

Perception of Adolescent Girls Living with HIV/AIDS Regarding Their Illness in the City of Lukala in Kongo Central in the Democratic Republic of Congo

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Abstract

Introduction: Despite the clear progress in the fight against HIV, the challenges to be overcome remain significant and vital. This is the negative opinion that the population has towards HIV-positive people. This perception of HIV leads, among patients, to a feeling of rejection, discrimination, marginalization and stigmatization. The aim of this study is to explore the perception of people living with HIV/AIDS (PLHIV) in the city of Lukala DRC regarding their illness. **Method:** This is a cross-sectional study, by interview conducted with adolescent girls living with HIV/AIDS, during the year 2022 in the city of Lukala. **Results:** The results revealed that 83% of adolescent girls reached the age of maturity. Among them, 66% are married and multiparous, 83% have a low level of education and do self-employed work. All respondents have heard of AIDS and admit to being affected. Everyone is afraid of death. As for the cause of the disease, 66% of cases believe in bad luck. However, they continue to do their usual work. 50% of respondents are stigmatized or rejected by the family. They find their life dark. 66.7% of cases take no protective measures. Among married people, 80% say they lead a normal married life. **Conclusion:** Adolescent girls living with HIV/AIDS are a reality in the city of Lukala. However, preventive measures and therapeutic monitoring are not well applied but their lives continue normally. Ignorance and poor education favor the transmission of HIV.

Keywords: Perception, adolescent girls, HIV/AIDS, Lukala.

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1. INTRODUCTION

The Covid-19 pandemic should not make us forget that the HIV pandemic is not over. According to UNAIDS, 38 million people are living with HIV/AIDS worldwide (UNAIDS, 2022). In the DRC, the UNPF estimates around 540,000 people living with HIV (UNPF, 2022). Young people are very exposed (Charles, 2015). Indeed, in 2020 alone; 410,000 young people aged 10 to 24 have been newly infected with HIV. They represent 14% of new contaminations in France (Bruno Kheira, 2021).

Over the past 15 years, numerous therapeutic advances have made it possible to change the daily lives of HIV-positive people whose diagnosis is no longer synonymous with a fatal outcome, but allows them to live in a manner almost similar to the average.

Despite the clear progress in the fight against HIV, the challenges to be overcome remain significant

and vital. Indeed, public perception of HIV remains negative, resulting in serophobia, attitudes of rejection or discrimination, marginalization and stigmatization (Beltzer Nathalie and Grémy Isabelle, 2008).

People living with HIV (PLHIV) live in a context dominated on one side by shame and fear of stigmatization, and on the other by the need to be supported. This contradictory injunction is at the heart of the hesitations and uncertainties of PLHIV between the two extreme choices of living clandestinely or in public (Diarra, 2008).

In the DRC, HIV status is often a taboo. Little is known about the perception of PLHIV in the DRC regarding their illness, due to lack of scientific work that has been carried out with this population.

We therefore designed this study to answer the question of how adolescent PLHIV perceive their illness;

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in other words, if AIDS is a fatal disease, if patients pay attention to the rumors around them and what behaviors they adopt in the community. The aim of this study is to explore the perception of people living with HIV/AIDS (PLHIV) in the city of Lukala DRC regarding their illness.

2. MATERIAL AND METHOD

2.1 Study framework

The study was conducted in Lukala, in Kongo Central province, DRC. Lukala is an urban-rural city whose main activity is agriculture. There is also the Lukala cement plant. It is located a few km from the city of Kinshasa.

2.2 Population and sample

Our study population consisted of adolescent girls, aged 15 to 22, living with HIV/AIDS in the city of Lukala.

Based on the register of the Lukala health zone office, we found 40 cases of adolescent girls living with HIV/AIDS; among which 36 were selected as a sample, according to the following selection criteria: Being a teenager aged 15 to 22 and living in the city of Lukala; Agree to participate in the interview.

2.3 Data collection and analysis method and techniques

This is a cross-sectional study, conducted over two weeks during the period from June 14 to 28, 2022. The semi-structured interview framework covered the following dimensions: Knowledge and perception of the disease, Perception of its identity and one's body image, The relationship with those around them, the mode of emotional and intimate relationship, Medical follow-up and the future of one's life.

We invited the targeted people to the health center, in a secluded place where privacy is guaranteed. The data was collected by us using structured interviews.

The parameters studied included age, marital status, parity, educational level, profession, source of contamination, emotional and social challenges, therapeutic monitoring and vision of the future.

The results were interpreted using tables and percentage calculations. The data collected was encoded in an Excel software spreadsheet, then imported for processing in the Epi info software.

3. RESULTS

Table 1: Distribution of cases according to sociodemographic characteristics

Variables	Effective n=36	%
Age		
Under 18	06	16.7
Over 18	30	83.3
Marital status		
Bachelor	12	33.3
Bride	24	66.7
Parity		
Nulliparous	12	33.3
Multiparous	24	66.7
Educational Level		
Without	18	50
Primary	12	33.3
Secondary	06	16.7
Occupation		
Without	18	50
Farmer	12	33.3
Pupil	06	16.7

Our observations showed that 83% of adolescent girls reached the age of maturity. Among

them, 66% are married and multiparous, 83% have a low level of education and do self-employed work.

Table 2: Distribution of respondents according to perception of their illness

Variables	Workforce n=36	%
Knowledge of HIV		
Yes	36	100
No	0	0.0
Source of contamination		
Myself (sexuality)	12	33.3
Others (God, bad luck...)	24	66.7

Variables	Workforce n=36	%
HIV and profession		
No change	24	66.7
Change	12	33.3
Emotional and social challenges		
Rejection by family	06	16.7
Stigma	12	33.3
Fear of death	36	100
Shame on the neighbors	36	100
The future of the patient:		
Hope for healing	18	50
Dark life	18	50
Prevention of transmission		
Use of condoms	12	33.3
No measurement	24	66.7
Treatment		
Well followed	12	33.3
Neglected	24	66.7
Marriage life		
Normal	29	80
Incomprehension	07	20

All respondents have heard of AIDS and admit to being affected. Everyone is afraid of death. As for the cause of the disease, 66% of cases believe in bad luck. However, they continue to do their usual work. 50% of respondents are stigmatized or rejected by the family. They find their life dark. 66.7% of cases take no protective measures. Among married people, 80% say they lead a normal married life.

4. DISCUSSION

The present study was carried out with the aim of determining the perception of adolescents regarding their illness in order to fill the gaps observed. And our observations showed that 83% of adolescent girls reached the age of maturity. Among them, 66% are married and multiparous, 83% have a low level of education and do self-employed work. The choice of this category of patients is explained by the fact that more than half of new HIV infections today occur among young people aged 15 to 24 (Emilande Guichet, 2016). Among the 33.4 million people living with HIV worldwide, 4.9 million are aged 15 to 24. This is because many adolescent girls face poverty, disabilities, marginalization and exploitation (UNAIDS, 2020). These factors perpetuate the transmission of HIV. This is why young people must access the prevention service.

In this study, the data reveals that the majority of respondents are of the age of maturity. In addition, everyone is aware of the disease. Indeed, thanks to the new means of communication which are part of the scenario of emotional and sexual encounters, all young people know this disease. However, considering that better knowledge of HIV infection awakens awareness of prevention, our adolescents do not apply this principle. In fact, 66.7% of our cases do not take preventive precautions. They live their sexuality without protection.

All respondents have heard of AIDS and admit to being affected. Everyone is afraid of death. As for the cause of the disease, 66% of cases believe in bad luck. This perception of the disease often creates reluctance to comply with treatment. Compliance is problematic for most adolescents with chronic illness. As we have seen, new therapies are very effective, but compliance is an essential parameter of their success. Compliance is a behavior according to which the patient takes his treatment according to the doctor's prescriptions, with optimal diligence and regularity [4]. Different studies attempt to determine the factors limiting compliance among these adolescents affected by HIV. According to the study in the hematology and oncology department of the Armand-Trousseau hospital in Paris, 79% of patients did not take their treatment at least once during their adolescence, half of them voluntarily, while three quarters knew the consequences. The problems often raised concern the very concrete modalities of treatment, such as the taste of the medications, the dosing times, the number of doses per day, the number of tablets per day. The *daily experience of the treatment* and its arduousness are determining elements of compliance (Annabelle Beauprêtre, Anne Sauvaget, 2009).

However, they continue to do their usual work. 50% of respondents are stigmatized or rejected by the family. They find their life dark. 66.7% of cases take no protective measures. Among married people, 80% say they lead a normal married life. Negative attitudes and beliefs within communities can also increase internalized self-stigma, including the guilt, shame and alienation felt by people living with HIV. Thus, awareness-raising actions as part of prevention could help overcome the epidemic (Ilunga Bimpa *et al.*, 2018).

5. CONCLUSIONS

Adolescent girls living with HIV/AIDS are a reality in the city of Lukala. However, not everyone accesses the prevention service. Despite knowledge of HIV, as well as fear of fatality, not everyone takes preventive measures as well as therapeutic monitoring. Their lives are going on normally. They live their sexuality without protection. Ignorance and poor education explain the misconception about the cause of HIV transmission.

These factors perpetuate the transmission of HIV. This is why young people must access the prevention service. In addition, the school and health training program will need to be strengthened. The health zone office must continue to support these women to prevent the spread of HIV.

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