

Congratulations, Dr. Poku!

written by Kathleen M. Pike, PhD

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Following graduation from Mount Holyoke College, Ohemaa Poku started as the Program Coordinator at our Columbia-WHO Center for Global Mental Health in 2014. Over the past seven years, she's been busy! She worked at Columbia for a stretch and then embarked on her graduate education in public health. Last week she defended her dissertation, earning her PhD from Johns Hopkins University Bloomberg School of Public Health.



One of my greatest joys of being a professor is learning from my students. Beyond staff member and mentee, Ohemaa has also been my teacher. Her work focuses on addressing the mental health needs of adolescents who are living with HIV in Africa. She is addressing stigma and developing interventions that not only bring hope but also have the potential to be lifesaving.

1. HIV & Mental Health. People living with HIV/AIDS are at a [higher risk](#) for a wide range of mental health conditions for many reasons. Ohemaa's dissertation focused on these intersecting vulnerabilities. She is particularly focused on the profoundly detrimental effects of stigma that impact both HIV status and mental health for adolescents in Africa. This reality is dramatically captured by Russell T. Davies' recent HBO Max megahit, [It's a Sin](#). Set in London from 1981 to 1991, it depicts the lives of a group of gay men and their friends who lived during the first decade of the HIV/AIDS crisis in the United Kingdom. The mental health implications varied, but the one consistent theme is that the toll on people's emotional well being was enormous. Stigma - leading to shame, denial, and lack of access to care - led to profound mental health problems for many.

2. Stigma & Access to Care. Years ago, Ohemaa lost a family member who kept his HIV status secret due to stigma. She knows that his life could have been different, and his untimely death could have been averted, if his condition weren't so stigmatized. She is passionate about changing this reality for the next generation. Ohemaa is focused on working in Sub-Saharan Africa because 80% of adolescents living with HIV today are in Africa -

where the issues of stigma, shame, denial and lack of access to care remain life threatening. With existing anti-retroviral therapy (ART), people living with HIV can control the virus and live healthy lives. But that depends on access to care. And that is a big “but” – especially for young people in Africa. [The data are clear](#). Most adolescents are not seeking care and not getting care. And without proper care, the situation is dire and life threatening for too many.

3. HIV+ Youth and Mental Health in Africa. Around the world, adolescence is the time when most mental health conditions first emerge, regardless of HIV status. Having HIV can make matters more complicated. Adolescents in Sub-Saharan Africa living with HIV are more than 1½ times at greater risk of developing depression and almost twice as likely to develop anxiety disorders and conduct disorders compared to peers who are uninfected. Among adolescents living with HIV in Sub-Saharan Africa, as many as four out of ten suffer from depression and more than three out of ten report significant anxiety. For Ohemaa, these prevalence rates make it clear that focusing on the mental health of youth living with HIV is an urgent priority.

4. From Stigma that Silences to Conversations that Promote Care. The first case of AIDS was reported in 1981. Since then 75.7 million people have become infected with HIV and 32.7 million people have died from AIDS-related illnesses. Those are [big numbers](#). Ohemaa humanizes the numbers by focusing on qualitative data collection of narratives and personal stories to better understand the lived experiences of HIV for adolescents in Africa today. By creating space for adolescents to tell their stories, Ohemaa is uncovering nuance about social stigma that persists and the reasons why individuals are not seeking care. She also finds that for adolescents, sharing their stories with one another can empower them to pursue care. Building on [Dr. Dixon Chibanda’s](#) Friendship Bench approach in Zimbabwe, Dr. [Merrian Brooks](#) in Botswana, and others, Ohemaa is advancing work that draws on engaging community members to expand care. As Ohemaa says, “Youth know a lot and are often not given enough credit for their experience, and we have evidence that programs led by peers can be especially effective in breaking down barriers and reducing stigma.”

5. Billy Porter: This is what HIV+ Looks Like Now. It was a longtime coming, but better late than never. Billy Porter’s [recent announcement](#) about his HIV+ status and what living with HIV looks like when you get effective care is groundbreaking. His pronouncement after fourteen years of silence is a strong message for all. Stigma and shame stood in the way for over a decade. Going public, Porter makes it clear that a healthy vibrant life is possible with the right access to care. Ohemaa knows that Porter’s experiences of stigma and shame are common. She is passionate about breaking down stigma associated with both HIV and mental health for adolescents in Sub-Saharan Africa and thereby make Porter’s access to care also more common.

Where to next, Dr. Poku? “I want to keep moving forward with sound scientific research that has real impact. Using qualitative methods, I want to incorporate the use of photovoice and arts-based therapeutic strategies to expand expression and empower adolescents by telling their story. I am grateful to my mentors, Drs. Judith Bass and Sarah Murray, at Johns Hopkins University, and I look forward to starting as a post-doctoral Fellow at Columbia in July.”

Our Columbia community of faculty and scholars can’t wait to welcome Ohemaa back!