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FACULTY OF SOCIAL SCIENCES

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**BETWEEN A ROCK AND A HARD PLACE: PSYCHOLOGICAL RESILIENCE AND
INTIMATE RELATIONSHIPS AMONG SEROPOSITIVE YOUNG ADULTS IN
SENGA, GWERU**

BY

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DEDICATIONS

I dedicate this study to my parents, Priscilla Mafunga and Gibson Jim, my young sister Natasha, and my grandmother, who have been my source of strength. Mr and Mrs Gurira I will forever be grateful .Last but not least to the lord almighty for without him the author and finisher of my faith would have made it up to this point

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ABSTRACT

The HIV and AIDS virus has continued to portend the livelihood of many young adults undermining their right to psychological wellbeing. Therefore the study was aimed at exploring the views and experience of infected youth aged between 18 to 24 years in Senga, Gweru. Thus revealing the problems which the young adults met in forming and maintaining intimate relationships in the context of the HIV adversity and how it impacted on psychological resilience. This qualitative research was grounded on the social ecological model as the theoretical framework. The Interpretative Phenomenological Analysis was employed as a research design thus data obtained from the 8 in-depth interviews was analysed using thematic analysis. The results indicated that the young adults had suspended their relationships due to seropositivity. These young adults had negative self-esteem, feeling of regret and self-blame, support from peers and the society was inaccessible for several participants. The limitations encountered included the under representation of males in the study, limited age appropriate literature and the participation by married women who were young adults that had not been anticipated for. The research recommends programs to improve psychological attributes such as cognitive competence, confidence, self-efficacy, optimism and problem solving skill available to the seropositive youth even after they had been enrolled for ART. Social forums on where young adults can form social ties are also important since youth can engage with people who have the same condition with them.

TABLE OF CONTENTS

Approval form.....	ii
Release form	iii
Dedications	iv
Acknowledgements.....	v
Abstract.....	vi
Table of contents.....	vii
List of appendices	x
List of tables.....	xi
List of figures.....	xii
List of acronyms	xiii

CHAPTER ONE: INTRODUCTION AND BACKGROUND..... 1

1.1 Introduction.....	1
1.2 Background to the study.....	1
1.3 Statement of the problem	2
1.4 Purpose of the study	3
1.5 Research objectives.....	3
1.6 Research questions	4
1.7 Significance of the study.....	4
1.8 Delimitations	4
1.9 Limitations	5
1.10 Assumptions.....	5
1.11 Definition of key terms	5
1.12 Chapter summary	6

CHAPTER TWO: LITERATURE REVIEW..... 7

2.1 Introduction.....	7
2.2 Psychological resilience	7
2.3 Risk factors.....	9
2.4 Protective factors.....	10

2.5 Seropositive youth psychological resources	11
2.6 Disclosure in intimate relationships and psychological resilience.....	12
2.7 Peers influences to psychological resilience and relationships.....	15
2.8 Social support system, psychological resilience and relationships.....	16
2.9 Theoretical framework: the social ecological theory	18
2.10 Knowledge gap.....	20
2.11 Chapter summary	22
CHAPTER THREE: RESEARCH METHODOLOGY	23
3.1 Introduction	23
3.2 Research approach.....	23
3.3 Research design.....	24
3.4 Target population	25
3.5 Sample.....	25
3.6 Sampling technique	25
3.7 Research instrument	26
3.8 Data collection procedure.....	26
3.9 Data analysis	27
3.10 Ethical considerations	27
3.11 Chapter summary	28
CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS	29
4.1 Introduction	29
4.2 Characteristics of participants	29
4.3 Seropositive youth psychological attributes.....	31
4.4 Disclosure in intimate relationships and psychological resilience.....	34
4.5 Peers influences to psychological resilience and relationships.....	37
4.6 Social support system, psychological resilience and relationship.....	38
4.7 Resilience in general among the infected youth.....	40
4.8 Chapter summary	44

CHAPTER FIVE: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS.....	45
5.1 Introduction	45
5.2 Discussion of results.....	45
5.2.1 Seropositive youth psychological attributes	45
5.2.2 Status disclosure in intimate relationships and psychological resilience	47
5.2.3 Peers influences to psychological resilience and relationships	48
5.2.4 Social support system, psychological resilience and relationships	49
5.3 Conclusions	50
5.5 Recommendations	52
5.5.1 Senga poly clinic	52
5.5.2 The community.....	53
5.6 Chapter summary	54
REFERENCES.....	55

LIST OF APPENDICES

Appendix A: Interview Guide	61
Appendix B: Audit Sheet.....	63
Appendix C: Approval by the Director City of Health Gweru Municipal	64
Appendix D: Confirmation of research from Senga Poly Clinic.....	65
Appendix E: Turnitin Similarity Index.....	66
Appendix F: Marking Guide	67

LIST OF TABLES

Table 1. Summary of the sex, age and marital status of the participants.....	30
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LIST OF FIGURES

Fig 1. The Social Ecological model from Bronfenbrenner, 1990.....	19
Fig 2. Sex ratios of the participants.....	29
Fig 3. Modes of transmission among the participants.....	30

LIST OF ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
APA	American Psychological Analysis
ART	Anti-Retroviral Therapy
HIV	Human Immuno-Deficiency Virus
IPA	Interpretative Phenomenological Analysis
PLWHA	People living with HIV and AIDS

CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

The HIV and AIDS virus has continued to threaten the livelihood and existence of infected young adults countrywide. This research explored the views, opinions and experiences of seropositive young adults on intimate relationship dilemmas and its adverse impact on psychological resilience. The main area explored by the research was the issue of disclosure to a partner and the consequences to the relationship and livelihood of the infected youth. The research equally examined the impact of social support young adults get, their psychological attributes in handling relationships. This chapter also encompasses the background of the study, purpose of the study, significance of the study, statement of the problem assumptions limitations and delimitations which also forms the bedrock of the research.

1.2 BACKGROUND TO THE STUDY

In Zimbabwe, the first case of HIV was reported in the 1985 and several reports mushroomed countrywide (Mapenzauswa, 2004). The problem of HIV and AIDS persisted and statistics rose to alarming rates, to add on the condition up to date has no cure (UNAIDS, The Gap Report, 2014). According to Jackson (2002), the methods of infection include through sexual contact, blood transfusion, sharing of sharp object and from mother to child during birth or through breastfeeding. The government of Zimbabwe has been committed end Aids by 2030 through the introduction of AIDS levy, it has engaged in social behaviour change, condom promotion and distribution, voluntary male circumcision and prevention of mother-to-child transmission (Kerinal, Babill, & Muller, 2013). The prevalence rates stands at 14.7 % of the 13 million people in Zimbabwe (UNAIDS, 2016).

According to UNAIDS (2016) statistics of HIV positive young people are astounding, it is estimated that globally 4 million young people aged 15 to 24 are HIV positive 71% aged 20 to 24 years . Regardless of the campaigns and prevention method, sub-Saharan Africa is the region where 80% of the young women and girls aged 15 to 24 who are HIV positive resides (UNAIDS, The Gap Report, 2014).

Advances and preventions in Zimbabwe have helped to stabilize the HIV incidents there is increase in life expectancy due to the availability of Anti-retroviral Therapy (ART), adolescence drift to early adulthood as young adults and start to engage in relationship, but with the pre-misconceptions about the virus will they be able to form long lasting relationships. Although knowledge about HIV and AIDS has increased stigma in sero-discordant relationship still prevails. Young adults infected with HIV are not exempted from the stigma and discrimination that is associated with the conditions, be it in the social or intimate relationships.

Most young adults acquired the virus in utero during pregnancy, during birth or while being breastfed, whilst others are victims of sexual abuse or have contracted the virus during adolescence period .Despite social behaviour change programmes for HIV-affected young adults, many such continue to face enormous economic, emotional, social and psychological challenges which hampers their psychological resilience. Engaging in intimate relationships for parentally infected youth might be difficult especially when other young adults may shun them, laugh or give them nicknames due to their distorted physical appearance. For example young adults on ART may have thin legs, a bellied stomach and fat around the cheeks. Such distortion of physical appearance is at times a result of the complicated dynamics of the HIV or the side effects of anti-retro viral treatment tablets. HIV is a reality faced by young adults (Plan International, 2006).

Some young adults acquire the virus during adolescence and are afraid to venture into intimate relationship since at time they bring feeling of remorse and self-blame. The age of 18 to 24 years is a phase of physical growth and development accompanied by sexual maturation, often leading to intimate relationships and disclosure of status, this breeds psychological trauma resulting in feelings of anxiety, depression and distress. Stigma and discrimination that is associated with the virus can be a gatekeeper for some in engaging into intimate relationships. Stigma is believed to be associated with low self-esteem, psychological distress (Venable, Carey, Blair, & Littewood, 2006). Stigma results from HIV disclosure of status among infected young adults to their partners, it is the one which propagates fear of disclosure in intimate relationships.

1.3 STATEMENT OF THE PROBLEM

The inability to form or maintain long lasting intimate relationships by seropositive young adults in the face of disclosing their status can be detrimental to quality of life and wellbeing. Seropositive

young adults experience psychological distress when it comes to issues to do with relationships and this therefore weakens their inherent strength to cope with adverse situation. Young adults are faced with a burden of stigmatization and discrimination they face, fear, rejection, isolation, and trauma (UNAIDS, The Gap Report, 2014). Some simply isolate themselves and are afraid to venture into intimate relationships because it entails disclosing their status and this sounds the trumpet of rejection especially when the partner is HIV negative. Whilst other have acquired the virus during adolescence the element of an intimate relationship thus brought bitterness and self-blame and shuns them out of the relationships. This in turn creates a state of distress and inhibits optimal psychological resilience.

1.4 PURPOSE OF THE STUDY

This study explored the views and experiences of seropositive young adults in forming and maintain intimate relationships and how they cope, effectively function even after the failure of the relationships. The central argument to the success or failure of the relationships they want to engage in is disclosure, which was examined. The study also examined how their peers past experiences influences the decision they make and their attitudes in serious relationships. The study scrutinised the avenues that provides information which aided in understanding how social support systems approves or disapproves relationships thus impacting on psychological resilience

1.5 RESEARCH OBJECTIVES

The objectives of this research study were aimed at:

1. expose the individual psychological attributes and attitudes in intimate relationships failures that affects resilience
2. explore and describe the concept of status disclosure in a relationship
3. examine the influence of peers on how the young adult handle their own relationship
4. expound the role of social support help in promoting or weakening resilience in the light of relationships

1.6 RESEARCH QUESTIONS

1. How do seropositive youths psychological attributes in relationships affects psychological resilience?
2. What is the impact of status disclosure in intimate relationships on building or weakening resilience?
3. In what ways do their peers past experiences in relationships influence young adults?
4. Does the social support system improve psychological resilience in intimate relationships?

1.7 SIGNIFICANCE OF THE STUDY

The research findings helped in providing an in depth understanding of the problems faced by seropositive young adults in relationship building and maintenance. According to Mandie, (2015) in a literature review of resilience theories notes that's among the limitations to current research in resilience is the voices of young people remain somewhat absent in resilience research. Thus, the research was able to advocate for initiatives that will improve and align needs of the seropositive youth in Zimbabwe and improve the quality of life and offers more comprehensive coping strategies. The research findings also help caregivers and social workers to design appropriate strategies and techniques used in improving the psychosocial wellbeing of seropositive youth.

1.8 DELIMITATIONS

The study was carried out in Gweru, Senga high density area that provided more insight to the problems in coping infected young adults and the challenges faced in trying to adapt. Only seropositive young adults aged between 18 to 24 years were at the heart of the research because there are unique challenges and developmental needs which are being encountered by young adults in this age group. Issues to do with marriage and a life partner are pertinent during this period. The young adults taking part in the research were interviewed from the local clinic so as to safeguard against amateurs who might want to take part in the study when they are not HIV positive, this was the most valid way of confirming someone's status it was also easy to obtain consent from the participants in such a setting.

1.9 LIMITATIONS

The research effort were hampered by non-disclosure of information by research participants since HIV and AIDS issues are more sensitive, the surfacing of married young adults had not been anticipated for and also the research was prone to underrepresentation of the male population. There was limited age appropriate literature since research on HIV and psychological resilience research were centred upon children and adolescents. The above were addressed by ensuring that the information given by the young adults will remain confidential, choosing appropriate questions for married young adults and managed to have two males taking part in the study.

1.10 ASSUMPTIONS

The research had a few assumptions listed below;

- Self-stigma and alienation in relationships are the major elements that deter psychological resilience.
- Engaging in other intimate relationships by the seropositive young adults creates a platform for stigmatization that prohibits resilience.
- The seropositive lifestyle and disclosure issues always create room for discrimination making it impossible to cope.

1.11 DEFINITION OF KEY TERMS

1.11.1 Resilience: resilience is defined as the positive outcomes despite the experience of adversity, continued positive and effective functioning in adverse circumstances or recovery after a significant trauma (Masten 2001). In this research study it refers to the ability of an individual to overcome, positively adapt or cope with the HIV and AIDS situation.

1.11.2 Seropositive: being diagnosed with a virus and it refers to the HIV and AIDS virus among the young adults.

1.11.3 Social support system: the social support from friends, family, health care providers, non-governmental organizations and the community rendered to the HIV infected young adults

1.11.4 Protective factors: any factor at individual, psychological, family, cultural and community level that enhances the ability of a person in coping and is associated with low likelihood of problem outcome.

1.11.5 Risk factor: A risk factor is any characteristic at individual, psychological, family, cultural and community that reduce the ability of an infected youth to effectively cope and function.

1.11.6 Intimate relationship: a relationship between a male and a female in context which involves physical and emotional intimacy. It is characterised by friendship, honesty, romantic love and personal support.

1.11.7 Young Adult: in this research it refers to the youth aged between 18 and 24 years who are HIV positive and this shall be used interchangeably with the phrase youth.

1.11.8 ART therapy: the use of medicines to mimic the impact of the HIV virus to the immune system of the infected young adults.

1.11.9 Disclosure: the process of revealing an HIV status to another individual.

1.12 CHAPTER SUMMARY

Young adults in Senga who are infected by the HIV and AIDS virus have a threatened right to existence, their ability to cope with adversarial situations is weakened by psychological distress they are exposed to. The problem at hand was the inability to form and maintain sound and long-lasting intimate relationships which leads to limited social interactions thus disturbing optimal resilience. Therefore the study explores the view and experiences of seropositive young adults and how they cope, effectively function and form intimate relationships despite being HIV positive. The study focused on seropositive young adults between 18 to 24 years. The researcher hopes participants do not withhold information that was crucial to the research since HIV and AIDS related matters are sensitive. The next chapter aims to further explore the concept of psychological resilience in detail how it is affected by intimate relationships, giving reference to existing researches and explore how other theorist view psychological resilience in infected youth

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter focused on outlining the concept of psychological resilience specifically in young adults and putting it in context which is in face of the HIV and AIDS adversity. Seropositive youth are facing difficulties in forming or maintaining long lasting intimate relationships. Pertinent issues such as peer influence, social support, psychological attributes of young adults and disclosure concerns were deliberated upon in a bid to describe how these infected youth function and cope. This chapter also explore the previously done researches on the concept of psychological resilience and HIV and AIDS adversity note any similarities and difference points of divergence or divergence and arguments with the current research.

2.2 PSYCHOLOGICAL RESILIENCE

Resilience is generally involves the ability of an individual to overcome, positively acclimatise or cope with an adverse situation. Studies of resilience has improved in recent decades, it has been widely applied to the understanding of the impact of adversity on children, adolescence, families, communities and organisations. What really constitutes resilience and its influence being the environment the person lives or a combination of individual and socio-cultural factors has been the focus of researches (Garmezy, Stress, competence and development contiunities in the study of Scizophrenic adults, children vulnarable to psychopathology,and the search for stress-resistant children, 1987). As indicated by psychological research, resilience should not be considered as an inherent trait that does not evolve over time and situations (Cicchetti, 2010).

Initially resilience has been explained as the direct opposite of risk by (Rutter, 1987), thus maintaining that resilience and risk are two opposing ends of a single continuum. Then secondly, resilience is an ever-present ability in humans that enables a person or group or community to overcome difficulties, this is why Masten (2001) describes resilience as ordinary magic. The third explanation indicates that certain individuals have protective factors or processes the enhance coping and adaptation. These includes interpersonal strength, resources as well as resources from the family and the community. Low levels of resilience could render HIV infected youth physical

and mental vulnerable as risk and resilience factors have been proved related to mental health and subjective psychological status. Wright, Masten and Narayan (2013) postulates that resilience is currently understood as resulting from the interaction between individuals and the environment that support positive adjustment to adversity.

It is imperative to provide an explanation of the key theorist in the field of resilience to provide a basis for understanding the concept. To start with Ungar, (2005) conveys that resilience is the individual's capacity to navigate to health resources and a condition of the individual family, community and culture to provide these in culturally meaningful ways. This view defines resilience from the socio-ecological model. According to Masten, (2001) the resilience phenomenon is the experience of adversity, continued positive or effective functioning in adverse circumstances or recovery after a significant trauma. This definition confirms resilience to be a phenomenon that relies on individual and contextual factors, thus the view negates that resilience is a personal characteristic in different degrees. Recently Masten (2014) defined resilience as the capacity of a dynamic system to adapt successfully or recover from significant changes that threaten its stability, viability, or development. This definition reflects the perspectives that individual do not withstand risk, rather they change to accommodate the risk, such risk envelopes problem that are no lived in this context the condition of living positively to the infected young adults

Luthar, Sawyer and Brown (2006) views resilience as a dynamic process encompassing positive adaptation with the context of significant adversity. She states that there are two critical conditions that must be met to be resilient: exposure to significant threat or severe adversity and the achievement of positive adaptation. Luthar, similar to other researchers, proposes that resilience is not a personal trait but a product of the environment and the interaction between the person and the environment.

The points of convergence from all the key theorist provided above is that resilience is not a special quality that some people are born with. For example, Garmezy (1987) states that the resilience is not a case of a gallant child, Luthar proposes that resilience is not a trait, and Masten (2011) recommends that the idea of resilience being a trait should be put to bed once and for all. Given that resilience is not an inherent trait or personal quality, one would assume that resilience is a

result of the interaction between an individual and their surroundings. This research consider psychological resilience as the ability of a seropositive young adult to navigate their pathway towards resilience when it comes to intimate relationship issues through resources that the family, culture and communities must provide. Therefore resilience is a process and an outcome that needs individuals to exercise agency within a socio-ecological context.

2.3 RISK FACTORS

It is almost unbearable for the seropositive young adults to navigate their path towards resilience resources if they survive in situations surrounded with more risk that threaten their development. There are factor that dissuades individuals form resilience known as risk, Ungar (2005) defines risk as personal or ecological variables that interact in order to increase the individual's likelihood of psychopathology or susceptible to negative developmental outcomes. Therefore risk should be understood as chains of, events or processes, rather than a single event that combines and renders individuals vulnerable. Ungar as explicitly elucidated in Mandie (2015), states that risk must be chronic for example homelessness, discrimination and grounded in the community. In this way risk become culturally and contextually relevant. The risk faced by HIV infected youth are chronic in nature for example a life that is maintained by ART therapy, in a society where they are stigmatized, where they cannot freely and openly disclose their status, thus this research focus on the risk encountered in intimate relationships that emanates from their condition.

Stigmatization has been noted as risk to resilience among seropositive young adults. Zimbabwe National Network of PLHIV (2014) in its Stigma Index Report carried out several researches on stigma countrywide and conveys that about 65% of HIV positive countrywide have once experienced stigma and discrimination, 52.4 % have been gossiped about . Stigmatization can be self-initiated where young adults subsequently alienates themselves in a bid to guard themselves from discrimination. When participants were asked of their fears in the above report they were found to be afraid of sexual rejection while some have been verbally assaulted, others blame themselves and felt ashamed of their status (Zimbabwe National Network of PLHIV, 2014). Victim of stigmatization or witnesses suffers an elevated risk to resilience.

The disclosure of HIV status to a partner is also a pertinent issue. HIV disclosure of status to some may be a hindrance in engaging in a relationship. This makes the individual susceptible to

stigmatization, rejection, vulnerability to have many people aware of their status which they might not be ready to disclose to. This therefore creates a barrier to some infected youth and delay engaging in relationships or altogether they might develop negative coping patterns where they may decide to stay out of the intimate relationship which is not appropriate. Consistent failures of relationships after several attempts and disclosure drains away the patience of some positive youth. Some youth after disclosure to a partner who is HIV negative might have a conviction that sooner or later they might be dumped to these youth there is perpetual anxiety and distress therefore they might terminate the relationship themselves at a premature level.

Lack of friends to talk to heighten the risk associated with forming relationships to a negative outcome. Social support from friend idea sharing is always crucial for any social being. Through sharing experiences in intimate relationships with others in similar situations and disclosure of mutual fears and insecurities in relationships, infected adults can gain the sense of their normality and feel supported. Friendship can fulfil a number of basic needs such as companionship, social acceptance, and intimacy, which are crucial for a young adult's emotional well-being and sense of self-worth.

2.4 PROTECTIVE FACTORS

Individual have psychological attributes that promotes resilience and these are referred to as protective factors, protective such as confidence, self-efficacy, easy temperament and others (Masten, 2001). Protective resources in the current study refers to personal abilities, in this context it is the resources that are personal, social and environmental that the young adult uses for resilience. Garmezy (1987) Conveys resilience was related to a higher number of protective factors and a relatively lower number of risks. Therefore less resilient youth should have cumulative risk and a higher number of protective factors. Support from families, communities and government can aid in providing the protective factors which improves positive outcomes among individuals who had lost the hope to do so. Thus suggesting that the individual environment has a bearing on the outcomes of the seropositive young adults in the face of the HIV and AIDS adversity.

2.5 SEROPOSITIVE YOUTH PSYCHOLOGICAL RESOURCES

Studies on resilience research emphasizes the importance of personal characteristics when navigating the negative consequences of the stressful situations (Ong, Begerman, & Boker, 2009). The Psychological individual attributes like temperament, age, sense of humour, memory, sense of purpose, belief in a bright future are found to have a significant impact on psychological resilience among individuals in adversity. According to Naswa and Marfatia (2010) protective resources such as self-efficacy, easy temperament and confidence can combine together with social support and safeguard the resilient individual from potential threats. Therefore, there is more tolerance to autonomy, frustration, impulse control and sociability to individuals with such dispositions.

The seropositive youth personality traits are regarded as potential sources of resilience. Personality measures such as extroversion, openness, conscientiousness, agreeableness and emotional stability has been associated with higher scores to resilience. Furthermore, Rutter (2013) asserts that individual differences such as personality, genetics and temperament differentiates how an individual responds to risk and protective factors. This means there are differences to how individuals reacts in different social relationships, the emphasis being on the environment not solely on the individual alone. Resilience thus, is not related to individual psychological traits only but is simple adaptation when an individual in adversity is allocated the right resources.

Psychological attributes in different individual are the ones which determines how the disclosure goes about, however, according to Rotherman-Borus, Comulda, Weiss and Ramos (2008), youth who have not disclosed their status could experience internalised stigma in form of shame and self-blame and stress that is related to concealing the status. This is done due to negative evaluations of what it means to be HIV positive within their immediate or broader social context. Shame and self-blame are psychological construct that counter resilience. These are inherent to people who are introverts in nature who have limited social interactions with other people.

As noted by Fletcher and Sakar (2013), when resilience has been conceived as a trait it has been suggested that it represents a constellation of characteristics that enables individuals to adapt to the situations they encounter. This notions was first mentioned using ego-resilience to describe to set of traits that reflects strength of character, general resourcefulness and flexibility of functioning

to various environmental demands. Such individuals with high levels of ego-resilience were characterised by a sense of optimism, curiosity, ability to detach and conceptualise problems. Some theorists are trying to focus on the biological influences of psychological resilience which are related to traits with good faith that this could provide keys to resilience to young people (Mandie, 2015).

In the entire human history, faith has been recognised as an imperative factor for internal strength. According to Skovdal and Daniel (2012) cited in Li, Chi, Sheer, Cluver, and Santon (2015) the importance of religion is recognised greatly in the field of resilience studies. People are guided in various aspects of life by the person's inner belief or faith which is referred to as religion. Generally individuals can make sense of pain, sufferings and construct a strong locus of control due to faith. Spiritual teachings such as forgiving and compassion, resilience advocate resilience itself by allowing the youth to view adversity as a chance for personal growth and progress. Therefore, the individual's appraisal or spiritual interpretation of a stressful experience is imperative in predicting the seropositive youth's psychological outcome.

2.6 DISCLOSURE IN INTIMATE RELATIONSHIPS AND PSYCHOLOGICAL RESILIENCE

A review by Medley and others of studies conducted in sub-Saharan Africa found that disclosure rates to sexual partners ranged from 17% to 86%. The World Health Organization estimates that 52% of PLWHA disclose their status to their sexual partners in Africa. More recent studies of disclosure to sexual partners or spouses in Africa have reported rates ranging from 24% to 91%. In Uganda, the study by King and colleagues reported a disclosure rate of 62% to sex partners. Alemayehu, Aregay, Kalayu and Yebyo (2014), however conducted a research study in Ethiopia on the issues of disclosure to sexual partners among women indicated that the rate of HIV disclosure was low among young adults, this was propagated by the stigma related to status disclosure. Although limited, emerging data on disclosure to members of a person's social network other than spouses or sexual partners, such as family, children, and friends, indicate that rates of disclosure to these members of the network are lower than disclosure to sexual partners.

In the United States a quantitative research by Catona, Greene, Magsamen-Conrad and Carpenter, (2016) examined the role of stigmatization and its future effects against disclosure. The study

involved interview with 59 HIV positive people aged between 20 to 50 years, the findings reported that people had been stigmatized primarily by family member and romantic partner interaction. The issue of HIV disclosure can be complex if individual have experienced rejection or negative responses, in situations like these if the relationship are negatively affected and are bound to experience problems.

In a quantitative study by (Legasion, 2010) in Swaziland notes that the vast majority (89.1%) disclosed their positive HIV status to their sexual partners and 94.6% believed that letting their sexual partners know about their HIV status was very important. The study was done only amongst patients attending VCT, the majority of the patients had positive attitudes about HIV status disclosure to a partner, and believed in the importance of letting their sexual partners know about their HIV status. HIV infected individuals are more likely to disclose to a partner whom they know is HIV-positive than to an HIV negative or of unknown serostatus (Rosa & Marks, 1989). Possible reasons for non-disclosure assessed amongst the participants were fear of abandonment or being left alone, fear of physical abuse or assault, economic dependence on the partner and fear of going into serious financial hardship.

Status disclosure in intimate relationships has two major outcomes which are contrary in nature, it may lead to discrimination, depression and loss of economic support whilst the partner might be motivated to go for voluntary counselling and testing. As seropositive young adults engage in intimate relationships they are required by the nature of their relationship to disclosure to their partners. According to findings by Recce, Tanner, Karpiak and Coffey (2007) social stigma prevented people from revealing their status leading to serious problems such as unsafe sexual practices, delayed disclosure and poor drug adherence. Therefore this is usually caused by late diagnosis and it causes reluctance to disclose status to a partner thus leading to personal insecurities and depression.

Disclosure has been associated with improved mental and physical health and greater adherence to ART (Clum, et al., 2013). There are several factors that influences an individual to disclose his or her status in a relationship however people living with HIV and AIDS who report low self-efficacy are less likely to disclose or never disclose to a sexual partner. Several studies have found out that PLWHA are more likely to disclose to a primary partner than a casual partner in an

established relationship after six months. Gender and frequency of contact has also been associated with time to disclosure in women who are infected. The relationship between lengths, status disclosure and differences in status disclosure by partner potentials ways is an attempt by PLWHA in relationships to moderate the risk of disclosure.

PLWHA have to cope to the stigma and adapt to the chronic condition, stigma is an imperative feature of status disclosure among seropositive youth in relationships. Members of any stigmatised group try to manage stigma by avoidance which refers to trying to talk about the topic at all cost, non-disclosure which implies the absence of disclosure and disclosure whereby one deliberately divulge the truth about their status (Greene, Carpenter, Catona, & Magsmen-Conrad, 2013). Stigma exist in two types which is perceived and experienced ,perceived is the imagined fear of the society's attitudes yet experienced is the discriminatory behaviour or acts on individuals resulting from particular attributes.

The risk of status disclosure include negative emotional responses, inability to control information, increased stigma and rejection, relationship termination (Catz, Gore-Felton, & McClure, (2002), Derlaga, Winstead, Greene, Serovich, & Elwood, 2002). Concealing a stigmatised condition is associated with substantial psychological and social cost including increased stress, poor mental health outcomes, constrained social interactions and social isolation thus interacting with psychological resilience. According to Vanable, Carey, Blair and Littewood (2006), people living with HIV (PLWH) have an elevated risk for mental health issues. For instance the HIV related stigma has been coupled with increased psychological distress, depression and lack of self-efficacy. HIV positive young people face a variety of challenging decisions related to revealing their states as to when and how (Doppenberg, 2011) . An environment which is not conducive is even more challenging for young people to feel comfortable with their HIV status.

Research findings by Santamaria, et al., (2011) on youth who are infected by parentally HIV found out that, youth who knew their status for a longer period of time were likely to report higher intensions of self-disclosure to a potential sex partner. The study examined the prevalence and timing of status disclosure and association of psychological functioning and other behavioral outcomes.

2.7 PEERS INFLUENCES TO PSYCHOLOGICAL RESILIENCE AND RELATIONSHIPS

Young adults aged 18 and 24 years are in the early stages of adulthood and the imperative developmental task in relationship building and failure to do so entail isolation, the relationships includes intimate relationships and social relationships. This phase is also characterized by a desire for self-discovery, an emerging sense of autonomy, separation from caregivers and the assertion of independence, as well as a quest for recognition and acceptance, which could lead to risk-taking behaviour. Li, Chi, Sheer, Cluver and Santon (2015) argued that there was a dramatic increase in the psychological importance and intimacy of close friends during this period. There is a heightened pressure to find a partner for future settling down. The tendency to impulsive behaviour and risks of mental health problems including depression and anxiety is elevated, as well as peer influence and risky behaviour increase the youths vulnerability to a variety of hazards, such as spreading the HIV/AIDS virus.

According to Adamchak, (2006) there is need to initiate youth to peer education and peer education is whereby trained and motivated young people undertake educational activities to those they are of the same age interest or background with. Peer education also draw from the social ecological model thus individuals behaviour change is determined by other individuals. A qualitative research finding shows that peers are often trusted than non-peers and they are better able to address issues to sexuality compared to non-peers. Thus there is need for HIV positive young adults to have peer to talk to when it comes to issues to do with intimate relationships.

According to a research study in Tanzania Ramaiya, et al. (2016), peer support among HIV positive adolescents also emerged as instrumental support in aiding positive coping among the seropositive young people. Those who reported to have received peer support reported less HIV related distress. Especially to HIV positive peers they felt they could openly share problem and seek advice from their peers. In addition to the above support the young people openly discussed the positive impact of the teen club run at the local clinic. Similarly in Botswana, the Baylor Clinic runs Teen Clubs in Gaborone and other parts of the country. Sithole (2011), postulates that the Youth Club's mission is to empower HIV positive adolescents and youth with skills to help them to build positive relationships, improve their self-esteem and acquire life skills through peer mentorship. In

Zimbabwe currently there is the “Zvandiri” HIV club where adolescences meet to discuss issues that pertains their wellbeing with their peers.

Therefore the role of the peer to an HIV individual is equal imperative since individual can discuss age appropriate issues. Friends and peers who are also infected create a common ground and a feeling that the condition is not unique to the seropositive youth. This gives hope and facilitates some level of mental stability which in turn brings about psychological resilience. Through sharing experiences in intimate relationships with others in similar situations and disclosure of mutual fears and insecurities in relationships, infected adults can gain the sense of their normality and feel supported. Friendship can fulfil a number of basic needs such as companionship, social acceptance, and intimacy, which are crucial for a young adult’s emotional well-being and sense of self-worth.

2.8 SOCIAL SUPPORT SYSTEM, PSYCHOLOGICAL RESILIENCE AND RELATIONSHIPS

Social support is very important for physical and psychological wellbeing it is an aspect for psychological adjustment and can improve psychological health outcomes. There are different kind of social supports, emotional, instrumental and structural. According to Lin, Simeone, Ensel and Kuo, (1979) social support is the support available to individuals through social ties to other people. A network of support from families and the community improves the degree of resilience among infected young adults. A strong network of support from families and the communities improves the degree of psychological resilience in infected youth. Garnezy (1991), in his ecological view of resilience identified family and support factor crucially important in building resilience. Support factors which are external to family, and included the availability and use of external support systems by the youth includes a supportive environment and an institutional structure that fosters ties to the larger community.

Ungar (2005) suggests that communities need to create pathways that make resources easy to access for example health services within health and community centres, less barriers to access resources. As young people have personal agency and make choices to engage with services, it is critical to ask them what they need and how they go about engaging with health services. Ungar states that the better documentation of local youth’s construction of resilience, the better the intervention was important. A research paper by Khamarko and Mayers, (2013) also conveyed that

the influence of social support on positive health outcomes may vary according to culture or the gender of the person. There are differences between men and women when receiving social support women are more likely to seek and use support to handle stressors they encounter compared to the males. Taylor, Welch, Kim and Sherman (2007) also conveyed that social support may be experienced differently across cultures and in western cultures there is a tendency to value independence yet it is contrary to what is considered in non-western countries.

Mental health among PLWHA is a pervasive issue, especially to low-and middle income countries where studies have shown that depression rates reaches up to 65% for those infected with HIV and AIDS where there is little social support (Collins, Holma, Freeman and Patel, 2006). Their findings suggested that poor social support and the stages of disease progression were significant factors associated with mental instability and those who reported poor levels of social support were eleven time more likely to have depression compared to those who do not, these research studies therefore demonstrates the importance of social support to infected individuals.

Philogene (2014), conducted a research in Haiti and concluded that social support and facilitating access to preventing and care services, HIV serostatus disclosure to other people has been associated with physical health, psychological wellbeing and improved health behaviours for people living with HIV. In this research disclosure to sexual partners can prevent the transmission of HIV and AIDS it can improve social support but can also have negative social outcomes including stigma and discrimination. The research had 12 seropositive young adults who were interviewed and the findings reveals that female participants were more likely than male participants to have disclosed their status. An overall of 33% had disclosed their status to their sexual partners for perceived support. The conclusion was that despite perceived social support the serostatus disclosure rates were low to youth in Port-au-Prince due to related stigma.

Social support has been shown to affect depression in general, a research by Umeadi, (2015) in Nigeria have explored the relationship between social support HIV stigma on depression in PLWHA. Social support and HIV related stigma are external events which are out of control of the infected youth but have a direct impact on depression. There is a positive relationship between depression negative self-image and a combination of poor social support. Also HIV and AIDS as a health problem is coupled with depression and Elbirt et al (2012) held researches and findings

shows that depression is more common in PLWHA than in the general population . Therefore there is need to improve social support so as to improve the mental health of the seropositive youth.

Lee, Yamazaki, Harris, Harper and Ellen, (2016) in a qualitative research study in the United States with HIV youth aged between 12-24 found out that individual who had disclosed to a friend or a close relative had higher levels of perceived social support. The perceived social support was not different significantly from those who had family members aware of their status and those who did not. Social support is imperative for healthy development and functioning for all HIV positive youth. Also social support is reported for greater life satisfaction, lower related illness-related anxiety, and lower illness burden. Social support has a positive bearing on improved resilience and mental wellbeing for the infected youth.

A study by McHenry, et al (2016) notes that even though knowledge was increasing, it has been noted that negative beliefs and misinformation about HIV were still common in the communities. Immorality, particularly sexual immorality, was often associated with a diagnosis of HIV. Specifically, caregivers and young people reported that casual contact, such as using the same plate or sharing a cup was still thought to transmit HIV. They noted that HIV-infected people are often isolated at meal times, as others do not want to eat with them. Therefore the lack of social support negatively interferes with the psychological resilience of a young adult and dissuades their commitment to the ART therapy and makes them isolate themselves from others.

2.9 THEORETICAL FRAMEWORK: THE SOCIAL ECOLOGICAL THEORY

The formation of the risk and resilience theory developed from the ecological systems theory which views an individual in context to their surroundings. The theory is based on examining the individual using five system of interrelated relationship the impact a person life as proposed by Bronfenbrenner (1979). The main assumption of the theory is exploring a person growth and development in respect of their microsystem, mesosystem, exosystem and macrosystem. Therefore understanding the relations that takes place between an individual and the environment. The social ecological model focuses on the nature of the interplay between people and their environment this development was conceptualised by Bronfenbrenner was based on the interplay between personal, situational and sociocultural factors. Furthermore according to the model the series of layer are nested arrangement of concentric structures, social web mutually interacting with one another.

The level on these series of layer contains challenges, values and norms which must be addressed by the individual. This interrelated system understanding is that a person's development and behaviour is influenced by the individual and those with whom they interact with. According to Bronfenbrenner (1979), the interactions between an individual's developments involves the biological make up, family, immediate environment, the community and the individual. The theory is viewed to provide a useful way of understanding the outcome of interplay between circles of influence seropositive young adults in adversity. This can be applied to the seropositive young adult where their functioning is in relation to who they interact with.

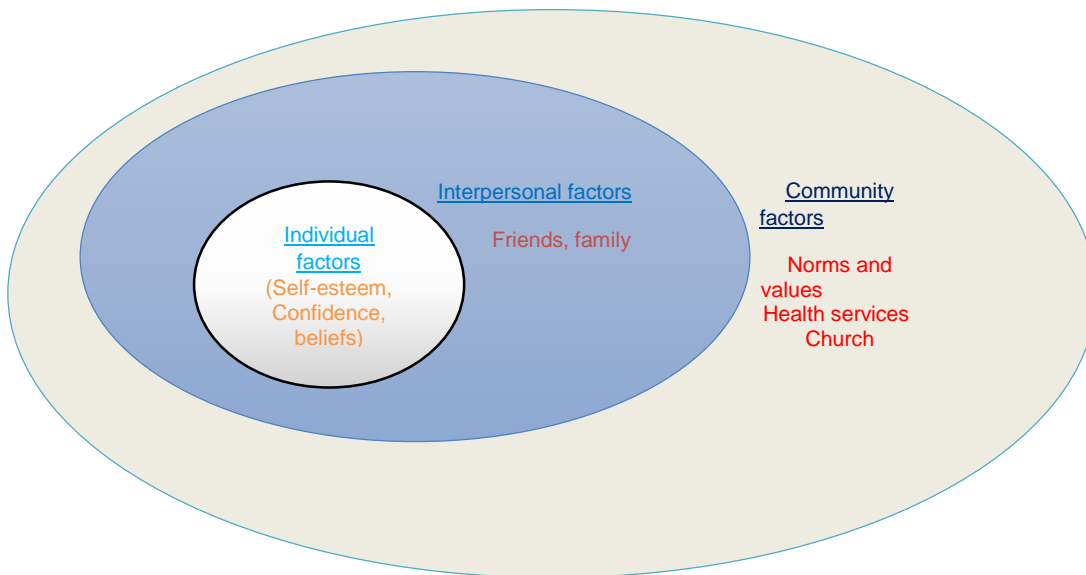


Fig 1. The social ecological model applied to seropositive youth from Bronfenbrenner, 1990

The initial layer is the microsystem, this refers to the relational factors associated with resilience, mental health behaviours which includes family environment, conflicts, social isolation and interactions with the immediate family members. This is followed by the mesosystem as a second stratum which involves the interactions between the individual's interactions between two or more microsystem such as communication. These aspects does not directly stimulate psychological problems but heightens risk for distress

The setting beyond an individual's immediate experience such as relationship with friends or colleagues makes make the third layer which is the ecosystem. This affects the person indirectly, the community, schools, neighbourhood, church, peer groups and socioeconomic status forms the

exosystem. Finally the macrosystem cannot be linked to any specific setting but could be seen to construct consistencies across other systems. The relations between these nested layers mean changes in one layer would have effects on other layers, the ecological framework can be used to understand specific behaviour and context and evidence for the wide use of the framework is enormous.

The adopted ecological theory provides a broad platform for the study enabling a comprehensive understanding of resilience in infected young adults in intimate relationships, psychological wellbeing in view of timely appropriate interventions. From this perspective the state of intimate relationship is likely to bring changes within the ecological environment which affects their physical and psychosocial wellbeing. It is necessary to understand the interactions between the ecological systems which are essential in understanding the source of protective factors that bring about psychological resilience, wellbeing mental health and the development of suitable interventions among the seropositive youth.

The experiences of the seropositive young adult of the interplay of these different levels are likely to determine their coping behaviours and resilience in context of hardships. This research study also focuses on the individual's perception of interpersonal and contextual factors that influence their behaviour and perceptions towards intimate relationships and the impact to psychological resilience. The contextual factors such as the youths sense of self and perceived supportive sociocultural and contextual factors which comprises their reality cannot be ignored

2.10 KNOWLEDGE GAP

In a literature review of resilience theories Mandie (2005) noted that there are several limitations to current research in resilience these include the absence of the voices of the young people, ambiguity in terminology, measurement and methodology, the predominance of western views which makes researches limited in context and cultures and as well lack of appropriate interventions. This research addressed the limitation of the exclusion of young people in research, a context and a new Zimbabwean culture,

To start with, this research was aimed at hearing the insights from the seropositive young adults themselves this means that the exclusion of the voices of the young adults in resilience research

had been dealt with, since the primary source of data collection were interviews with the young adults. According to Mandie (2015) “*The voices of young people remain somewhat absent in resilience research*”, however Ungar tends to include the voices of the young people yet other theorists in the field rely on teacher reports and surveys. These forms of data provide some insight into the phenomena but a first account approach is appropriate for better insight, thus this research used the phenomenological thrust. According to Ungar (2005), when the youth are excluded from the research “*we are violating them through methodological flawed and contextual irrelevant interpretations of their world*”. Therefore this implies that if the seropositive young adults are excluded from the research any interpretation of the findings becomes incomplete and it becomes difficult to propose any interventions to the since significant factors might have been omitted.

The Zimbabwean culture is unique and resilience research poses evidence that some risk and protective factors are universal, therefore the study being carried out in Senga Gweru expounded some risk and protective that might have not been familiar with western cultures. Another precarious change that need to be made is the predominance of Western cultures in resilience research (Mandie, 2015). That is with resilience research being conducted in the Western urban context many of the results might be similar but that is not the prototype of African communities. Therefore to develop a comprehensible body of psychological research in resilience it was conducted in Senga, Gweru where contextual and cultural specific needs are taken into account therefore any interventions proposed will be in cognisance of the Zimbabwean context and culture.

Another area of inconsistency in resilience is the selection of outcome that indicate resilience (Mandie, 2015). Positive outcomes that show the resilience of individual must also be contextual and culturally applicable. The most commonly used indicators of positive outcomes is the signs of academic or social competence and the lack of psychopathology at most. According to Masten (2011) researchers refer to this as the internal debate in resilience research thus individuals can have resilience if doing well academically yet are socially experiencing depression such questions are yet to be resolved. Competence can be measured from different domains therefore this research measures social competence from the seropositive young adult as evolving from successful intimate relationship enabling individuals to be less susceptible to negative developmental outcomes.

Several researches in the field of resilience including some outline above in the literature review are quantitative in nature, therefore, this research adopted the qualitative thrust since this explicitly elucidates the blind spot from quantitative measures and it offers a more comprehensive insight into the views and experiences encountered by seropositive youth in intimate relationships. Quantitative measures are useful for testing theories (Creswell, 2014). However they do not provide any new understanding about how the variable operate, their nature or the importance to the resilient individual. Furthermore , quantitative research only test the for relationship between variable for instance the relationship between depression and HIV status hence this does not reveal any new factors which are pertinent in the process of resilience. Therefore to address this disparity the current research used the qualitative research paradigm therefore advocating for new crucial knowledge in the studies of resilience among the seropositive young adults.

The literature that has been examined indicated that research responses on psychological resilience in seropositive young adults has been limited. Studies and surveys conducted previously in this area focus on adolescents, children below the age of 5 and adults in general neglecting these young adults. Among this age group adherence to ART is poorer than other age groups. Information on how resilience is formed, factors that affects resilience such intimate relationship and how the youth in context cope with it psychologically is limited. This research study was therefore developed to explore the views and experiences of infected young adults in intimate relationship where psychological resilience has been reported to be challenge.

2.11 CHAPTER SUMMARY

This chapter focused on reviewing literature related to the current research. This includes defining psychological resilience from several theorist, outlining the importance of risk and protective factors in determining psychological resilience. Issues such as individual attributes in young adults, support from families and the communities, disclosure in intimate relationships and support from peers were deliberated upon. Addressing the knowledge gap between contemporary resilience theories and the research in context. Chapter three will describe the research design and methodology that seeks to explore the views and experiences of infected youth in intimate issues and explore if coping may mediate this process in order to shed light on their personal strengths.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Seropositive youth are facing difficulties in forming or maintaining long lasting intimate relationships. Important issues such as peer influence, social support, psychological attributes of young adults and disclosure concerns were deliberated in the previous chapter that considered literature pertinent to the research. The current chapter focused the research design and the methodology which outlines how relevant data was collected from the field. It also focused on research approach, the study population, sample size and sampling technique, data collection as well as the data analysis procedures.

3.2 RESEARCH APPROACH

The researcher adopted a qualitative research approach, qualitative research is based on methodological traditions of inquiry that explore a social and human phenomenon (Creswell, 2014). Thus following the thrust of Interpretivism approach which is often associated with qualitative data. According to Chowdhury (2014) Interpretivism refers to the approaches which emphasis the meaningful nature of people's character and suggested several factors such as culture, gender and cultural beliefs which influences reality. This means the recognition of the intricate relationship between an individual's attitudes, behaviours external structures and socio-cultural issues. Interpretivism look for motives and meaning behind peoples actions that the people attach to their own description and meanings of interactions in their social world.

This research therefore scrutinize the views and experiences of seropositive young adults in relationships building thereby aiding understanding among these individuals. The purpose of research in interpretivism is aimed at understanding and interpreting experiences, social events and values people infer to different situations. Under this thrust it is fairly impossible to objectively observe the social world and experiences because of the meanings humans attach behind behaviours and actions (Chowdhury, 2014). Therefore the individuals in context which are the seropositive young adults themselves must provide insights to their own experience and opinions.

Creswell, (2014) postulates that qualitative research design offers a rich source of information leading to theories, patterns or policies that help to explain and inform the phenomenon under study. In this research study, the researcher sought to find the underlying factors in intimate relationships that inhibit or promote resilience among infected young adults. It also provides complex textual descriptions of how people experience a given research issue, and in this study, it help the research to explore the personal and contextual bases upon which the participants' resilience is rooted. Furthermore it provides information about the "human" side of the phenomenon under study; that is how each individual infected youth would provide his or her own views and experiences. Qualitative research methods would be the most appropriate approach in studying seropositive young adults since it enables the researcher to have an understanding and the meaning that seropositive young adults have constructed about their world and the subjective experiences they encounter which deters them from optimal resilience.

3.3 RESEARCH DESIGN

The research followed the Phenomenology course since the research stresses on the subjective experiences, social perceptions and analysis of events and phenomena encountered by seropositive young adults under research. The most appropriate strand of phenomenology is the Interpretative Phenomenological Analysis (IPA) that was adopted for this study. Langdrige, (2007) posits that IPA focuses on the experiences of the life world and includes a detailed exploration of the participant's view of the topic under study.

According to Creswell (2014) qualitative research is an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. The process of research involves emerging questions and procedures, data typically collected in the participant's setting, data analysis inductively building from particulars to general themes, and the researcher making interpretations of the meaning of the data. This form of design makes description in natural surroundings without experimental manipulation. The fact that no manipulation takes place makes this design appropriate for this investigation. The most important of all factors for using this design depends on data collection from the subjects to conduct the research, first-hand information collection makes the research relevant to the current situation as the research gets current information as to what is happening on the ground.

3.4 TARGET POPULATION

Alvi, (2016) defines the target population as all the members who meet the particular specified criteria for a research investigation, it also refers to the group which the research sample is derived from. In this research the research population is approximately 23 and was derived from the HIV positive young adults in Senga-Gweru age between 18 to 24 years of age, who collect their medication at Senga Poly Clinic. Only individuals who collect their medication take part in the research since it gives a 100% medical confirmation that the youth have been diagnosed with the virus therefore eliminating the inclusion of amateurs in the research.

3.5 SAMPLE

A sample is a number of people that are chosen from the research population, who presumably are considered to represent the majority of the population to be used for the purposes of gathering information. The research's decision on sample size was informed by the nature and design of the study, as argued by Creswell (2014), generally qualitative researchers do not constrain their research by giving definitive sizes of samples, but the numbers may range from one or two or more people. According to Langdrige (2007) IPA research is idiographic, involving small sample sizes due to the time consuming nature of the analytical process. The research purposively selected a minimal sample size of 8 participants in order to focus more on that manageable group and dig deeper into the search of all necessary information and continue until data saturation was reached

3.6 SAMPLING TECHNIQUE

As this is qualitative research the purposive sampling method was used the main aim being to gather detailed information of specific group. Alvi, (2016) convey that in purposive sampling the samples are selected based on unique specific purpose associated with answering a research question. Langdrige (2007) that postulates IPA researchers usually employ fairly homogenous samples, sampling is purposive rather than random. The homogeneity of the samples aims at gathering detailed information about the experiences of HIV infected young adults and to describe this subgroup in depth, to reduce variation and simplify analysis. The researcher interviewed HIV infected young adults aged between 18 to 24 years of age only in Senga Gweru, thus the homogeneity thrust of the research.

3.7 RESEARCH INSTRUMENT

The following research tool or instrument was used in the research;

3.7.1 Interviews

The research used semi-structured interviews to gather primary data during the study. An interview is a conversation which is aimed at eliciting the life-world of the interview (Alshenqeeti, 2014). Interviews are normally used where detailed information is required and respondents are few. Kumar (2005) posits that face-to-face interviews are designed to elicit the subjects' thoughts, opinions and attitudes on the matter. The semi-structured interviews were administered by face to face interviewing, besides eliciting thoughts and opinions it also helps in correcting misinterpretation, allows deployment of native language and following up on new ideas that may emerge during the course of the interview. Mathers, Fox, and Hun, (1989) conveys that semi structured interviews involve open-ended questions based on research areas which need to be covered, this allows more exploration of the phenomenon under study since individuals are not restricted to a particular set of responses.

3.8 DATA COLLECTION PROCEDURE

The task of data collection was a sole priority to the researcher, participants were met at Senga Poly Clinic where they collected their ARV medication. Clinicians helped in recruiting the participants basing on the aged group of 18 to 24 years the research needed. The interviews were held in a private counselling room that was allocated by the Clinic so as to ensure privacy, the room was well ventilated and free from distractions. Verbal consent was obtained from the infected young adults, participants were debriefed on the purpose of the research study, expected duration and procedures (following APA, 2010 code of conduct), as the initial step to the interviews after having introduced herself. Participant were notified that they were free to use pseudo names if they did not want to reveal their actual names since the research was not concerned with their names, thus giving a sense of security to the participants. The interviews conducted used Shona as a vernacular language, since participants preferred to use Shona to English. Each interviews lasted for about 10 minutes and they were audio recorded.

3.9 DATA ANALYSIS

According to Langdrige (2007), the Thematic Analysis is the principal analytical approach used with IPA. Phenomenological research characteristically starts with concrete descriptions of lived situations, often first-person accounts, set down in everyday language and avoiding abstract intellectual generalizations, this information was collected in the interviews with seropositive young adults. Data was analysed without any pre-judgment the themes that emerged were a result of the data analysis not using pre-existing codes. After data has been coded, the researcher the analysed and reconciled different meaning as well taking into consideration the observations made during the interviews.

The researcher proceeds by reflectively these descriptions, perhaps ideographically first, then by offering a combined account, for example, identifying general themes about the essence of the phenomenon. Importantly, the phenomenological research aims to go beyond surface expressions or explicit meanings to read between the lines so as to access implicit dimensions and intuitions. Adopted from Langdrige (2007), the step to be adopted in analysing the data were done on each and every interview and are listed below:

1. Read and re-reading the transcript from the interviews with seropositive young adults to state what is going on in the text writing down notes.
2. Taking note of emerging themes and transforming notes into meaningful statements.
3. Attempting to identify common links between the themes and it includes reordering and restructuring themes.
4. Producing a number of themes and subthemes in a coherent order.

3.10 ETHICAL CONSIDERATIONS

If social research is to remain a benefit to society, groups and individuals must conduct their work responsibly and according to the moral and legal standards of the society in which they practise (Roberts, 2003) . There are certain precautions that the researcher implemented in the research and these encompasses

3.10.1 Informed consent

APA, (2010) in its code of conduct article 8.02 stipulates that respondents should be willing participants in research studies. Appropriately informed about the research's intentions and how their personal information and research responses was used and protected this is known as Debriefing, sufficiently satisfied with their experience and willing to participate again in research and give their word or sign a consent form. This was respected by the researcher as it was an initial step taken in all the interviews held, verbal consent was obtained twice the first time by the clinicians then by the researcher. The decision to use verbal consent was adopted following an advice from the sister-in-charge that written consent makes the participants more anxious which affect their responses.

3.10.2 Confidentiality

Issues that affect the ethics on conducting this research also includes confidentiality and anonymity to participants. According to article 4.01 of APA, (2016) principles and guidelines ,psychologist have a primary obligation to protect the confidential information obtained or stored in any medium. This ethic was assured to the participants and also honoured since findings were submitted after interpretation and without the names of the participants and only for the purpose of this research.

3.10.3 Right to withdrawal

After informed consent have been given by the participants, they might change their minds and decide to withdrawal from participating in the study. The participants were debriefed by the clinicians and obtained verbal consent, the researcher when interviewing the participants obtained consent for the second time informing them that they were free to withdrawal of they had changed their minds.

3.11 CHAPTER SUMMARY

This chapter discussed several aspects research methodology and deliberated upon issues encompassing research design, research instruments, and data collection procedures and data analysis. The following chapter reports on the data collected in the course of this research and also provide an analysis, interpretation and description of the research findings.

CHAPTER FOUR DATA PRESENTATION AND ANALYSIS

4.1 INTRODUCTION

This research explored several views and experiences from seropositive young adult in intimate relationship issues and assessed its interplay with the psychological resilience of an individual. Literature that was pertinent to this research has been reviewed, the preceding chapter gave a synopsis of the research methodology which utilises the IPA approach and interviews were used in the process of data collection it also focused on the research design and methodology which outlines how relevant data was collected from the field. The current chapter notably presents the facts and findings which were obtained in the research field.

4.2 CHARACTERISTICS OF PARTICIPANTS

4.2.1 Number and sex of the participants interviewed

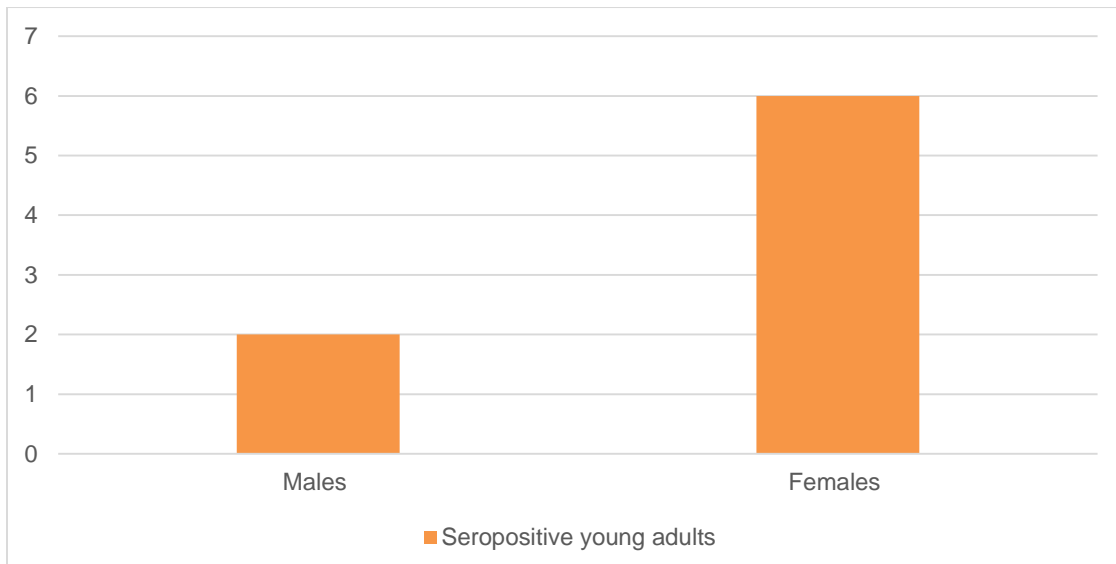


Fig 2 Sex ratios of the participants

The participants were HIV positive young adults who were aged between 18 and 24 years of age. The researcher interviewed 8 participants, of the 8 participants two were males and the other six were females

4.2.2 Age and marital status of the participants

The table below shows the age, sex and marital status of the participants who were interviewed

Table 1. Summary of the sex, age and marital status of the participants

Participant No	Participant Sex	Age	Marital Status
1	Male	18	Single no children
2	Female	19	Single no children
3	Female	19	Single no children
4	Female	21	Single with one child
5	Male	22	Single no children
6	Female	22	Married one child
7	Female	24	Single no children
8	Female	24	Married and two children

4.2.3 Educational qualifications and occupations of the participants

All the participants were affiliated to the Christianity religion, and all the participants did not go to work. Two of the females were studying for their degrees at tertiary institution, the rest of the participants reported having reached the ordinary level.

4.2.4 How the participants acquired the HIV virus

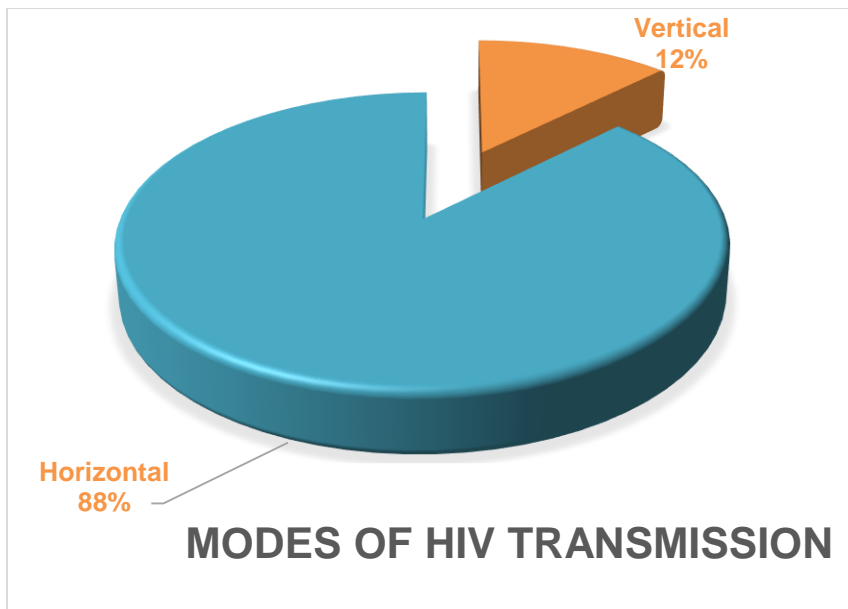


Fig 3 Modes of transmission among the participants

From the above pie chart only one male aged 18 reported having born with the virus yet the other seven had acquired the virus during adolescence, of the three women with children they reported being aware of their status during pregnancy while receiving antenatal care, they reported their children had been confirmed to be HIV negative since they had been taking part in the PMTCT which is a national goal aiming to prevent the spreading of HIV and AIDS.

4.3 SEROPOSITIVE YOUTH PSYCHOLOGICAL ATTRIBUTES

4.3.1 Relationship moratorium due to seropositivity

Of the 8 people who were interviewed, 4 out of the 6 single young adults were not engaged and the other 2 were married. Seem single people were facing problem in getting into relationships. For example the below narrative suggest so.

“I have lately been experiencing difficulties in accepting my status, I could say yes I had several girlfriends and eventually I got infected, ever since my diagnosis I got into several relationships but they seem to fail time and again. I have tried to be honest for a couple of times but the results were fatal since I have been rejected accordingly but my last breakup was painful since after disclosing my status the lady did not dump me right away but it occurred at a later stage when we’re getting closer to one another in term of being romantic”. (Male aged 22 single)

The narrative explicitly states that it was difficult for the young man to secure a relationship. Another storyline below also highlights the same delinquent.

“It literally plucked my heart out to understand that I am HIV positive and ever since I got tested and confirmed to be HIV positive I have never been myself again. The reason why broke up with the guy is that I couldn’t tell him my status after we had already slept together but I just decided to let go the relationship”. (Female aged 19 single).

The young lady above was afraid to disclose her status to the partner considering they had already had a sexual intercourse

4.3.2 Fear of infecting a partner

It emerged from the research findings that failure to maintain a relationship is a major theme that has been identified this has been attributed to the fear of infecting a partner.

The relationship worked out but I just thought I could let it go because the guy was HIV negative so I thought I should just let him be and live his own life. Was thinking the break up made me fail my exams and I was writing for the fourth time, the pain was just too much for me. I don't forget my uncle asking me why I was always in room and had to lie to him that I was not feeling well instead of studying all day I cried all day. At the moment was thinking of my 'O' level exams since am registered for this year's exams I don't want things that gives me a lot of stress. (From a female youth aged 19)

The above youth indicated that the guy was HIV positive and she had to let him leave his own life and was afraid to infect him.

4.3.3 Lack of confidence in pursuing relationships

Another subtheme that has emerged is the lack of confidence in pursuing relationships that has been elucidated in some of the interviews.

"My love life is affected for real I don't believe I can still find an HIV negative lady whom will accept me as I am, let alone I do not go to work and women now adays do love money more than anything else. It eats me up to realise that I have destroyed my future".

(Male aged 22 single)

The young man does not believe that he can still find an HIV negative to marry his confidence has been eroded by his experiences brought about by his status. Another narrative from a fellow youth aged 18 also alludes the concept of lack of confidence

"Yes I have been in a relationship with several girls and it just didn't work out as I thought it would. You know what happens when people know that you have the virus generally the confidence to have a special someone in your life becomes eroded. I have been heartbroken a several times and history always repeats itself, I remember I once fell in love with I loved her so much and the moment she was told I was HIV positive she started giving a cold shoulder then the relationship ended". (Male aged 18 single)

4.3.4 Negative self-esteem

Some the participants especially those who are single indicated that they have been heartbroken or experienced some kind of painful moment so other haven't considered having a special someone sooner . The narrative below illustrates how the young adult below was disturbed.

“Being born with the virus is really painful unfortunately you cannot choose how you want to be become. I used to look ill before, I think when I was in form three and four I had no courage to go for a girl whom I might want because people always look at me as someone who is always ill. To make the matters worse my aunt would tell me that if I happen to fell in love with any girl she would disclose my status to her that alone was enough to drive me out of relationships up to now have only engaged myself with only about 5 girls not because I don’t want to, but I have long last the courage to do so”. (Male aged 18 single)

The young man indicated that he has been ill and had no courage to go for a girl this indicates the loss of self-esteem and threats from his aunt to disclose his status further aggravated the situation

4.3.5 Regret and self-blame among the single young adults

The single young adults brought about issues of regret and self-blame with regard to their status for example one of the participants pointed out that

“Being born with the virus is really painful unfortunately you cannot choose how you want to be become. I used to look ill before, I think when I was in form three and four I had no courage to go for a girl whom I might want because people always look at me as someone who is always ill”. (Male aged 18 single)

His expression of regret is explicit when he mentions how painful it is to be born with the virus especially with the adverse impact of ART on his physical appearance that made him unattractive for relationships. Another fellow youth also indicated that

“What happened was that I got tested for HIV when I was 21 years old and had to bear the pain for my bad behaviour. I almost took my life the moment I discovered that I had contracted HIV and AIDS. I remember I hated getting intimate with man that I once had in my life and this ended my relationship with him each time I tried new relationship this could be the result. I only associated the fear of contracting HIV and AIDS with intimate relationship, I was filled with feelings of regret and remorse before I came to appreciate my status”. (Female aged 24 single)

Bearing the pain for bad behaviour can literally mean that the young lady blamed herself for contracting the virus. The young adult experienced feelings of regret and remorse before coming to term with her status with her status.

4.3.6 Lack of acceptance and self-appreciation

The youth alluded traits of no personal acceptance of the status and appreciation of one's status and this keeps the of the relationship trail out of shape. For instance the following three participants indicated that

“ever since I got tested and confirmed to be HIV positive I have never been myself again, the reason why broke up with the guy is that I couldn't tell him my status after we had already slept together but I just decided to let go the relationship”. (Female 19 Single)

The first participant mention that she can never be herself again after she had tested, which shows that she lacks full acceptance of her condition and tis might continue weakening her interest in relationships . The second one mentions that

“I think it will since take some time and I need to tell that someone about my status and still I don't believe that I am HIV positive”. (Female 19 Single)

This one doesn't believe that she is HIV positive, this will continue interfering what her ability to move on with someone when she cannot actually embrace herself. The third argument that also shows lack of personal acceptance and appreciation.

“I have lately been experiencing difficulties in accepting my status, I could say yes I had several girlfriends and eventually I got infected, ever since my diagnosis I got into several relationships but they seem to fail time and again. I have tried to be honest for a couple of times but the results were fatal”. (Male 22 Single)

This young adult openly stresses that he himself has been facing that challenge of accepting his status, he attributes the failure of his relationship directly to his status he mentions that when they tried to be honest the result were fatal , having no doubt such kind of a person is demotivated in finding a partner.

4.4 DISCLOSURE IN INTIMATE RELATIONSHIPS AND PSYCHOLOGICAL RESILIENCE.

4.4.1 Disclosure as inevitable

The findings from the research openly exhibited a common consensus that all the participants were aware of the consequences which were associated with lack of disclosure, and the participant believed status disclosure was a basic necessity in any relationship.

I think yes I would disclose my status to my partner because if I fail to do so I will infect that person and for the rest of my life I will condemn myself.

I will tell my partner in the future but I don't think I will just tell anyone who is not serious with me (Female 19 Single)

I have no problem with disclosing my status to anyone especially someone I love what might happen is that I will tell someone who is serious to marry me but I this relationship I haven't told my boyfriend that this is who I am (Female 21 Single with one child)

I had to persuade my husband to come with me to the clinic so that he could also get tested but I had not told him before we were tested as a couple (Female 22 Married)

Yes I did disclose my status to my man (Female 24 Single)

As alluded by the narratives above some participants had already disclosed their status to their partner's whist other view and appreciates the need to disclose although they were still single. There is proof that they all intended to tell their partners their true identities in the future

4.4.2 Right time right person criteria for disclosure

There is the idea that participants saw time as something that should be taken account of before one discloses their status in a relationship. This was also preceded by the researcher refers to as the right person criteria the participants believed that there is need to disclose only to the right person with whom they can have a future with or settle down with.

"Maybe I am still afraid but when it is the right person and time I would not hesitate to disclose my status to him". (Female 19 Single)

"I will tell my partner in the future but I don't think I will just tell anyone who is not serious with me". (Female 19 Single)

"I would only disclose when I found someone who is serious with me because I feel if disclose earlier that person would have not given me a chance to express my love for her". (Male 22 Single)

The three narratives above point out that the participants had taken into cognisance the issue of disclosing at the right time to the person whom they regarded as the right person and the person must be ready to settle down, thus it is crystal clear that the analysis of the right person was to be made by the individuals themselves to determine how appropriate is it for him or her to disclose or how serious the person is.

4.4.3 Disclosure perception of rejection

It is apparent that research findings indicated that the young adults interviewed were clouded with the perception that disclosure is usually coupled with rejection, below are some of the views and contributions of the participants towards that matter.

“We nearly broke up because he had to ask questions like why I was the only one who was infected yet he wasn’t, the pressure on me was too much the fear of death was coupled with the fear of losing him I remember at some point he took me to parents place and I thought he had dumped me but thank God when I got better he came back to take me home”.
(Female 24 Married)

“Disclosing my status negatively affected my relationships, from the moment you become open and tell them that this is what I am the start to treat you differently”. (Male 22 Single)

“That is why my relationships have failed because once a girl gets to know that you are HIV positive for sure they will leave you for someone who is HIV negative”.
(Male 18 Single)

“No one wants someone who is sick when actually they are not even if they accept you your in-laws would think you bewitched their son they would never appreciate you as who you are”. (Female 19 Single)

“It will have the impact look at me I have a child and above all this condition this will further chase anyone who is after me if it was having the child alone I think anyone would appreciate that but with both I think the road is not going to be easy”. (Female 21 Single with one child)

The orientation towards disclosure was coupled with negative outcomes resulting in rejection for most of the participants, thus elevating their fears of engagement into relationships

4.5 PEERS INFLUENCES TO PSYCHOLOGICAL RESILIENCE AND RELATIONSHIPS

4.5.1 Importance of peer support

Two of the participants acknowledged the importance of support from friends, the support rendered at times had nothing to do with intimate relationship but rather it involves other complex issues such as general functioning and coping with social problems.

“My friends at high school knew my status and they have always been there for me especially we meet at Zvandiri the first time I attended one of their forums and I think since then we have been best of friends. He helped with advice since my aunt used to isolate me from other boys. ... He is my brother if I may say. Relationship wise he has been my inspiration and urged me to try having someone in my life at some point he has been rejected as well in relationships so I would understand it when it occurred to me”.
(Male18Single)

No I do not have friends who have the same condition as I am but my friend and are aware of my status they have supported me in every way possible like the first day I came to the clinic with a persistent disease, they are my man they stood by me till could appreciate my status”. (Male 22 Single)

The above experiences outline the importance of peer support in helping the young men above in accepting their status, navigating through stigma and discrimination issue the friends in this aspect are a helping hand and a shoulder to lean on in time of hardships encountered by the infected youth

4.5.2 Anonymity

The narratives point out that most of the participant have not yet disclosed their status to their best friends they feel that concealing it will guard them from painful experiences of stigma

“No friends and no one knows about my status yet”. (Female 19 Single)

“I just came collect my medication then leave this place It’s only a few months that I got to know about this so no one know yet”. (Female 19 Single)

“No friends knows this I just came here and collect my medication”. (Female 21 Single with one child)

The researcher thus discovers that when the participants have not yet disclosed to their friends they are isolating themselves from peer advice they might need in relationships. The researcher this in not good for their health and assumes the stats concealing is done for some others reasons.

4.5.3 No friendship base of the same status

The narratives below is evidence that most of the HIV infected young adults in context have no friends who have the same status with them, the problem being there are no programs which are initiated by the clinic to ensure that they can mix and mingle so that they might form friendships. For instance participants reported that,

“I have told none of my friends about my status so far since they are all HIV negative”.
(Female 22 Married)

“It is difficult to tell someone you have this condition when they actually don’t have it. I will tell my friend when I am ready to but when I feel I have the guts to do so”. (Female 24 Single)

“I haven’t told my friend about my status and I have no friends who are HIV positive as I am”. (Female 24 Married)

Therefore the above accounts show that the infected youth would be more open to disclose to some who is also of the same status with them in that way they can share some experiences having something in common. They can be able to discuss the challenges they were facing in relationship building which someone might have encountered and dealt with it efficiently.

4.6 SOCIAL SUPPORT SYSTEM, PSYCHOLOGICAL RESILIENCE AND RELATIONSHIPS

4.6.1 Lack of social support

One of the participant’s accounts eludes the lack of social support in his relationship, the narrative is as follows,

“When my parents passed on my grandparents from my mother’s side took me to stay with her but at the house we stayed with my aunt who has been divorced. My grandmother passed when I was in grade 7 that is when my aunt get to know about my status and severely scolded me from time to time each time she saw me with a girl during my adolescent she would freak out saying I wanted to spread the virus”. (Male18Single)

The young adult went through a rough page of being in the care of his aunt whom he reported ill-treated him from the above narrative, the attitude of the aunt negatively influenced his attitude and confidence toward intimate relationships. Lack support from the loved one also stifles the acceptance process to the individual.

4.6.2 Disclosure vs social support dilemma

The major problem that has been elaborated in the research findings is that the young adults have kept their status away from their relatives, friends, church mates who are in the society they live in, this makes social support difficult to be obtained when their status remains concealed, the narratives below illustrates that the seropositive youth have chosen to obscure their status

“I wouldn’t want my uncle or anyone to know because they might assume I was sleeping around and be thrown out of the house, above all I have nowhere to go my parents are at the rural areas and are looking forward to me”. (Female 19 Single)

“Aaaah I did not tell anyone about status and don’t want anyone from family to know, let alone the people from my neighbourhood gossip around the whole world will end up knowing my status”. (Female 19 Single)

“I haven’t told my family that this is what I am they will become hurt, but I will do so some time later not now”. (Male 22 Single)

“Even my parents don’t know about my status. I remember when I had just given birth to my child my mother would ask me what was I giving my child, then I would tell her its medication for some kind of reaction which the nurse have given me to give the child”. (Female 22 Married)

“I am afraid that if I am to tell my parents about my status she was torn apart and I wouldn’t want that to happen to them No other people from the community are aware of my status”. (Female 24 Single)

The several narratives stresses on the efforts to keep statuses a secret, the reason from these finding stem from the need to guard oneself from stigma, the fear of hurting loved ones emotionally, the fear of being associated with immorality. To these individuals there seems to be no knowledge and experiences of social support, since their judgement on disclosure is clouded with negative opinions.

4.6.3 Acknowledged the importance of social support

To the few individuals who experienced social support, the expressed gratitude and the narratives below gives more insight into their responses

“My mother and my uncle were aware of my status because when I felt sick they took care for me and I had to be open up to them. They treated me very nice washed my clothes, helped me to bath, cooked food for me and above all gave me hope that my husband would take me back when I become well again. My mother used to pray for my marriage”. (Female 24 Single).

“I have told my mother and my aunt only about my status. They truly accepted me, your mum is the only person will never leave you in the times of need, she will stand by you no matter what may come your way. She is the one who bought me the preparation for my child and gave hope that I should be enrolled for ART”. (Female 21 Single with one child)

There is evidence that social support received by the two necessitated quick recovery and gave hope to the individuals in accepting themselves

4.7 RESILIENCE IN GENERAL AMONG THE INFECTED YOUTH

4.7.1 Lost hope for a successful relationship

Some individual have lost the hope of finding a special someone which might interferes with their ability to cope as this might be coupled with distress and anxiety about the unmet or delayed need of having a special someone. The narratives below illustrates how the young adults expressed they felt when it comes to the hopes of finding that special someone.

“I don’t know what the future holds for me when it comes to finding true love considering the bad luck in women that I have encountered seems I have lost hope to some extent but all the while life goes on I will figure a way out someday”. (Male 18 Single)

“You ruin my love life, oh I don’t know how it is going to be like at the moment I have just decided to focus on my education”. (Female 19 Single)

“I think it was difficult to find someone. But for the moment had stopped getting into relationships you can see am developing these rashes so I hurt when someone ask me what’s the problem are you not feeling well”. (Female 19 Single)

My love life , as for now I think I have to wait and see what the future holds for me now that am a single mum who is infected”. (Female 21 Single with one child)

“My future looks bleak when it comes to finding my true soulmate, it’s like you tell a lady that this is who I am the simply rejects you maybe was considering getting someone with the same status as mine but honestly I preferred someone who is not HIV positive like me”. (Male 22 Single)

The young adults above shows that their locus of interest in pursuing intimate relationships have been vehemently weakened, one of the ladies reported on focusing on her school work for the moment, the other has to wait and see what the fate had install for her, the other one mentions that his future in relationships is bleak and the other one feels it would be difficult to find that someone special due to the distortion of her physical appearance by the rash. Therefore one may not hesitate to deduce that from the above findings there is loss of hope in having a successful relationship.

4.7.2 Closeted Seropositivity

Young adults are subjected to consistent fears of the effect of disclosure to their families especially at this point that they are still secreting their status, this leads to a state of unstableness when meet with an indication that their families might have been aware of their status. The narratives below expounds the insecurities of status disclosure to families that being retained by the seropositive youth.

“I have to hide my medication as much as possible and I have to make sure that my uncle would not find out about this by any means”. (Female 19 Single)

“I am afraid that if my in-laws get to find out about my status they will throw me out of my marriage or would influence my husband to marry another wife who is not sick as I am. My future in this marriage is not certain and this eats me up daily, I am only comforted by the fact that my husband seems to care for me”. (Female 24 Married)

“I think as long as people are not aware of my status no one will laugh at me”. (Female 21 Single with one child)

The above explains that there is anticipated danger when the society and the families of the seropositive youth are perceived to be aware of their status the effects can be exerted on the individual quite frequent as long as they feel that something threatens their secrets, for example one might become stressed when identified by a neighbour at the clinic whilst collecting her medication.

4.7.3 Social interactions

In the event of relationship failure the research findings have revealed that some of the young adults isolate themselves away from other people this means general functioning is directly affected the narratives below demonstrates how the young adults are affected,

“At times it feels like I just want to be alone, I would take a walk to the Fletcher dam where I would sit alone and imagine how it would be if I was not HIV positive”. (Male 18 Single no children).

“Uuh not really but used to isolate myself at times, I think the first few months that I discovered about my HIV status I couldn't eat or sleep all night. Stopped going for the soccer matches that I used to attend till my friends helped on my feet. It has but you know just learnt to move on hey, since I cannot change it its already done”. (Male 22 Single)

“My social interactions with other people I think they are okay as long as they are not aware of my status”. (Female 22 Married)

4.7.4 Overall effect of status on individual

Several failures are attributed to the status diagnosis in a direct or an indirect manner , the narratives below illustrates how the young adult comment on the overall outcome of their status and its effects on daily functioning.

“I can never get back my health and if not for the HIV diagnosis maybe I could have passed my exam and now a better person in life”. (Female 19 Single)

“It has affected my life because it’s not easy to survive on medication and when people get to know that this is who I have become some will not associate themselves with you so I will not tell people that this is who I have become now”. (Female 19 Single)

“It has been affected a lot more it’s not easy accepting the fact that you are living with the virus and there is no cure for AIDS above all what was the future of my child what tends to worry me a lot is when my mum dies who was my shoulder to lean on”. (Female 21 Single with one child)

“Yeah I have been affected now I have special diet that we need to attend to and above all I need to ensure that my child is not infected by any means my perpetual fear is what will happen to my child when both of us die sooner”. (Female 22 Married)

4.7.5 Health and relationship needs

A few experienced the problem of trying to strike a balance between health and relationship need and this creates relentless anxiety , the storylines below show some of the problems which evades the strike of balance between health and relationship needs.

“The problem I might say was facing was when I usually fell ill and feel I cannot cook or perform my duties punctually as a wife I feel like I was making my marriage vulnerable”. (Female 24 Married)

“Constantly getting ill worries me a lot and the fact that my husband is HIV negative is a persistent reminder that any moment he can leave for greener pastures”. (Female 24 Married)

The problem that is elucidated in the paragraph above is the inability by these two married women to execute their duties punctually, when they have been attacked by an opportunistic infection associated with their status.

4.8 CHAPTER SUMMARY

The above chapter presented all the findings which were brought up in the interviews by the seropositive young adults. The finding identified several themes and sub themes which encompasses youth are out of relationship due to disclosure associated glitches compared to the married young adults, fear of infecting a partner, lack of confidence, painful experiences encountered reduced self-esteem ,regret and self-blame, disclosure is a necessity and based with the right time right person criteria, lost hope for a successful relationship, social support could not be accessed due to concealing of status and lack of friendship base of the same status . The next chapter will focus on the discussion of the findings, implications and several recommendations.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This research explored the views and experiences of seropositive young adults in Senga when dealing with intimate relationship issues and assess its interplay with psychological resilience. After reviewing the relevant literature to the current research the preceding chapters gave a synopsis of the research methodology which utilises the IPA approach and interviews were used in the process of data collection. The previous chapter presented the facts and findings which were obtained in the research field. This chapter focus on the discussion of the findings, implications and propose several recommendations.

5.2 DISCUSSION OF RESULTS

The main problem was inability to form or maintain long lasting intimate relationships by seropositive young adults in the face of disclosing their status. Therefore the research study serves to explore the views and experiences of seropositive young adults in forming and maintain intimate relationships and how they cope, effectively function even after the failure of the relationships. In chapter two previously done researches on the concept of psychological resilience and HIV and AIDS adversity have been reviewed and the ecological systems theory is a perspective of viewing an individual within the context of their environment was used as a framework. Interpretative Phenomenological analysis was used to analyse data obtained from the interviews were participants were recruited using purposive sampling method. The facts and findings which were obtained in the research field have been given this section notably presents the discussion from the findings.

5.2.1 Seropositive youth psychological attributes

Findings from the research shows that marital status and age of the individual has an impact on the perception of the disclosure process. The outcomes illustrates that single infected young adults are afraid to form intimate relationships yet married young adults faced less difficulties in conveying their status to the partner compared to the single ones . There is more perceived negative

responses in issues to do with intimate relationships for younger adults aged 18 and 22 yet for the older ones from 22 to 24 there is a sense of maturity and understanding this adds a new finding in the literature of HIV and intimate relationships among the seropositive youth which can be examined further in detail.

Furthermore general acceptance of status have an association with the persons age the research findings when analysed indicated that the younger participant interviewed the more they exhibited traits of self-blame and regret, yet the older younger adults have embraced the situation which created a conducive environment for positive functioning and better relationships. The youth alluded traits of no personal acceptance of the status and appreciation of one's status and thus having a profound effect on their ability to engage in intimate relationships. A research previously done by Rotherman-Borus, Comulda, Weiss and Ramos (2008), indicated that youth who have not disclosed their status could experience internalised stigma in form of shame and self-blame and stress this is parallel with the current findings. However the difference emanates from reasons which leads to the shame, in the current research as indicated by the findings it is due to the delayed acceptance of status and societal values that associated the virus with immorality. When looking at this in the lens of the social ecological model this represents the first level where individual attributes such as age, temperament and self-efficacy come to play.

The participants exhibited lack of confidence in pursuing intimate relationship resulting from the prior stigmatization and perceived stigma. Individual used perceived stigma as a yardstick for future perception of rejection, they had negative anticipation for rejection in relationships. This had a negative behavioral effect of keeping the youth out of intimate relationships. The research also provided evidence of lacks full acceptance to the HIV condition, evidence that some failure in relationship by another youth is directly attributed to his status, evidenced of self-blame and regret because of the HIV diagnosis.

Findings also shows that painful experience in relationships previously encountered by the seropositive young adult also hinders them from engaging in intimate relationships. The negative experiences does not always mean in relationships but some are HIV related to some aspect of their lives such as physical illness which makes the individual unattractive for relationships.

When looking at this in the lens of the social ecological model this represents the first level where individual attributes such as age, temperament and self-efficacy come to play and the lack of such individual resources has an impact on the whole ecosystem thus mediation of resilience is difficult since resilience is conceived as the interplay between individual and environmental factors.

5.2.2 Status disclosure in intimate relationships and psychological resilience

The research findings exhibited a common consensus that all the participants were aware of the consequences which were associated with lack of disclosure, and they believed status disclosure was a basic necessity in any relationship. Some participants had already disclosed their status to their partner's whilst others view and appreciate the need to disclose although they were still single. There is evidence that they all intended to disclose to their partners in the future. This finding is analogous with the research study by Legason, (2010) in Swaziland which notes that the vast majority (89.1%) disclosed their positive HIV status to their sexual partners and 94.6% believed that letting their sexual partners know about their HIV status was very important.

However the study revealed that there are not all the HIV infected youth who feel disclosing the status is what they do in actual reality. Findings revealed that after an intimate encounter it is often difficult for the youth to disclose his or her status due to perceived intimate partner violence or any negative responses for instance the young women had an intimate relationship but was not able to inform the partner about her status. Alemayehu, Aregay, Kalayu and Yebyo (2014), however research study in Ethiopia indicated that the rate of HIV disclosure was low among young adults, this was propagated by the stigma related to status disclosure, an analysis by the current research over the disclosure attitudes elicit positive attitudes though but not actions.

The research study also revealed that disclosure to the participants was based time as something that should be taken account of before one discloses their status in a relationship. This was also preceded by the researcher refers to as the right person criteria the participants believed that there is need to disclose only to the right person with. Thus it is crystal clear that the analysis of the right person was to be made by the individuals themselves to determine how appropriate is it for him or her to disclose or how serious the person is. The concept of disclosing to the right person at the

right is not novel for instance Doppenberg, (2011), in his research findings note that HIV positive young people face a variety of challenging decisions related to revealing their states as to when and how. However the research discovers that there is a possible danger of the infected adult engaging with several people before finding the right person and this increases the risk of spreading the virus.

The finding indicates that individual's orientation towards disclosure was coupled with negative outcomes resulting in rejection for most of the participants, thus elevating their fears of engagement into relationships. Earlier researches concludes that the risk of status disclosure include negative emotional responses, inability to control information, increased stigma and rejection, relationship termination (Catz, Gore-Felton, & McClure, (2002), Derlaga, Winstead, Greene, Serovich, & Elwood, 2002). Young adults interviewed were clouded with the perception that disclosure was coupled with rejection. Therefore the young adults hailed the negative effect more compared to the positive effect of disclosure this shows that the interplay of the different levels on the ecological system have been affected by negative perceptions and are likely determine negative coping behaviours such as non-disclosure thus impacting negatively on psychological resilience.

5.2.3 Peers influences to psychological resilience and relationships

Two of the participants acknowledged the importance of support from friends, the support rendered at times had nothing to do with intimate relationship but rather it involves other complex issues such as general functioning and coping with social problems. Experiences outline the importance of peer support in helping the young men in accepting their status thus necessitating the need to move on in relationships, navigating through stigma and discrimination issue thus giving an understanding and anticipation of problems to be encountered. This is in line with findings by Lee et al (2016) which states out that individual who had disclosed to a friend or a close relative had higher levels of perceived social support. The friends in this aspect are a helping hand and a shoulder to lean on in time of hardships encountered by the infected youth. An analysis therefore shows that there is improved general functioning and forming intimate relationships when there is a band of support from friends.

There is a perceived higher likelihood of individual engaging in intimate relationship when they have close friends who can advise them on issues to do with relationships it is more influential when the friend is also HIV positive. Ramaiya, et al. (2016), notes that peer support among HIV positive adolescents aiding positive coping. However to the contrary the researcher thus discovers that when the participants have not yet disclosed to their friends they are isolating themselves from peer advice they might need in relationships. Li et al (2015) argued that there was a dramatic increase in the psychological importance and intimacy of close friends during this period. This has profound negative effect to their wellbeing and as evidenced adversely affecting their ability to engage in intimate relationships.

According to Adamchak, (2006) Peer education also draw from the social ecological model thus individuals behaviour change is determined by other individuals. According to the social ecological model, the setting beyond an individual's immediate experience such as relationship with friends or colleagues makes make the third layer which is the ecosystem and if need and responsibilities in this stratum are not meet this interrelated system understanding is that a person's development and behaviour is influenced by the individual and those with whom they interact with. Thus failure to do so entails no development in the context of adversity. There is need for HIV positive young adults to have peers to talk to when it comes to issues to do with intimate relationships.

5.2.4 Social support system, psychological resilience and relationships

The major problem that has been elaborated in the research findings is that the young adults have kept their status away from their relatives, friends, church mates who are in the society they live in, this makes social support difficult to be obtained when their status remains concealed. There were several narratives that stresses on the efforts to keep status a secret, the reason from these finding stem from the need to guard oneself from stigma, the fear of hurting loved ones emotionally, the fear of being associated with immorality. This finding was consistent with Philogene (2014), where findings concluded that social support HIV serostatus disclosure to other people has been associated with physical health, psychological wellbeing and improved health behaviours for people living with HIV but can also have negative social outcomes including stigma and discrimination. Thus individual were afraid to let their families and friend aware of their status due to perceived negative consequences of stigma.

Furthermore to these individuals there seems to be no knowledge and experiences of social support, since their judgement on disclosure is clouded with negative opinions. Previous findings from Umeadi, (2015) concludes that there is a positive relationship between depression negative self-image and a combination of poor social support. Thus the individuals are more susceptible to negative outcomes such as depression. Therefore the individuals still feeling to protect themselves they need to conceal their status yet they will be making themselves susceptible to negative developmental outcomes such as depression.

However there were a few individuals who experienced social support, the expressed gratitude. There was evidence that social support received by the two necessitated quick recovery and gave hope to the individuals in accepting themselves, thus getting support in intimate relationships and the courage to keep on chasing their dreams despite the assumed negative consequences. The narratives noted support even in pursuing intimate relationship. However, McHenry et al (2016) noted that negative beliefs and misinformation about HIV were still common in the communities, this might explains the rift between disclosure to community members and disclosure to close family members only. Thus in conclusion the participants who had disclosed their status had done so to close member of their immediate families.

When applying the social ecological model there are limited interactions between the individual's microsystem and the mesosystem, the exosystem and the macrosystem. Thus, in accordance with the theory resilience development was conceptualised based on the interplay between personal, situational and sociocultural factors. This interrelated system understanding is that a person's development and behaviour is influenced by the individual and those with whom they interact with in the context of adversity. Therefore without the association to other spheres of influence the individual is susceptible to negative outcome such as problems in forming intimate relationship elevated anxiety and depression.

5.3 CONCLUSIONS

The study was aimed at exposing the individual personal psychological attributes and attitudes in intimate relationships failures which affects resilience. The research identified individual who

have lost the hope of finding a special someone which interferes with their ability to cope as this might be coupled with distress and anxiety about the unmet or delayed need of having a special someone. The marital status and age of the individual has an impact on the perception of the disclosure process. Lack of confidence in pursuing intimate relationship resulting from the prior stigmatization individual or perceived stigma was also identified. Therefore the researcher suggest that counselling individuals in issues to do with status acceptance and positive adaptation must not be stopped even after the individuals have been enrolled for ART

In exploring the influence of status disclosure in a relationships the research findings in summary elicits that participants in the research believed status disclosure was a basic necessity in any relationship. Several individual appreciates the need to disclose although there were still single participants these were also aware of the consequences which were associated with lack of disclosure. The participants believed disclosure had negative impact on their relationships hence was supposed to be initiated at the right time to the right person. Disclosure was coupled with negative outcomes resulting in perception of rejection for most of the participants. Locus of interest in pursuing intimate relationships have been vehemently weakened since young adults are subjected to consistent fears of the effect of disclosure to their partners and families thus directly impacting on psychological resilience due to elevated anxiety and distress. Recommendation support the continuation of education on the risk associated with non-disclosure or focus on the advantage of disclosure to the individual so that they become motivated to disclose in intimate relationships for safer sexual practices.

When looking at the influence of peer and their influence on how the young adult handle their own relationship, there is need to utilise peer support in helping the young men in accepting their status thus necessitating the need to move on in relationships, navigating through stigma and discrimination. Peers assist in giving an understanding and anticipation of problems to be encountered in intimate relationship for an infected youth. There is a perceived higher likelihood of individual engaging in intimate relationship when they have close friends who can advise them on issues to do with relationships the probability is heightened when the friend is also HIV positive. However to the seropositive youth in context they had no friendship support base to share

experience and opinion on intimate relationship issue. Thus there is need for seminar or programs where the youth can meet and discuss pertinent life issues.

The role of social support was also expounds in a few individual , the findings rely that the young adults have kept their status away from their relatives, friends, church mates who are in the society they live in, this makes social support inaccessible when their status remains concealed. A few participants experienced had disclosed to lose family members confirmed the positive impact to their health and wellbeing that had been contributed by the support were rendered. This must be addressed by focusing more on the advantages of disclosure for social support so that the individuals are motivated to open up for support.

5.4 LIMITATIONS

- Interviewing of youth who were married was never anticipated for so this tend to alter the interview questions in a bid to find only appropriate questions for the married women thus interfering with the outcome of the research.
- Generalising findings across all genders can be difficult since the study had more female participants compared to males, therefore, it seems the experiences revealed where actually women oriented there is need to have fair representation of all the genders in researches.
- Another limitation that may stress upon the research findings is the that research used a qualitative approach interviewing seropositive young adults from other countries might produce fairly different results depending on how different notions like HIV infection, social support and the level of stigmatisation are conceptualised. Therefore the reliability of the study is affected since construct are qualitative not quantitative in nature.
- There was limited age appropriate literature since research on HIV and psychological resilience research were centred upon children and adolescents.

5.5 RECOMMENDATIONS

5.5.1 Senga Poly Clinic

- There should be resilience enhancing programmes for HIV young adults apart from counselling. These includes topics on optimism, self-efficacy, cognitive competence and

problem solving skills. Young adults must meet to make friendships and assist one another on social issues.

- There must be intimate relationship forums for couples, those in relationships and those who are still single where they can learn from the shared experience of other seropositive individuals.

5.5.2 The community

- Campaigns must call for young adult males to be enrolled to the art programmes so that they do not disadvantage their partners who are on medication.
- Education on the impact of stigma must be promoted, so as mimic the impact of stigma and discrimination as much as possible
- Financial assistance must be offered for young seropositive to be economically independent as indicated by the research most seropositive young adults are dependent on the spouse or the parents and guardians. The donor world and the cooperate world must improvise so that these young adults become financially independent

5.5.3 Further studies

During the course of the study various questions appeared and might result in future studies within the field these includes:

- There is need to carry out researches on the resilience of young males only since the current study had more women participating than males therefore findings become more confined to experiences by young women.
- To add on there is need to explore how national policies bring social support closer to the infected young adults and the effectiveness of such programs since there is limited literature on social support to seropositive young adults.
- Another area that can be looked into is exploring how resilience coping strategies can be implemented at a national level to help the youth in HIV and AIDS adversity literature indicted the availability of the coping strategies for the adolescence and children infected thus this age group requires attention as well.

5.6 CHAPTER SUMMARY

This chapter focused on discussing the findings that had been obtained from interviewing the seropositive youth. The discussion of results reveals that individuals had low, esteem, lack of confidence and feared the consequences associated with status disclosure that is why they refrained from intimate relationships. Most of the participants had no support from peers and the community due to anonymity however a few who had social support appreciated its essence to positive functioning. Consistent fears associated with disclosure, health uncertainties and inability to perform duties punctually and individual isolation from the society have negative impacts on psychological resilience. Therefore intimate relationship and associated issues can affect the way an individual functions on a daily basis. New findings which convey that age and marital status of an individual has an impact on the quality of relationships they engage in, the infected youth depend on the clinicians more than their relatives for emotional support. Recommendations emphasize on the need for social forums and enhancement of individual attributes like esteem, cognitive competence and problem solving skills.

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APPENDIX A: INTERVIEW GUIDE

MY NAME IS CHLODINE MAFUNGA .I AM A STUDENT AT MIDLANDS STATE UNIVERSITY. This research is entitled **“PSYCHOLOGICAL RESILIENCE AND INTIMATE RELATIONSHIPS AMONG SEROPOSITIVE YOUNG ADULTS AGED 18 TO 24 YEARS IN SENGA: GWERU”**. It explores the views and experiences of seropositive young adult in intimate relationship and how it interferes with optimal psychological resilience. Information gathered is for educational purposes and therefore is kept confidential.

SECTION A: Demographic data

1. Age
2. Sex
3. Marital status
4. Do you have a child
5. Religion
6. Occupation
7. Level of education
8. Where you born with this condition?
9. Who do you stay with?

SECTION B: Psychological attributes

10. Have ever been engaged in an intimate relationship/s after you have been diagnosed.
11. Was the relationship/s a success? If No how the break did up affected you.
12. Are you currently in relationship with someone? If yes are you aware of his status
13. Do you think being diagnosed with HIV and AIDS has affected how you engage in intimate relationships?

SECTION C: Disclosure

14. Do you feel free to disclose your status to your partner? If not why?
15. Do you feel disclosing your status has some impact on your relationship?

SECTION D: peer support

16. Do you have friends who have the same condition as you?
If yes .How have your relationship been in terms of supporting one another?

If no. Are our friend aware of your status?

17. Do you consider the views and experiences of your friends in how you handle your relationships?

SECTION E: Social Support

18. How do you view the community that you live in .have they been of assistance to you
If yes how do they support or approve your relationships?

If no how does it affect you to feel that your community is not supporting you

19. Have you faced any problem in your social interactions with the community members after your relationship ended?

SECTION F: Resilience

20. Are you bothered in any way with the issue of falling in love? How do you see your future love life?

21. Have you been facing any challenges in balancing your

a) health and relationship need

b) Health and social interaction

22. Have your status affected your lifestyle in any way.

APPENDIX B: AUDIT SHEET

Appendix C: Approval by the Director City of Health Gweru Municipal

Appendix D: Confirmation of research from Senga Poly Clinic

Appendix E: Turnitin Similarity Index

Appendix F: Marking Guide