Cross-Cultural Research in Health, Illness and Well-Being

# Pranee Liamputtong *Editor*

# Children and Young People Living with HIV/AIDS

A Cross-Cultural Perspective



# **Cross-Cultural Research in Health, Illness and Well-Being**

#### Series editor

Pranee Liamputtong, School of Science and Health, Western Sydney University, Penrith, NSW, Australia

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*Editor* Pranee Liamputtong School of Science and Health Western Sydney University Penrith, NSW, Australia

 ISSN 2366-6056
 ISSN 2366-6064 (electronic)

 Cross-Cultural Research in Health, Illness and Well-Being
 ISBN 978-3-319-29934-1

 ISBN 978-3-319-29934-1
 ISBN 978-3-319-29936-5 (eBook)

 DOI 10.1007/978-3-319-29936-5

Library of Congress Control Number: 2016942861

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This Springer imprint is published by Springer Nature The registered company is Springer International Publishing AG Switzerland This book is dedicated to:

My late father, Saeng Liamputtong, who passed away in March 2014 My mother, Yindee Liamputtong, who brought up eight children amidst poverty and My two children: Zoe Sanipreeya Rice and Emma Inturatana Rice

## Preface

Children and young people are at the center of HIV/AIDS epidemic. In 2014, UNAIDS reported that some 36.9 million (34.3–41.4 million) people were living with HIV. Every day, around 7000 persons become infected with HIV and 5000 persons die from AIDS, due mostly to lack of access to HIV prevention, care, and treatment services. Globally, AIDS-related illnesses remain a leading cause of death. The epidemic has spared no country in the world, although in some countries prevalence rates are still low.

HIV/AIDS have caused a "social assault" on the lives of children and young people in the world. Chapters in this volume attest to this. Many have been orphaned by the death of their HIV-positive parents. Young people, according to the United Nations, are "at the center of the HIV/AIDS epidemic." Many young people also bear the burden of caring for family members living with HIV/AIDS. Marginalized young people such as refugees, migrants, street children, and those who have been seen to have transgressed their gender norms (e.g., MSA, lesbians, bisexual, gays and transgender individuals) are most at risk due to the use of illicit drugs, their exposure to unprotected sex (in exchange for food, money and protection), and stigma associated with their marginalized lives. Worldwide, we have witnessed the impact that HIV/AIDS has on the opportunities for these young people to be able to lead healthy adult lives. It is crucial that the voices of these children and young people are heard, and their lived experiences and needs are better understood by health and social care providers, as well as researchers in the field so that culturally sensitive health and social care can be implemented for them.

The focus of this book is on the issues that these children and young people face and their lived experiences associated with HIV/AIDS (both directly and indirectly) throughout different parts of the globe. Chapters in this volume indeed affirm the need for us (health-care providers, researchers, and policymakers) to understand and better respond to the social conditions that dictate the health and well-being of children and young people living with HIV/AIDS. Up until now, many articles have been written to portray children and young people living with HIV/AIDS in different parts of the world. But to my knowledge, there has not been any a single and recent book which attempts to put together results from empirical research that relates to children and young people who are living with HIV/AIDS. This book is written with the intention to fill this gap. The book comprises mainly chapters written by researchers who carry out their projects in different parts of the world. Each chapter contains theoretical and/or empirical information which is based on real-life situations. The volume also includes some chapters which are based on systematic review of literature. I contend that these chapters can be used as evidence for health-care providers to implement socially and culturally appropriate services to assist individuals and groups of children and young people who are living with HIV/AIDS in many societies.

I hope that the book will be of value to health-care providers who have their interests in working with children and young people living with HIV/AIDS from a cross-cultural perspective. The volume will be useful for students and lecturers in courses like anthropology, sociology, social work, nursing, public health, and medicine. In particular, it will assist health workers in community health centers and hospitals in understanding issues related to HIV/AIDS among children and young people and hence provide culturally sensitive health care to these individuals from different social and cultural backgrounds. The book will also be useful for anyone who is interested in children and young people living with HIV/AIDS in diverse social and cultural settings.

In bringing this book to life, I owe my gratitude to many people. First, I would like to thank all contributors who helped make this book possible. Second, I thank Esther Otten and Hendrikje Tuerlings of Springer who worked with me to bring this book to the final form. Last, Rosemary Oakes has helped edit some of the chapters for me.

This book is dedicated to my parents who brought their children up amidst poverty in Thailand. They believed that only education would improve the lives of their children and hence worked hard to send us to school. I have made my career thus far because of their beliefs and the opportunity that they both have provided for me. I thank them profoundly. I also dedicate this book to my two daughters who have been part of my life and for understanding the ongoing busy life of their mother.

Penrith, Australia November 2015 Pranee Liamputtong

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**John Scott** is a professor at the University of New England Australia. He has published approximately 80 books, articles, and book chapters on a broad range of issues associated with the sociology of health and illness and sociology of gender and sexuality. A common theme in his research has been a concern with marginalized social populations and the development of critical and interpretive perspectives to understand the experiences of and social reactions to such populations. His most recent book (edited with Minichiello) is *Male Sex work and Society* (Harrington Park Press).

**Morten Skovdal** is an associate professor of Global Health at the University of Copenhagen. Morten trained as a community health psychologist at the London School of Economics and Political Science and received his PhD in 2009. Before taking up his academic post, Morten worked as a senior advisor on impact and evidence with Save the Children. Much of his research is focused on children's experiences of the HIV epidemic in sub-Saharan Africa, inspired by the need to appropriate and align HIV technologies and development interventions with local realities.

**Stephen Wallder** is lecturer in business and management in the Faculty of Educational Studies at the University of Technology, Jamaica. He has over 25 years teaching and industry experience. He has led workplace education programs and advised companies on workplace policies in relation to HIV/AIDS. He was the both chair and vice-chair for the Jamaica Business Council on HIV/AIDS (the Business response umbrella organization to HIV/AIDS in Jamaica).

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## **About the Editor**

**Pranee Liamputtong** is a medical anthropologist and professor of Public Health at the School of Science and Health, Western Sydney University, Sydney, Australia. Until early 2016, Pranee held a personal chair in Public Health at the Department of Public Health, School of Psychology and Public Health, College of Science, Health and Engineering, La Trobe University, Melbourne, Australia. Pranee has also previously taught in the School of Sociology and Anthropology and worked as a public health research fellow at the Centre for the Study of Mothers' and Children's Health, La Trobe University. Pranee has a particular interest in issues related to cultural and social influences on childbearing, childrearing, women's reproductive and sexual health, and the health of children. She has published several books and a large number of papers in these areas.

Some of her recent books in the health and social sciences include: *The Journey* of Becoming a Mother Amongst Women in Northern Thailand (Lexington Books, 2007); Community, Health and Population (Oxford University Press, 2009); Infant Feeding Practices: A Cross-Cultural Perspective (Springer 2011); Motherhood and Postnatal Depression: Narratives of Women and Their Partners (Springer, 2011); Health, Illness and Well-Being: Perspectives and Social Determinants (Oxford University Press, 2012); Women, Motherhood and HIV/AIDS: A Cross-Cultural Perspective (Springer, 2013); Stigma, Discrimination and HIV/AIDS: A Cross-Cultural Perspective (Springer, 2013); and Contemporary Socio-Cultural and Political Perspectives in Thailand (Springer, 2014). Her new book on Public Health: Local and Global Perspective has recently been published by Cambridge University Press in early 2016.

Pranee is a qualitative researcher and has also published several method books. Her most recent method books include: *Researching the Vulnerable: A Guide to Sensitive Research Methods* (Sage, 2007); *Performing Qualitative Cross-Cultural Research* (Cambridge University Press, 2010); *Focus Group Methodology: Principles and Practice* (Sage, 2011); *Qualitative Research Methods, 4th Edition*  (Oxford University Press, 2013); *Research Methods in Health: Foundations for Evidence-Based Practice, 2nd Edition* (Oxford University Press, 2013); and *Participatory Qualitative Research Methodologies in Health* (Sage, 2015). She is currently working on a series of books on research methods in the health social sciences for Springer and the third edition of *Research Methods in Health* book for Oxford University Press (due in early 2017).

## Chapter 1 Children, Young People and HIV/AIDS: A Cross-Cultural Perspective

#### **Pranee Liamputtong**

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#### 1.1 Children, Young People and HIV/AIDS

In 2013, UNAIDS reported some 35.3 million (32.2–38.8 million) people were living with HIV. UNAIDS also suggests that every day, around 7000 persons become infected with HIV and 5000 persons die from AIDS, due mostly to lack of access to HIV prevention, care and treatment services. Globally, AIDS-related illnesses remain a leading cause of death (UNAIDS 2013). The epidemic has spared no country in the world, although in some countries prevalence rates are still low. However, it should be noted that low prevalence rates at national level may mask pockets within a country where the rate is high.

Children and young people, according to the United Nations (2013), are "at the center of the HIV/AIDS epidemic" (Lowenthal et al. 2014a: 143). Currently, about 5.4 million people aged 10–24 are living with HIV/AIDS. Many of these young people acquired HIV perinatally but about 780,000 young people aged 15–24 are newly infected (UNAIDS 2013). Approximately 97% of the new infections take

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<sup>©</sup> Springer International Publishing Switzerland 2016

P. Liamputtong (ed.), *Children and Young People Living with HIV/AIDS*, Cross-Cultural Research in Health, Illness and Well-Being, DOI 10.1007/978-3-319-29936-5\_1

place in low- and middle-income nations (UNAIDS 2013), and about 90% of these young people live in resource-poor settings in sub-Saharan Africa (UNAIDS 2012; Lowenthal et al. 2014a, b).

Children and young people who are living with HIV/AIDS are from the most marginalized and vulnerable groups in the world (Orban et al. 2010; Kumar 2012; UNAIDS 2013; Bell and Aggleton 2014). For most young people living with HIV/ AIDS, they have to deal with multiple issues including stigma, fears about illness and contamination, concerns about their life expectancy, clinic appointments and medication regimens, as well as a desire to be a 'normal' person, engaging in intimate relationships, and concerns about reproductive health needs (Brown et al. 2000; Jaspan et al. 2009; King et al. 2009; Fair and Albright 2012; Snyder et al. 2014; see also Chaps. 4, 6, 10, 18, 19, 20, and 21 in this volume). Natalie Woollett contends in Chap. 4 that HIV-positive young people are affected by the HIV epidemic in various ways. Not only that they have to deal with their own illnesses and uncertain futures, they also "suffer trauma and grief as they watch their parents and family members die, many lose siblings and their home at the event of a parents' passing as siblings are displaced to various family members and areas in the country". Similarly, Shahidul Islam, John Scott and Victor Minichiello (Chap. 3) write that existing research has pointed to many risks and pressures on the lives of children living with HIV/AIDS. These include withdrawal from school, increased household activity burdens, lack of access to health care, malnutrition, emotional stress, social stigma and discrimination, as well as increased risks of HIV infection, abuse, and exploitation (see also Beard et al. 2010; Leeper et al. 2010; Chi and Li 2013).

Many children have been made orphan by the death of their HIV-positive parents (Watts et al. 2005; Kang et al. 2008; Kumar 2012; Nyberg et al. 2012; Campbell et al. 2014; see Chaps. 2, 3, 4, 9, 16, 20, and 24 in this volume). Often, death of parents leads to the loss of family income and property and this has a detrimental impact on the lives of young people in the family. Many children and young people are forced to withdraw from school and work in order to pay for the medical and household expenses of the family (Harms et al. 2010; Kumar 2012; Chi and Li 2013). Islam and colleagues (Chap. 3) contend that "the passing of one or both parents ultimately results in single parenthood or being orphaned, and possibly placement with alternate caregivers and unstable living arrangements. These experiences can trigger intense grief, feelings of abandonment, and disruptions in attachment security". For young people living in a household infected with HIV/AIDS, they bear the burden of caring for their parents and other family members who are no longer able to take care of themselves (Cluver and Gardner 2007; Evans and Becker 2009; Skovdal et al. 2009; Kumar 2012; Skovdal and Campbell 2013; Pearlstein et al. 2014; see also Chaps. 2, 3, and 16 in this volume). This has great impact on their health and well-being.

There are particular groups of children and young people who seem to be affected more by HIV/AIDS. Young people who have a marginalized gender norm such as men having sex with men (MSM) are at great risk for HIV/AIDS and mental health burdens (Courtenay-Quirk et al. 2006; Beyrer et al. 2010; Geibel et al. 2010;

Dahoma et al. 2011; Kemeny 2011; Semple et al. 2011; Okonofua 2012; Zanoni and Mayer 2014; see also Chaps. 11, 12, 13, and 18 in this volume). Other marginalized young people such as refugees, migrants, ethnic minority groups, and street children are most at risk due to the use of illicit drugs, their exposure to unprotected sex (in exchange for food, money and protection), and stigma associated with their marginalized lives (Orban et al. 2010; MacDonell et al. 2013; see also Chaps. 9, 13, 18, 20, 21, 22, and 24 in this volume). Children and young people from migrant and refugee backgrounds face additional marginalization and challenges resulting from the burdens of trying to adapt into a new living situation, losses and traumas in their country of origin, social isolation, barriers to employment, and poverty (see also Chaps. 9 and 20).

Perinatally-infected children and young people are often referred to as a "hidden population". They are "a forgotten part of the AIDS epidemic" (Dorrell and Katz 2014: 454). Little research has paid attention to the social and psychological impact of living with HIV among this group of young people (Bell et al. 2003; Green and Smith 2004; Fielden et al. 2006; Mellins et al. 2009; CHIPS 2012; Dorrell and Katz 2013, 2014; see also Chaps. 5, 6, 18, 19, 20 and 21 in this volume). Nevertheless, Michelle DiRisio and Peri Ballantyne (Chap. 5) and Asha Persson, Christy Newman and Angela Miller (Chap. 6) have suggested that these young people do have positive experiences if there are sensitive interventions or programs that cater for their needs and concerns.

Girls and young women are affected by HIV/AIDS much more than boys and young men. Similar to gender inequalities among women in general, gender play a significant role in the health and well-being of HIV-positive children and young people (Gupta et al. 2011; Ramjee and Wand 2014; see also Chaps. 3, 4, 7, and 15 in this volume). It has been recognized globally that gender inequalities render girls and young women vulnerable to HIV/AIDS (UNAIDS 2013). Deevia Bhana argues in Chap. 7 that "gender inequalities and harmful gender norms create a burden on women and girls reducing their ability to negotiate safe sex… Unequal gender power relations play a significant role in HIV settings and drives young women's vulnerability to disease" (see also Gupta et al. 2011; Jewkes and Morrell 2010, 2012; Liamputtong 2013a; Fleming et al. 2014; Chap. 15 in this volume).

#### 1.2 Living with HIV/AIDS and Mental Health Issues

Globally, HIV/AIDS and depression are the main causes of the burden of disease for young people (UNICEF 2011; Betancourt et al. 2013; United Nations 2014). Depending on the research methodology and samples of the study, it has been shown that major depression is highly prevalent among HIV-positive individuals, ranging between 18% and 81% (Arseniou et al. 2013). In poor nations in particular, mental health problems are at the foreground of disease burden in young people (United Nations 2014). Research has pointed to the increased risk for poor mental health outcomes among young people living with HIV/AIDS (see also Chaps. 3, 4, 9, 12,