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RESEARCH

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Concept Analysis of Resilience in Adolescent Living with HIV: Review of Limitations and Implications

Indita Wilujeng Astiti^{1a}, Iyus Yosep^{2b*}, Taty Hernawaty^{2c}

¹ Faculty of Nursing, Universitas Padjadjaran, Bandung, West Java, Indonesia

² Department of Psychiatric Nursing, Universitas Padjadjaran, Bandung, West Java, Indonesia

^a Email address: inditawa97@gmail.com

^b Email address: iyus.yosep@unpad.ac.id

^c Email address: ty19hernawaty@gmail.com

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Abstract

Resilience is characterized by ‘the ability to bounce back from challenge and adversity’. However, being Adolescent Living with HIV (ALHIV) give larger challenges on an individual throughout their life because of their characteristic and illness. After all, positive results such as resilience are also feasible, yet knowledge on resilience in ALHIV remains limited and resilience assessment methods continue to be debated and need further clarification of the concept of resilience is needed about this population. In recent years, empirical research on resilience has grown, criticism have been mostly concentrates on ambiguity definition and implications. This concept analysis aims to identify the concept of the resilience ALHIV by identifying the attributes that determine the concept, antecedents and consequences. This study tries to discover the traits that determine the concept of resilience in ALHIV using Walker and Avant’s approach, with searches performed in the CINAHL, PubMed, Science Direct and PsycInfo. The results of the analysis reveal the resilience antecedents of ALHIV such as coping strategy, illness acceptance, positive adaptation, self-efficacy, positive future expectation, emotional regulation, family support, school connectedness and healthcare support. The consequences of the concept of resilience in ALHIV include positive outcomes include improved adherence to treatment, psychological well-being, positive coping strategy, better school performance and positive social relationship.

Keywords: Adolescent, ALHIV, Concept Analysis, HIV, Resilience.

*Corresponding Author:

Iyus Yosep

Department of Psychiatric Nursing, University of Padjadjaran, Bandung, West Java, Indonesia

Email: iyus.yosep@unpad.ac.id



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1. INTRODUCTION

In 2021, 3.3 million adolescents aged between 15 until 24 were living with HIV. Adolescents living with HIV (ALHIV) experience larger impact on an individual throughout their life because of their characteristic and their illness. Besides that, ALHIV are in the transition period from children to adult care, which is a complex and challenging process (Bailey et al. 2017).

However, being diagnosed with a chronic illness can give long term impact on psychological, socio-spiritual and emotional function (Mardhiyah et al. 2020). HIV is a potentially traumatic experience that can affect mental health and lead to increased anxiety and depression (Kip et al. 2021). HIV infection puts ALHIV in a challenging and stressful situation (Vreeman, McCoy, and Lee 2017).

In addition, girls living with HIV have a higher risk of abortion and premature birth (Mkumba et al. 2021; UNICEF 2023), ALHIV more likely to experience physical violence (Kimera et al. 2019; Ramaiya et al. 2016). Apart from that, what ALHIV often experiences are stigma and discrimination especially from other students, teachers or other staff (Kimera et al. 2019). ALHIV also have problems to participating in HIV care and in adjusting treatment time to their academic schedules (Abimanyi-Ochom et al. 2017).

After all, positive results such as resilience are also feasible. Resilience is characterized by 'the capacity of an individual or object to reorganize itself' or 'the ability to bounce back from difficulties' (Yosep, Sriati, and Suryani 2023). Resilience is defined as the ability of an individual to 'roll with the punches' (Edward et al. 2014). Resilience is the capacity to rise above difficult circumstances, the trait that allows us to exist in this imperfect world while moving forward with hope and confidence (Ginsburg and Jablow 2020).

For this purpose, government and stakeholders establish programs or interventions such as Baylor College of Medicine International Pediatric AIDS (BIPAI) arrange Teen Club program that focuses on psychosocial problems and supports ALHIV in Botswana which already has 800 members (UNICEF, 2023). Meanwhile, Pediatric-Adolescent Treatment Africa (PATA) developed the Re-Engage Adolescents and Children with HIV (REACH) program which is also implemented in several countries where as focusing on psychosocial peer support and building resilience in ALHIV (Mark et al. 2017). But despite those programs, ALHIV still facing challenges to improve resilience.

Recognizing the importance of ALHIV resilience is crucial for improving their well-being and livelihoods (Kaunda-Khangamwa et al. 2020). According to the explanation above, the author interested in discussing subjects related to resilience and ALHIV. Several studies have also demonstrated a correlation between resilience and ALHIV. Resilience is positively correlated with well-being, helps ALHIV accept their diagnosis and develop optimism, improves ART adherence and protective factor for mental health.

Although resilience is well understood in adults, there is still lack theoretical definition of the concept in adolescent. Examining the concept of resilience in adolescent, especially those who living with HIV, as developmental stressor that are part of the normal process of adolescent and their status as a patient HIV may create unique barriers to this process.

2. RESEARCH METHOD

This concept analysis using The Walker and Avant framework guide, following the the modified of 5 steps; (a) selection concept; (b) determine the aims of the analysis; (c) identification of uses context; (d) determination of its defining attributes; and (e) definition of its empirical referents.

A comprehensive literature search was conducted through PubMed, CINAHL, Science Direct and PsycInfo. to identify current of the concept. The following keywords are 'resilience'

or ‘resilient’ and ‘Adolescent Living With HIV’ or ‘ALHIV’ and ‘definition’ in all text fields, respectively. Combined with Boolean value, 121 articles were found from 2014-2024. The phrase “resilience in adolescent with HIV” was also searched through Google to identify additional articles and uses of the concept. One reviewer screened all articles for eligibility. To be eligible, articles must have included HIV that were consistent with specified definition, included adolescents and depicted a use or reference of resilience. The following exclusion criteria were placed during article selection: (a) articles on other illness due to different care implications of these conditions (b) absence discussion on resilience.

3. RESULTS AND DISCUSSION

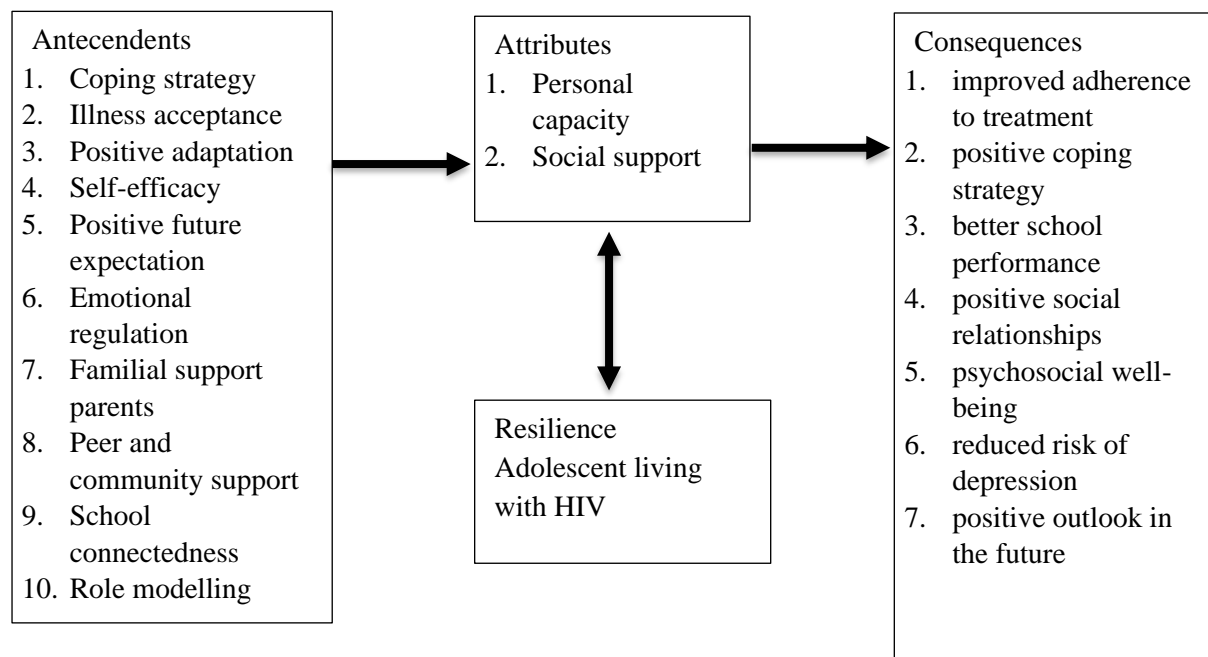


Figure 1. concept analysis of the resilience of ALHIV

Figure 1 illustrate the attributes of resilience in adolescent living with HIV that can find on the literature.

a. Resilience in the literature

The phrase “resilience” was first used from pshysics, where it refers to the ability of solid bodies to regain its shape under mechanical pressure. Resilience was initially discussed in psychological literature in the 1950s in the terms of unconscious defence mechanisms. The concept resiliency was first used in the context of mental health to examine children with mental health issues who displayed resilience in face of challenging adversity and challenging situations.

Research in many psychology domains aims to determine whether resilience is a dynamic condition or a personality trait. Varying methodologies have resulted in differences in defining this term. In psychology, resilience related to the individual positive adaptation to cope with adversity or challenge during life (Adams et al. 2021). Resilience is not a fixed trait, but rather a dynamic process that can be developed and strengthened over time through various factor (Betancourt et al. 2013; Oktapia and Huwae 2023).

b. Defining attributes

According to the recurring finding on the literature subject, resilience is primarily built on adversity and positive adaptation. The key traits of adolescent who have a high level of resilience may typically be categorized in two main categories; personal capacity and social support or external environment resources.

c. Model case

“...Miss K is a 15-years-old, female, student who diagnosed by HIV at birth and has been on antiretroviral therapy (ART) for as long as she can recall. Miss K lives with her grandmother as her parents passed away due to AIDS-related illness. Miss K experienced challenges due to the side effects of HIV treatment, the schedule (opening and closing) hours which conflict with school hours, the expectation to have their own family, the stigma associated with the disease and stressful circumstances. Despite these challenges, Miss K is a diligent and engaged student at her school. She has a close friends in peer group who support her and knows how to manage her condition well. Miss K understands the importance of taking her medication regularly and follows her treatment plan diligently. Miss K experienced positive outcomes such as improved physical health, the capacity to engage in activities, socialize, and longer life expectancy. Miss K sees her HIV diagnosis as a part of her life but does not let it define her.”

d. Borderline case

“...D is a 17-year-old boy who was diagnosed with HIV two years ago. He lives with his single mother, who is also living with HIV. D response at that time was confusion, anger, denial and sadness. Until now, D struggles with feelings of anger and resentment about his diagnosis, often questioning why this happen to him. D struggles with adherence to his antiretroviral medication, often forgetting to take it or skipping doses and denied to take counselling related to her treatment. He feels isolated from his peers and has low self-esteem because of his HIV status. He has a few close friends at school but often feels isolated and misunderstood. He is worried about her future life and fears of stigma from the surrounding people.”

e. Antecedents

In the case of adolescents with HIV, there are some antecedents refer to the cause of the development of resilience such as changes in physics due to ART, experience of adversity, stigma, orphanhood, complicated grief, and struggling to following HIV treatment (Abimanyi-Ochom et al. 2017; Kaunda-Khangamwa et al. 2020; Ramaiya et al. 2016; Vreeman et al. 2017).

Numerous studies had been conducted to investigate why some adolescent effectively navigate hardships while others unable, the antecedents to enhancing the resilience of adolescent living with HIV. Personal capacity can be the resource of individual resilience coping strategies (Bhana et al., 2016; Crowley et al., 2021; Dow et al., 2018), illness acceptance (Dow et al. 2018; Harper et al. 2019), positive adaptation (Crowley et al. 2022; Harrison and Li 2018), self-efficacy (Antelman Id et al. 2022; Dulin et al. 2018; Oktapia and Huwae 2023), positive future expectation (Li et al. 2015; Oktapia and Huwae 2023) and emotional regulation (Chen, Huang, and Lin 2022; Mestre et al. 2017; Surzykiewicz et al. 2022) are critical contextual factors that facilitate resilience processes.

Social support resource plays a vital role in building resilience among adolescent living with HIV, family support (Rajan, Navaneetham, and Sanjeeva 2022; Roberts et al. 2021; Wowolo et al. 2022) in relation to familial support parents act as gatekeepers of their child's healthcare, peer and community support; school connectedness (Sharp et al. 2018) and role modelling (Brown et al. 2021; Mburu et al. 2014) and healthcare support (Mutumba et al. 2015).

f. Consequences

Resilience has positive effects on HIV therapy and the overall well-being of individuals with HIV. Including improved adherence to treatment (Vreeman et al. 2017), better psychosocial well-being (Betancourt et al. 2013), positive coping strategy (Sherr et al. 2018), better school performance and positive social relationship (Brown et al. 2021).

g. Empirical references

Empirical references related to which approaches a concept can be objectively quantified or identified. Instrument for measuring or investigate resilience level of adolescent living with HIV must be valid and reliable. The scales of the resilience for ALHIV used in many research are Connor-Davidson Resilience Scale (CD-RISC) (Connor and Davidson 2003), Child and Youth Resilience Measure-28 (CYRM-28) (Liebenberg, Ungar, & van 2011), Resilience Scale for Adolescent (READ) (Hjemdal et al. 2006), Brief Resilience Scale (BRS) (Smith et al. 2008) and Adolescent Resilience Questionnaire (ARQ) (Gartland et al. 2011).

Several studies have taken advantage of questionnaire to assess resilience in adolescent living with HIV. Resilience was measured using the 10-item version of CD-RISC-10 (Bhana et al. 2020; Kuo et al. 2019), CYRM-28 using to identify adolescents' complex needs and service usage (Kaunda-Khangamwa et al. 2020).

DISCUSSION

Defining resilience involves creating strategies to assist ALHIV face the challenges of their characteristics and illness. Resilience in ALHIV is linked to the availability of resources and positive behaviors that demonstrate optimistic attitudes. Access to resources from family, economic, social, environment, cultural and spiritual by addressing these factors through targeted interventions can help promote resilience and improve overall well-being in ALHIV (Kaunda-Khangamwa et al. 2020).

Characteristics of resilient individual refer to the conditions or traits of ALHIV who possess self-resilience. Individual resilience characteristics include positive attitude, positive internal cognition, self-assurances, personal faith, illness acceptance, high self-efficacy, self-esteem, emotional regulation and good personality traits are important factors. An ALHIV with strong resilience demonstrates personal belief such as confidence in destiny and acknowledgment of personal power as outcome of overcoming challenges, according to the findings.

Personal capacity encompasses skills such as coping strategies, problem-solving, HIV disclosure, readjustment, emotional regulation and managing stigma, exerting maximum effort in challenging situations and responding positively to adversity. With good emotional regulation can exhibited resilient individual by enabling them to cope with anxiety and depression (Chen et al. 2022). Conversely, patients with HIV can effectively manage their anxiety and depression levels by practicing emotional regulation, which is considered a personal capacity.

Social support resource plays a vital role in building resilience among ALHIV, in the form of lower HIV stigma, family support, peer and community support; school connectedness and healthcare support. Social support is related to coping skill that can improve resilience. Social support can help ALHIV maintain a positive outlook and can reduce the burden on ALHIV by provide practical assistance (Oktapia and Huwae 2023). By providing a safe space for open discussions and addressing stigma, support systems can help ALHIV develop resilience.

The consequences of resilience refer to the outcomes resulting from the development of resilience in ALHIV. Resilience and the outcome of HIV treatment are positively correlated

(Brown et al. 2021) Furthermore, resilience is directly associated with quality of life and psychological well-being. Resilience has major and autonomous role in an individual's bodily and psychological well-being. For ALHIV, resilience can improve the school performance, including improved attendance, higher grades and better performance on standardized tests. In the context of HIV treatment, resilience can help ALHIV cope with the challenges, which can positively impact their school performance (Kaunda-Khangamwa et al. 2020).

Several scales were utilized in the resilience measurement. Prior studies have indicated that a broad range of HIV resilience metrics is accessible in the literature on HIV research. Nonetheless, the stability, dependability and uniformity of the scale are crucial, as is the irregularity in the measurement of each study. CYRM-28, CD-RISC and ARQ. Analyzing the concept of resilience in ALHIV could be utilized in future research development. Research focused on enhancing the resilience of ALHIV during the construction process. Further research, could explore the causes and consequences of resilience to determine if the factors are correlated.

4. CONCLUSION

Resilience is a multifaceted and complex concept. This study, using Walker and Avant's concept analysis paradigm, identified key attributes of resilience in adolescents living with HIV, including coping strategies, self-efficacy, positive adaptation, positive future expectations, and emotional regulation. Personal capacity and social support are crucial for positive adaptation during major adversity. Nurses can play a vital role in enhancing resilience among adolescents by facilitating treatment adherence, positive coping strategies, psychological well-being, academic performance, and relationships. Standardizing the conceptualization of resilience is essential for optimizing care strategies for adolescents living with HIV.

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