopelessness and ultimately languish (Compton and Hoffman 2013; Schultz and Schultz 2013).

### *Lack of Confidentiality in Health Centers*

Lack of privacy and confidentiality in the management of HIV/AIDS has been cited in other institutions of higher learning as another factor that is associated with stigmatization. Mavhandu-Mudzusi (2014) found that students complained about lack of confidentiality when they

go for testing in one of South Africa's Rural-Based Universities. In one institution a student said: *"There is no confidentiality because one moves from the office of the Health promoter ... to the HIV coordinator's office who performs HIV test, we use the same entrance where we pass through people waiting for HIV Counseling and testing...they are able to check on client's facial expression and the length of time spent in the HIV/AIDS coordinator's office and make conclusions about the HIV status."* There have been related infrastructure challenges within institutions as their health centers were not created for HIV/AIDS testing.

### *Disclosure*

Disclosure in essence allows SLWHA to express important thoughts and emotions that elicit positive, supportive confidant response that can be beneficial for psychological well-being (Bravo et al. 2010; Chaudoir et al. 2011). However, a male student at a South African university stated that *"it becomes a problem for somebody to come out of denial, only to end up completely isolated."* Female students fear to disclose their status to family members as they fear that *"their fathers will blame their mothers for their HIV-positive status"* and this results in these students hiding and living a lie without family support. Despite the fact that disclosing one's status could be a difficult decision with deleterious effects on majority of SLWHA, Dankoli et al. (2014) found that when the disclosure occurs within the parameters of social support, greater are the chances to improve their sexual behaviour. A participant who attends the support group said: *"...felt that... get a lot of help because we are able to disclose and share experiences. It is an open environment where everyone feels free to talk, we feel united so we can live better..."*

### *Poverty and Socio-economic Issues*

Having explained earlier on that poverty and low socioeconomic status are rampant in the Eastern Cape, most students survive on National Financial Aid Scheme funding from the South African government (Ngabaza et al. 2013). In such circumstances, it may be difficult to negotiate safe sex when sexual relationships are characterized by sexual exchange theory (Rosenthal



and Levy 2010.) For SLWHA, a lack of financial resources can further expose them to multiple sexual partners and the “sugar daddy” syndrome (Grebe and Natrass 2012). The phenomenon of “sugar daddy” among university female students is common in Sub-Saharan universities. At UKZN, HEAIDS’ (2008) report found that money, gifts or ambitions for higher social standing characterize these cross generational relationships and this affects the power of these young female students to negotiate safe sexual practices.

### ***Substance Use and Abuse***

In most campus students have more independence from their families and communities and this sets some conditions for sexual exploration and risky sexual behaviour (Kurebwa et al. 2012). Considering that in 2008, 2.4 percent (N=675) were tested positive at UKZN (HESA 2008) and majority of students might have experienced psychological distress, acted maladaptively and resorted to substance abuse, despite receiving post counselling, the current research seeks to determine the role played by the university. Also, do the professional nurses as well as the counselling psychologists working at the Wellness- Centres have programs in place to engage such students to start on antiretroviral treatment? Research indicated that despite HIV/AIDS information that is usually disseminated during Orientation Week to the first-year students, majority of them reported substance abuse and sexual experimentation, a month later, at the University of Cape Town (HIV/AIDS Institutional Co-ordination Unit 2012). Could their behaviour signal that they may be using alcohol to numb the distressing feelings as a form of avoidance coping or to refrain from thinking about HIV since they acknowledge that they were diagnosed positive?

### **SLHWA’s Responses in Dealing with the Pathogenic Effects of the Stressors**

To address the second question of this research paper with regard to how SLWHA deals with the pathogenic effects of the stressors, the focus will be on findings of what previous scholars found on the topic.

### ***Social Support***

Given the sensitivity of being diagnosed with HIV/AIDS and the therapeutic approaches avail-

able to enhance and prolong the lives of PLWHA, social support appears as an important aspect for survival (Seligman and Csikszentmihalyi 2014). Because the challenges are certainly greater for SLWHA as the academic environment has its own challenges on psychosocial well-being of university students (Negovan 2010), Lyimo et al. (2014) are concerned that if they do not maintain hope, they might fail to cope. By forming social support groups where they network with others affected and infected with HIV/AIDS to fulfill the demand for care and treatment (Folasire et al. 2012), they are most likely to flourish (Oyeyemi and Oyeyemi 2012) whereas those who lack social support may experience increased distress and languish (Vyavaharkar et al. 2011). In a study conducted in a university around South Africa on experiences of living with HIV/AIDS in the support group a participant said:

*“We get a lot of help because we are able to disclose and share experiences. It is an open environment where everyone feels free to talk, we feel united so we can live better...”* Another one said: *“we meet different people... we advise each other and enable each other to live with our status. We tell each other that all our dreams are still possible... we help each other to live healthy...”*

In an environment where PLWHA feel accepted and loved, they feel more comfortable to disclose their status, as opposed to when they feel that they will not be accepted, shunned or discriminated against (Khalipa et al. 2014). In a recent study conducted at the University of Limpopo, Nkuna and Nyazema (2016) found that almost 51 percent of female students indicated that should they contract HIV/AIDS, they would seek support from the clinic. This finding suggests that their human relations with significant others would be based on tolerance.

### ***Coping***

Literature documented that coping mechanisms of SLWHA depend on the availability of the resources to help individuals cope with social factors (Blashill et al. 2011; Vami et al. 2012). In a study conducted by Hoho (2014), students who participate in the HIV/AIDS support group were found to have mastered some coping skills that they learn from others. These students gained the ability to make objective decisions

(rationality) with regard to determine whether HIV/AIDS is a threat or not and use the available resources (flexibility) to manage the disease. According to Antonovsky (1987), they have the ability to assess their environment in relation to their condition for the purpose of coping. Rather than to ruminate, they apply problem focused strategy, which is basically seeking social support, knowledge and advice, to face HIV related stigma with solace and self-compassion (Anderson et al. 2009). Also, Kohli et al. (2016) found that when SLWHA respond with emotive-oriented approach, positive reframing as well as behavioural efforts help them achieve positive affect. Closely associated with coping is resilience that has protective factors that are viewed as personality traits that act as buffers to the disease (HIV/AIDS) and are exclusive to individuals who are in distress (Unger 2012). A study conducted by Kimhi (2016) on the exploration of resilience of adults living with HIV/AIDS found that these individuals develop a process of dealing with life changes that one is confronted with as he/she deals with HIV/AIDS. Similarly, Heintzelman and King (2014) found that SLWHA in the support group were reported to have higher levels of hardiness which is a component of resilience that is found to be associated with positive self-esteem. Increased self-esteem in SLWHA encourages positive self-regard (Hosahally and Padikkal 2015; Schweitzer et al. 2010) which inculcates flourishing as compared to their counterparts with low self-esteem. Owing to outlook of discouragement the latter may languish with great implications for mental health and well-being (Castrighini et al. 2013). It could thus be concluded that SLWHA who have a greater feeling of mastery, self-efficacy and positive self-esteem offer a defensive effect on the development of mental ill-health in chronic conditions (HIV/AIDS) (Qiao et al. 2014).

### *Self-efficacy*

Self-efficacy is a concept coined by Bandura (1977) which is associated with adherence to HIV/AIDS treatment when PLWHA report feeling capable of managing their medication and flourish in the process. As it is basically about the behaviour and achievement related to improved HIV/AIDS disease consequences (Sanjua et al. 2013), students living with the pandemic at the universities would develop *condom use*

*self-efficacy* which is regarded as the most important ability for partners to be able to negotiate condom use to prevent reinfection and other STI's (Golub et al. 2011; Eller et al. 2013). Furthermore, they would attempt to continue their normal sexual life, which is seen as the most difficult challenge for fear of risk to spread the virus, thus *sexual self-efficacy* (Archiopoli et al. 2016). This would mean that SLWHA who have well-developed self-efficacy to refuse unwanted sex, show resiliency to adversity and confidence in their capability to organize and implement the relevant course of action to attain the anticipated goal.

From the above literature findings, it is important that the Higher Education Ministry strengthens its HIV/AIDS units to empower all the stakeholders in ensuring SLWHA access information pertaining to their condition without being discriminated against. The current study concurs with the idea of HIV/AIDS curricula to be implemented across interdisciplinary studies to embrace oneness, democracy as enshrined in Batho-Pele Principles. To date, as the process of integrating the HIV/AIDS curricula into all Faculties at UCT is underway (HAICU 2012), this could contribute in alerting students to change their sexual behaviour and be knowledgeable in terms of knowing the HIV status of their sexual partners (Pengpid et al. 2013). Moreover, from the modules, SLWHA may select, initiate, accomplish and uphold ARV treatment or a combination of medicine treatment to control viral load replication and increase the functioning of the immune system. According to Swendeman et al. (2015) such behaviour is called *self-efficacy adherence and HIV symptom management self-efficacy*. Their self-efficacy in managing a chronic condition like HIV/AIDS would enable them to experience positive motivation and low depressive symptoms as an indication of psychological well-being and flourishing (Marshall et al. 2013).

## DISCUSSION

To live openly and positively with HIV/AIDS as the university student is largely determined by one's intrapersonal skills such as positive self-esteem and optimism to counteract against the stigma and prejudice associated with the pandemic. It is clear that SLHWA who have accepted their HIV status, do adhere to their ARVs

and perform well academically as compared to their counterparts who are still in denial about their status. The literature findings (Heintzelman and King 2014; Hoho 2014; Hosahally and Padikkal 2015) highlighted that such students demonstrate hardiness and continue to be the source of those who have not shared their status with significant others. It is clear that they lead meaningful lives and for the fact they have the fortitude to carry on, they may be coping by being engaged in activities such as soccer, rugby or faith-based organizations on campus.

However, not all SLWHA manage the stress related to HIV/AIDS given the ethical principles which are often contravened by the health care workers at the Wellness Centres in most campuses. In other words, the nurses who do voluntary testing and counselling require some form of reminder of the oaths they took during their training to protect the dignity of their patients. No wonder, some students prefer being absent for lectures and go to other clinics for testing and collection of their ARVs. Furthermore, those with weak internal locus of control have been found to abuse alcohol as one way of coping. It should be noted that when the SLWHA become intoxicated and they are at the taverns, they may be at heightened risk for reinfection and other STIs. In this regard, the fight against HIV/AIDS at the most tertiary institutions would never be conquered because partly the nurses have pushed the HIV positive students by their prejudice.

### CONCLUSION

This paper presented evidence to investigate factors that influence the psychosocial well-being of university students living with HIV/AIDS. It has been found that students who lack support system owing to issues of stigma and discrimination suffer in silence and they might languish and drop out of university. Also, in dealing with pathogenic effects of HIV/AIDS students need to develop coping resources.

### RECOMMENDATIONS

To help SLWHA in institutions of higher learning, it is recommended that:

Institutions of Higher Education should improve on the available programs to improve coping, self-esteem and self-efficacy of SLWHA. The Department of Health should help institu-

tions with doctors who have the ability to handle young people and supply ART and other medication that helps with opportunistic infections to be dispensed within each university site. The Department of Social Development should help institutions with food parcels for students who cannot maintain themselves and who are from poor families. Redesigning of available programs to strengthen the already existing programs should be implemented.

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