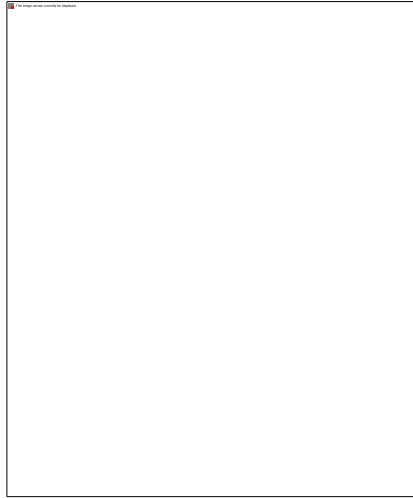


**FACULTY OF SOCIAL SCIENCES AND HUMANITIES
DEPARTMENT OF SOCIAL WORK**



TOPIC

**Art Adherence Barriers Among Adolescents Living With Hiv/Aids: A Case Of Mtapu Poly
Clinic, Gweru.**

BY

B201437B

**A DISSERTATION SUBMITTED TO BINDURA UNIVERSITY OF SCIENCE
EDUCATION, FACULTY OF SOCIAL SCIENCES AND HUMANITIES,
DEPARTMENT OF SOCIAL WORK IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE BACHELOR OF SCIENCE HONORS DEGREE IN
SOCIAL WORK.**

APPROVAL FORM

In partial fulfilment of the requirements for the Bachelor of Science Honors degree in Social work, the under designed hereby certifies that they have read and recommended to Bindura University Of Science Education the acceptance of the project entitled; ART adherence barriers among adolescents living with HIV/AIDS a Case of Mtapa Poly Clinic Gweru by Elsie J Dzveta registration number B201437B.

Supervisor_____ **Date**_____

Department Chairperson_____ **Date**_____

DECLARATION AND RELEASE FORM

I, Elsie J Dzveta hereby certify that the dissertation I worked on, ART adherence barriers among adolescents living with HIV/AIDS is my original work. I have not plagiarized any of the resources I have utilized from other researchers, all of them have been cited. This submission is meant to fulfil a portion of the requirements for the Bachelor of Science Honors in Social Work degree.

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Student's name _____ signature_____ Date_____

Permanent Home Address

Murairwa Primary school

P.O Box 125

Murambinda, Buhera

BINDURA UNIVERSITY OF SCIENCE EDUCATION
FACULTY OF SOCIAL SCIENCES AND HUMANITIES
DEPARTMENT OF SOCIAL WORK



STUDENT'S

NAME: ELSIE J bzveta **SIGNATURE:** Bzveta **DATE:** 26/09/2024

SUPERVISORR'S NAME: P. J. Njoni **SIGNATURE:** [Signature] **DATE:** 26/09/24

CHAIR PERSON'S NAME: R. Njoni **SIGNATURE:** [Signature] **DATE:** 26/09/20

DEDICATIONS

I dedicate this academic accomplishment to my parents Mr and Mrs Dzveta. I am who I am now due to your unwavering love and support. Your entire endeavour won't be in vain. I really appreciate it. I love you so dearly.

ACKNOWLEDGEMENTS

I want to sincerely thank the Almighty God for giving me the guidance and endurance I needed to complete this dissertation. Special thanks goes to my Supervisor Mr P.J Njovu for guiding and assisting me during the time of study and research. Thanks goes to Bindura University for the opportunity to explore on my passion and to the Ministry of Health for granting me permission to collect data at Mtapu Poly Clinic in Gweru.

ABSTRACT

The study looked at Mtapu Poly Clinic in Gweru as a case study to assess ART adherence barriers among adolescents living with HIV/AIDS. Examining ART adherence difficulties among adolescents living with HIV/AIDS at the Mtapu Poly Clinic in Gweru was the study main goal. The evaluation of social and psychological barriers to ART adherence among adolescents living with HIV/AIDS, the exploration of strategies that can be used to encourage ART adherence among this population and the creation of a model aimed at addressing the psycho-social barriers to ART adherence among adolescents living with HIV/AIDS served as the guiding principles of this research. The study made use of qualitative research method, 15 participants comprising of adolescents who are on ART, nurses and community care workers. The study employed a case study. The study found out social barriers affecting Art adherence among adolescents living with HIV/AIDS which are stigma and discrimination, disclosure challenges and poverty only to mention but a few. Psychological barriers found are Anxiety and Intrapersonal and cognitive barriers.

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ACRONYMS

| | |
|------|--|
| AIDS | Acquired Immune Deficiency Syndrome |
| ART | Anti Retro Viral |
| CCW | Community Care Worker |
| HIV | Human Immune Virus |
| NAP | National Action Plan |
| NASW | National Association of Social workers |
| NGO | Non-Governmental Organization |

CHAPTER ONE

INTRODUCTION AND BACKGROUND OF THE STUDY

1.0 Introduction

The objective of this study is to investigate and analyse ART adherence barriers among adolescents living with HIV/AIDS at Mtapu Poly Clinic in Gweru. The possible factors may vary from social to psychological factors. The research will assess the factors that hinder adherence to ART with focus on the following objectives: to assess the social barriers to ART adherence among adolescents living with HIV/AIDS, to assess the psychological barriers to ART adherence among adolescents living with HIV/AIDS and to examine strategies that can be adopted to promote ART adherence among adolescents living with HIV/AIDS. This chapter will give a detailed outline of the background of the study, statement of the problem, research aims and objectives, among others to be studied.

1.1 Background of the study

Human Immunodeficiency Virus (HIV) a deadly pandemic with no known cure, continues to pose a significant public health threat worldwide with a disproportionately high impact in Sub-Saharan Africa. According to UNICEF (2018) almost 2 million children between the age of 10 and 19 years were living with HIV worldwide, 1.6 million were from Sub-Saharan Africa. The Zimbabwe National HIV/AIDS Strategic Plan (2015-2020) shows that, while the number of individuals on Anti-retro-viral therapy has increased significantly over the past decade, HIV/AIDS transmission to children remains a critical concern.

HIV/AIDS is transmitted through sexual activity, exposure to infected blood or any fluids during birth and breastfeeding. The most common transmission of HIV/AIDS among children is mother to baby transmission. In Sub-Saharan Africa, mother to child transmission (MTCT) is a significant route of HIV transmission, accounting for a substantial number of new HIV infections among children in the region (Doyal, 2018). This mode of HIV transmission occurs when an HIV positive pregnant woman transmits the virus to her unborn child during pregnancy, labour or breastfeeding. Prevention of Mother to Child Transmission (PMTCT) is one of the interventions put across so as to reduce HIV/AIDS transmission. WHO (2013) suggests HIV testing of all pregnant women as one of the interventions to prevent HIV/AIDS transmission to the foetus. Behavior change interventions such as promoting safer sexual practices and reducing stigmatization are other measures implemented to curb HIV/AIDS spread. According to Doyal (2018) social workers have become crucial in combating HIV/AIDS as the disease is not just a medical condition but also have social and mental dimensions. Social workers help mitigate the social impact of HIV/AIDS by promoting awareness, reducing stigma and providing support to affected individuals and communities.

In Zimbabwe, the National AIDS Council has adopted the 95-95-95 United Nations Global targets to improve HIV/AIDS treatment outcomes. These targets aim to increase the percentage of people who know their HIV status to 95%, initiate 95% of HIV positive individuals on Anti-retro-viral therapy ART, and achieve viral suppression for 95% of those on ART. Adherence according to Dima (2020) is following medical and social interventions accurately and consistently. Various social aspects that impact HIV/AIDS treatment include counselling, moral support from family and support groups (Harber & Mellins 2012). These elements can positively influence adherence, emotional well-being and treatment outcomes for individuals living with HIV/AIDS.

To curb the spread and impact of HIV/AIDS, numerous medical interventions have been introduced. The first anti-retro-viral medication Zidovudine (AZT) was introduced in 1987 by biomedical scientists. This marked a significant breakthrough in the field of HIV/AIDS treatment. This paved a way for the development of other anti-retro-viral drugs and combination therapies, which have greatly improved treatments outcomes and prolonged the lives of people living with HIV/AIDS. Highly Active Anti-retro viral Therapy was introduced in 1997 as it intended to treat HIV and AIDS separately. The Zimbabwean government, through Ministry of Health in 2004 rolled out anti-retro-viral therapy (ART) treatment to people living with HIV/AIDS. The goal of ART treatment is to reduce the impact and spread of HIV among people (ZNASP, 2015-2020). Once an individual is initiated on ART, they should not discontinue their medication or default on treatment as ART is a lifelong therapy. Stopping ART medication can lead to the virus replicating rapidly, causing the disease to progress and potentially resulting in death. Therefore, it is essential to maintain adherence to ART medication for the duration of one's life.

According to Dima (2020) adherence in relation to medical issues is defined as one's taking of medication religiously, being consistent and with health social environment. There are social aspects that are important towards one's treatment which are support groups, home visit, and counselling only to mention but a few. According to Cambell (2017) psycho-social support systems play a crucial role in promoting adherence to ART medication among adolescents living with HIV/AIDS. Failure of adhering to Anti-retro-viral medication can cause health complications which lead to one's death. Cambell (2017) notes that Zimbabwe is one of the countries with high prevalence of children on ART who does not adhere to their medication due to lack of psycho-social support. The primary objective of this study is to determine the existing psycho-social support systems and establish strategies that can be implemented to enhance and strengthen these

systems with ultimate goal of improving ART adherence and overall well-being among adolescents living with HIV/AIDS.

Furthermore, in Zimbabwe previous studies has explored issues related to psycho-social support systems and ART adherence in the HIV/AIDS context. Cambell (2017) identified that relationships, networks and norms in rural communities significantly influence ART adherence among adolescents living with HIV/AIDS in Zimbabwe. Barungi (2007) highlighted that schools lack sufficient social support systems for HIV positive children, which limits disclosure and adherence to ART. Despite these findings, there is a need for further research to understand the available psycho-social support systems for adolescents living with HIV/AIDS and develop strategies for their reinforcement. This study will mainly focus on the Art adherence barriers among adolescents living with HIV/AIDS a case of Mtapa Poly Clinic Gweru. Even though Mtapa Clinic is working with implementing partners such as Jointed Hands Welfare Organization (JHWO), Zimbabwe Health Intervention (ZHI), in-order to improve art adherence among adolescents living with HIV/AIDS, there are still cases of poor adherence issues at the clinic.

1.2 Statement of the Problem

The Zimbabwean government has made various attempts to tackle factors that may impede ART adherence among individuals living with HIV/AIDS. This is seen through permitting various Non-Governmental Organizations which focus on reducing the impact of HIV/AIDS to operate within the country. These NGOs include Bantwana Zimbabwe, Hospaz, FACT, Jointed Hands Welfare Organization, Mavambo Trust only to mention but these few. Several studies have explored various factors affecting ART uptake and adherence among HIV Positive adolescents. Rupararganda (2011) examined the challenges faced by children on ART, while (cambell, 2017)

focused on factors promoting adherence among rural children in Zimbabwe. With all the research being done, it can be noted that they did not provide much literature on social and psychological barriers among adolescents living with HIV/AIDS. While existing research has provided insight into general adherence challenges, there is limited literature on the specific barriers faced by adolescents living with HIV/AIDS in Zimbabwe especially on the context of Mtapa Poly Clinic in Gweru. It is important to recognize that these adolescents encounter significant obstacles to ART adherence which have a detrimental impact on their overall health and well-being. The current study aims to fill this knowledge gap by identifying the psycho-social support systems available and developing strategies to enhance them, ultimately contributing to improved ART adherence among this vulnerable group.

1.3 Aim of the study

To examine ART adherence barriers among adolescents living with HIV/AIDS at Mutapa Polyclinic in Gweru.

1.4 Objectives of the study

1.4.1 To assess the social barriers to ART adherence among adolescents living with HIV/AIDS.

1.4.2 To assess the psychological barriers to ART adherence among adolescents living with HIV/AIDS.

1.4.3 To examine strategies that can be adopted to promote ART adherence among adolescents living with HIV/AIDS.

1.4.4 To develop a model that seeks to address the psycho-social barriers to ART adherence among adolescents living with HIV/AIDS.

1.5 Research questions

1.5.1 What are the Social ART adherence barriers experienced by adolescents living with HIV and AIDS?

1.5.2 What are the psychological ART adherence barriers experienced by adolescents living with HIV and AIDS?

1.5.3 What strategies can be adopted to promote ART adherence among adolescents living with HIV/AIDS?

1.5.4 How can one design a model that seeks to address the psycho-social barriers to ART adherence among adolescents living with HIV/AIDS?

1.6 Significance of the study

Social work as a specialized discipline plays a vital role in the health care sector, particularly in hospitals and clinics where it addresses the social and personal implications of health and illness. Morales, Sheafor and Scott (2012) noted that medical social workers provide psycho-social support to adolescents living with HIV/AIDS through education, advocacy, resource linking and counselling. The knowledge generated from this study will assist the Mtapa Poly Clinic in Gweru to understand the living conditions of HIV positive adolescents and inform the development of interventions that strengthen their psycho- social support needs.

1.7 Chapter Summary

This chapter introduced the topic of HIV/AIDS, highlighting the modes of transmission including unprotected sexual intercourse and mother to child transmission. It also outlined the primary

research objectives of the study, aim of the study and research questions. The chapter also emphasized the significance of the study, as it will provide insights and recommendations to improve the health care services offered to adolescents living with HIV/AIDS at Mtapa Poly Clinic in Gweru.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter will provide a comprehensive literature review on ART adherence barriers among HIV/AIDS positive adolescents, highlighting on the social and psychological challenges faced by this population. The literature review will encompass findings from various scholarly documents and articles. This chapter will also delve into the existing social and psychological support systems available for adolescents on ART and assess their effectiveness in promoting adherence. The ultimate goal of this literature review is to inform the development of an effective model of addressing the psycho-social barriers to ART adherence.

2.1 Theoretical Framework

The ecological systems theory, first presented by Urie Bronfenbrenner in 1979 will serve as the study's compass. According to Bronfenbrenner a child's development is shaped in part by the interactions between various social systems and environmental systems. These systems which make up the social support networks for teenagers are the micro, meso, exo and macro systems. According to this hypothesis people and their surroundings interact with each other all the time. According to Ruparaganda (2017) a child's development is influenced by a variety of elements including their immediate family, the community and society. As a result, it offers a framework for evaluating a person in relation to other issues.

The category of Microsystem is the closest to the child and is characterized by its vulnerability to the structures that the child directly interacts with. This covers all interactions and activities that take place in child's immediate environment which include their parents, school, neighbourhood

and nursery school. An essential component of a child's growth is a parental support. This indicates that regular parental supervision is linked to favourable teen age outcomes like academic achievement. This may also be connected to obstacles to children with HIV/AIDS adhering to ART. The necessity of adherence should be explained to youngsters by parents or other cares in order to improve adherence among teenagers living with HIV/AIDS. As to Coetzee's (2015) findings, the majority of kids who exhibited inadequate compliance with their ART medicine were orphans living with uncaring grandparents and other relatives. Coetzee further mentioned that because of their HIV/AIDS condition, these kids were subject to discrimination and stigma from their peers. Subsequently he suggested that close relatives be made aware of the significance of helping adolescents with their ART therapy in order to enhance their pattern of ART adherence.

Another psycho-social system that was recognized by Bronfenbrenner (1990) is the mesosystem. This illustrates how job, home and school are related to each other. According to Bronfenbrenner (1994) a mesosystem comprises of a microsystem due to the interactions and activities that occur between its constituent parts. This implies that modifications made to any one of these categories will have an impact on the others. An additional benefit of psycho-social assistance is lowering adolescents non adhering rates. This demonstrates that the theory contention that no single psycho-social system can effectively promote ART adherence treatment for adolescents is supported.

An additional type of psycho-social support system is called an exosystem (Bronfenbrenner, 1994). This system consists of connections and interactions between two or more contexts at least one of which does not operate directly. For instance, the child maybe indirectly impacted by the relationship between the parent's place of employment and the child's home but he still experiences both good and negative forces when they interact with his own system. Access to essential necessities and services such as food and treatment services for children infected with

HIV/AIDS may be impacted when parent lose their jobs. This demonstrates that problems affecting the psycho-social system may also have an impact on adolescents' adherence to ART.

The latest psycho-social system on ART available for teenagers is was the macrosystem developed by Bronfenbrenner in 1994. He pointed out that the broad pattern of micro, meso and exosystem characteristics makeup this category. According to Darling (2007) the macrosystem has elements that affect the other categories including disruptions in the political, cultural and economic spheres. These could have an impact on how teenagers living with HIV /AIDS develop their habits of ART adherence Political upheavals for instance may cause a family to relocate suddenly to a different city or nation. This can prevent difficulties such as having to purchase ART medication because they were un able to obtain a transferring letter from the hospital where they were picking up their medication.

Thus, the many psycho-social support networks that are accessible to teenagers were identified with the aid of Bronfenbrenner's ecological systems theory. It emphasizes that when different environmental categories collaborate to improve adolescents ART adherence can be accomplished. Therefore, it also offers strategies for bolstering the psycho-social support network so that it may effectively aid with ART adherence. According to Coetzee (2015) integrated elements that surround a child's environment play a role in how adolescents behave when it comes to adhering to ART.

2.2.1 Global overview

Attaran (2021) observed that adherence to ART is generally higher in Sub-Saharan countries compared to North American contexts, where adherence is often lower due to weaker supportive networks and individualistic social norms. According to Ware (2019) people in Sub-Saharan

Africa tend to prioritize collective responsibility and support resulting in greater adherence to ART compared to the more individualistic North American Culture. This then result in poor art adherence pattern among adolescents in North American Context. A meta-analysis conducted by (Mills, 2018) revealed a total of 17 573 patients in North America and pooled estimate of 55% of the population achieving adequate levels of adherence. World health organization (2018) reported that adolescents living with HIV in the United States face two major barriers to art adherence which are environmental barriers and medicals barriers which encompass poverty, unstable housing, lack of access to health care and stigma within the health care systems. Other medical barriers being faced by patients is drug reactions as some patient's experience Art side effects which are nausea, dizziness and nightmares.

2.2.2 Regional overview

Contradicting initial pessimistic projections, HIV positive Africans have demonstrated higher levels of ART adherence than those in North America. This phenomenon has been linked to social capital, which refers to the benefits derived from social relationships. According to Campbell (2012) and Ratnayake (2019), social capital affects HIV related stigma, adherence to ART and AIDS related risk. Sub-Saharan Africa, with its strong emphasis on collective responsibility, seems to have higher levels of social capital, which contributes to higher ART adherence rates. Mills (2008) argues that 27 studies were conducted in Sub-Saharan Africa and pooled an estimate of 77% thus showing higher level of adherence in Africa. Coetzee (2014) identified structural barriers as the most prevalent barriers faced by adolescents living with HIV/AIDS. Structural barriers can be divided into three sets which are poverty-related, institutional and political. Poverty- related barriers include competing demands within resource-constrained settings lack of transport infrastructure, food insecurity and the role of disability grants. Kagee (2017) adds that

adolescents living with HIV in public health clinic often rely on expensive, unsafe or unavailable public transport.

2.2.3 Local overview

Despite political and economic instability over the past decade, Zimbabwe has made progress in HIV management. Despite disruptions to HIV services and uneven public service provision, Zimbabwe has achieved high scores in indicators such as contraceptive use, ART coverage and HIV avoidance outperforming some stable Sub-Saharan countries like Tanzania and Mozambique. This progress has occurred despite less external funding for health care (Amon and Kasambala , 2019 & Cregson, 2010) Skovdal (2011) argues that although there are various factors that are helping in sustaining adolescents' adherence to Art medication there are also some obstacles faced by adolescents which are distance to health clinics, lack of food, stigma and discrimination only to mention but these few.

2.3 Social barriers to ART adherence among adolescents

There are various challenges that are faced with adolescents who are living with HIV and AIDS. These challenges include stigma and discrimination, poverty, lack, poverty only to mention but these few.

2.3.1 Religion

Religion can be a double edged sword in terms of ART adherence among HIV/AIDS positive adolescents. While some religions promote faith and healing and healing through prayer, encouraging patients to stop ART, there are mixed reports about the efficacy of such faith-based healing. Coetzee (2011) warns that many patients have died after being deceived by religious leaders who advised them to stop ART and rely on faith alone. Tumwine, Neema & Wagner

(2012) identified teachings and prophecies from religious leaders and supporting biblical scriptures to have led Pentecostal Christians living with HIV to feel that God and their faith in Him and not Art, would heal them. This shows that spirituality plays a crucial role towards Art adherence among believers.

2.3.2 Failure to disclose

Caregivers often face challenges when disclosing to their children of their HIV status because they fear they might not accept it, ask uncomfortable questions and that they will tell other people and be subjects to stigma and discrimination as stated by (Coetzee, 2015). This will lead to adolescents taking Art medication without knowing its purpose and importance. Coetzee (2015) states that most children in South Africa do not know their HIV status, they go to the clinic to collect medication constantly assuming it's for headache. Field (2015) notes that caregivers hide or re-label medication prescription so that no one else will find out the truth. Disclosure of HIV status has been found to positively influence the health of HIV positive individuals. Studies have shown that individuals who disclose their HIV status to friends, sexual partners and family members have greater social and emotional support, financial assistance and decreased anxiety and depression. This in turn leads to improved physical health and better ART adherence. However, the fear of discrimination at work, abandonment by family and divorce as well as communication difficulties, have been identified as significant barriers to HIV disclosure. This illustrates the delicate balance that HIV positive individuals must navigate in deciding whether to disclose their status.

2.3.3 Stigma and discrimination

Stigma refers to negative attitudes, beliefs and stereotypes that result in prejudiced and discriminatory behaviors towards individuals or groups based on certain characteristics, traits or circumstances that are viewed as different, socially undesirable and marginalized. Esplen (2017)

defines stigma as a negative belief, feeling and attitude towards people with HIV. Discrimination, defined as the unfair treatment of Individuals based on certain characteristics, poses a significant threat to HIV positive adolescents and their caregivers. Lack of HIV knowledge and awareness leaves adolescents on ART and their caregivers vulnerable to long-term psychological and social effects, which can lead to poor ART adherence., Do (2011) noted that Stigma and discrimination associated with HIV infection can be so distressing that patients avoid disclosing their status to family members, which can result in missed doses of medication and eventual default. This underscores the importance of addressing discrimination and stigma in improving ART adherence among adolescents.

2.3.4 Poverty

Poverty is a condition characterized by the lack of essential resources and services needed to lead a minimally comfortable life. Financial crisis in families and government institutions presents a significant challenge to psycho-social support systems and adolescents ART adherence. Cambell (2012) observed that financial instability can hinder a family's ability to afford the child's treatment and health services. Tezha (2013) highlighted the impact of economic constraints on the Ministry of Health's capacity to fund psycho-social protection services. The financial crisis, therefore threatens the effectiveness of social support systems and may lead to inadequate or sub-optimal ART adherence among adolescents living with HIV/AIDS, emphasizing the importance of developing financially sustainable solutions to improve psycho-social support and treatment adherence.

2.4 Psychological barriers to Art adherence among adolescents

2.4.1 Poor Mental Health

Mental health issues such as depression can significantly impact ART adherence among adolescents living with HIV/AIDS. Antelman (2017) identified mental health disorders including mood, anxiety and substance use disorders as significant risk factors for compromised ART adherence. However adequate diagnostic, treatment and management services for mental health issues are often lacking in resource constrained settings. This highlights the need for integrated HIV/AIDS treatment and mental health care, particularly among adolescents who are at a vulnerable stage of psychological development and may struggle to cope with the effects of HIV/AIDS and associated stigma and discrimination.

2.4.2 Intrapersonal and cognitive barriers

Some adolescents find it difficult to accept that they are the only ones in the home or family who are on ART. They view assistance as unwelcome since those giving it are not pursuing treatment even if they have other persons or societal support in their quest for ART adherence. This also includes low self-efficacy which can lead to lack of confidence in one's ability to adhere to the treatment. Issues to do with low motivation also play a key role as it makes it difficult for patients to stick to the treatment plan, especially if the person does not feel that the benefits of the treatment outweigh the costs.

2.5 Strategies that can be used to strengthen psycho-social support systems

Adherence to ART is crucial since it strengthens their immune system. This demonstrates the necessity of bolstering the current psycho-social support networks in order to positively influence teenager's adherence tendencies. There are a number of strategies that can be used to improve the

effectiveness of the current support networks some which will be discussed below. These strategies include boosting social support group productivity, giving the family financial support and encouraging family disclosure.

2.5.1 Increasing Health Service Funds

To better meet the psycho-social requirements of adolescents the government ought to provide health systems with more funding. In order to provide people with improved health services the government and non-governmental organizations should look for funding and support to aid in the decentralization of health programs (WHO, 2013). According to Ramsh (2015) decentralization of health programs in India has improved the nation's ability to address the adherence demands of its teenage population. This demonstrates that in order to increase teenage ART adherence, the government should ask for funding to assist the decentralizing HIV centres.

2.5.2 Provide family with social welfare services

Social welfare is defined as a system of programs and services provided by government or any other institutions to address the well-being economic stability and social needs of individuals and communities. Provision of social welfare services address issues to do with poverty hence it increases Art adherence. Cluver (2016) contends that government assistance such as financial grants to HIV/AIDS affected South African homes decreased adolescents' non adherence. According to Dima (2012) the provision of psycho-social assistance to families through therapy and counselling sessions can facilitate acceptance and enhance their ability to provide for their children.

2.5.3 Encourage disclosure within the family

The act of disclosing one's HIV status to an infected individual or to others is known as disclosure. According to Field (2015) the majority of children are unaware that they are HIV positive until they are adolescents, which is why they don't understand how crucial it is to adhere to ART medication. Giving children early information about their HIV status is a crucial step in promoting adolescents' adherence. In a research conducted in South Africa, Coetzee discovered that majority of adolescents there are unaware of their status as a result they take their medication under the mistaken belief that it is for a headache or another illness. This leads to poor adherence among adolescents for they will not be aware of the real reason why they are taking the medication.

2.5.4 Combining Psycho-social support systems to complement one another

According to Cluver (2016) a single psycho-social support system is insufficient to guarantee that teenagers adherence will improve to the fullest extent possible. According to him, using a variety support system together will produce better outcomes. He conducted research on social protection such as food, family supervision and support groups and the results were beneficial to adherence. Systems of psycho-social support should be in place in tandem to help adolescents take ART more consistently.

2.6 Legal and Policy Frameworks that promote adherence among HIV Positive adolescents in Zimbabwe

Zimbabwe has implemented a plethora of legislative and policy frameworks aimed at addressing the HIV/AIDS crisis. They offer recommendations on how to keep teenagers safe. These include to name just a couple, the National AIDS Policy and the Children's act.

2.6.1 Children's Act

One of the main goals of the legislation is to stop parents or guardians from abusing, mistreating or exploiting the children. Section 7 sub section 1 of the Children's act states that a parent or guardian who allows a child or young person to be neglected, abandoned, mistreated or exposed in a way that could injure the person or negatively impact their health, morals or any part of their body will be held accountable for the offence. The importance of providing or affording the youngster with enough food or clothing cannot be overstated. This clause guarantees teenagers the psycho-social assistance they require from their parents and guardians in order to strengthen and increase their access to health services.

2.6.2 National Aids Policy

According to the National AIDS Policy, children's rights should be respected with regard to HIV protection. This means that in addition to the right to full access to welfare services, education and health care, children living with HIV/AIDS should also be free from stigma and discrimination of any kind. According to Zimbabwe's National AIDS Policy, children living with HIV/AIDS should not be subjected to any kind of discrimination and should be treated with dignity and respect. It continues by saying that in order to improve their ART adherence patterns, children living with HIV/AIDS must be provided with the support they require for all their requirements. The National AIDS Policy addresses the issues of orphaned children living with HIV/AIDS as well and declares that it is the responsibility of the government, NGOs, Churches and extended family to care for these children because it is their right to be cared for. The National AIDS Policy places a strong emphasis on the necessity of advancing youth friendly health services in order to maximize adolescents' ART adherence.

2.7.3 National Action Plan for Orphaned and Vulnerable Children (NAP for OVC)111

The Zimbabwean government implemented the NAP for OVC to protect the welfare of vulnerable children, including those who are HIV/AIDS positive. Among the various goals of this strategy are to improve the OVC support programmes already in place, guarantee child involvement in all matters pertaining to health, and provide more access to food, healthcare and clean water for all OVC. In addition to shielding OVC from abuse in any form, it seeks to increase knowledge on nutrition health and hygiene for all of them. The National Action Plan according to Masuka, Banda, Mabvurira & Frank can be seen as a social protection programme. This means that it was established to deal with the increasing number of vulnerable children due to poverty and the increased rate of the spread of the HIV/AIDS pandemic.

2.7 Case Studies

Kenya

Obstacles to ART adherence found in Kenya include adverse drug reactions, pill burden and restricted access to wholesome food and clean water (Luseno, 2017). This demonstrates that in order to connect, diagnose, and maintain medication adherence, support is necessary in settings of families, schools and health care facilities. According to Kunapureddy (2014) negative societal perceptions of HIV/AIDS contributed to adolescents' low adherence pattern. Adolescents as a result stopped disclosing information regarding their artistic status. Adolescents' culture of non- adherence is likewise sparked by this. In order to increase adolescents' adherence to ART medication and assist them in managing the psycho-social stress and depression connected with it, he determines that Kenya's psycho-social support networks needed to be strengthened. Psycho-social support systems in Kenya identified are family, friends, counsellors, clinicians, support

groups, religion among others. These systems aim in strengthening art adherence pattern among adolescents.

Thailand

Ober (2016) conducted a study on adolescents ART adherence in Thailand and discovered that the majority of the participants thought that their therapy was boring because there is no cure for the virus. Nonetheless the teenagers showed a solid understanding of HIV and the significance of adhering to treatment plans. They mentioned that several trainings sources from communities' health educators, support groups and medical professionals affected their commitment to ART. According to Rongkavili's (2010) review, adolescents in Thailand attribute to their adherence to ART medicine to three key factors which are positive role, models and positive relationships with their doctors and resources from non-governmental organizations. Another psycho-social resource in Thailand that aids teenagers in sticking to their ART medication is peer groups. Adolescents in Thailand describes peer groups as fun, educative and mind opening which is very important towards their art adherence journey.

2.8 Gaps in the Literature

The examination of the literature revealed gaps in the barriers to ART adherence that young people living with HIV/AIDS face. It has been observed that there is a dearth of research on social and psychological challenges faced by adolescents living with HIV/AIDS in the reviewed literature. The majority of the previously conducted studies concentrated on issues that generally impact adherence. Political, cultural and poverty-related hurdles are the three categories of the barriers that are typically studied in relation to adolescents' ART adherence (Kagie, 2011) This indicates that there is a dearth of literature on the subject, necessitating further investigation.

2.9 Chapter Summary

An overview of the literature on the obstacles to ART adherence faced by adolescents living with HIV/AIDS was provided in this chapter. The chapter also examined legislative frameworks and policies that support adolescents ART adherence, as well as tactics for overcoming psycho-social obstacles to adolescent ART adherence. The following chapter will examine the research design, the population being studied, the sample strategies to be employed and the interview guide, to name a few.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 introduction

This chapter will go over the research technique that will be applied to the study of adolescent HIV/AIDS patient's challenges to ART adherence. The researcher intends to employ a qualitative research methodology. In addition, to name a few.; this chapter will cover sample size, sampling techniques, population under study and research design.

3.1 Methodology

The systematic and theoretical examination of the approach related to a specific topic of study is known as methodology. According to Goodsmith (2004) research methodology is a primary principle that will guide your research. The researcher made use of qualitative research method. Qualitative research method has a lot to offer when one needs to examine people's sentiments argues (Biggerstaff, 2011). The study will have an in-depth understanding of the Art adherence factors faced by adolescents living with HIV/AIDs through the use of qualitative research. This method allows the researcher to make use of probing skills so as to have a detailed descriptive information on the experiences, thoughts, views and perceptions of the participants.

3.2 Research Design

Research design is a systematic plan or strategy for organizing and conducting a research study. Orodho (2014) defines research design as a detailed plan outlining the precise approach that will be used in a study or research. The researcher will make use of a case study as the topic requires ART adherence barriers faced by adolescents living with HIV/AIDS at Mtapu Poly Clinic in

Gweru. According to Creswell (2014) a case study is a qualitative research methodology wherein the investigator conducts a comprehensive examination of a case, which typically involves a project, event, process, activity or many individuals.

3.3 Population Study

Population can be defined as a group of all participants that a study seeks to influence. Hanlon (2011) defines population as made up of all subjects or unit that make up a research sample. Population under study consist of adolescents living with HIV/AIDS at Mtapa Poly Clinic in Gweru. The population included the community were represented by the community cadres and the nurses under ART department.

3.4 Sample Size

Sample size is the chosen component being examined according to Taherdoost (2016). The study had a sample size of 15 participants, which are 10 adolescents on ART medication at Mtapa Poly Clinic in Gweru, 3 community cadres and 2 nurses at Mtapa clinic under ART department.

3.5 Sampling Methods

The purposive sampling method was used in the research. An non probability sample chosen with consideration for the study's purpose and the population's characteristics is known as purposive sample (Sharma, 2017). Another name for purposeful sampling is judgemental or subjective sampling. The purposive sampling strategy was employed by the researcher to pick participants based on the assessment that they will offer the most information to support the study's objectives. The researcher selected 10 adolescents receiving at Mtapa Poly Clinic, 3 community cadres and 2 nurses making a total of 15 participants.

3.6 Data Collection Methods

Data collection is the process of gathering information to address the study problem. According to Punch (2005) data collection is a technique to gather data on variables of interest and provide answers to research questions. Data is gathered through various ways which can be semi structured interviews and focus group discussion.

3.6.1 Semi Structured Interviews

Semi structured interviewing involves both structured and unstructured interviewing. The researcher will make use of semi structured interviews. This means that the researcher made use of open ended questions and a few predetermined questions. Semi structured questions give participants more opportunity to open up and express themselves better.

3.6.2 Focus Group Discussion

Focus group talks are a common tool in qualitative approaches to learn more about problems that impact a specific group of individuals. According to Neuman (2014), focus groups which typically consist 6 to 12 participants are an exploratory method for electing specific information on a topic or issues by allowing people to share their views and feelings. The investigator utilized 10 teenagers receiving at Mtapu Poly Clinic in Gweru.

3.7 Research Instruments

Research instruments are tools used for data collection to obtain, measure and analyse data.

3.7.1 Interview Guides

The researcher made use of 2 interview guides, one interview guide was used for 10 participants (adolescents on ART) and the second interview guide for the 5 key informants (2 nurses and 3 CCW's). The first interview guide was used for 10 participants which are adolescents on ART and the question were best understood by adolescents. The second interview guide was used for 5 key informants which are 2 nurses and 3 CCW containing open ended questions and present general topic to be discussed.

3.7.2 Focus Group Discussion Guide

The researcher made use of a single focus group discussion guide which helped to guide the discussion towards the objectives of research. The guide contains a set of guiding open ended questions which best suits for adolescents to help the researcher to probe further and have an in-depth understanding.

3.8 Data Collection Procedure

Bindura University of Science Education gave consent and authorization to conduct the research investigation. The researcher did seek permission from the offices of Midlands Ministry of Health and Child Care to conduct the research in Gweru because the Mtapa Poly Clinic is under the jurisdiction of Midlands which is responsible for overseeing, monitoring and evaluation issues to do with health and the clinic. The researcher had to seek for permission from Mtapa Poly clinic in order to conduct the research because it is within the clinic that key informants are found.

3.9 Data Analysis and Presentation

In order to improve understanding of the phenomenon being studied, data analysis is the methodical process of looking through, evaluating and organizing interview transcripts, observation notes and other non-textual resources that the researcher gathers (Sharma 2017). In order to make sure the information is presented correctly for clarity and clearer analysis, the demographic data was gathered and put in a table. Finding and reporting recurrent patterns across a data collection is the goal of the thematic analysis technique, which is used to analyse qualitative data.

3.10 Reliability and Validity

The study made use of tools and instruments that ensured questions asked are in line with the objectives of research to ensure validity of information to be gathered. The research also made on a basis of truth, hence the semi structured questions to allow all participants to air their views allowing for reliability and validity of information to be gathered. The study also takes into consideration studies on ART adherence barriers among adolescents previously carried out nationally, regionally and internationally to ensure information acquired is feasible and is on strong basis.

3.11 Delimitations of the study

The Mtapu Poly Clinic in Gweru was the sole location of the trial. As a result, the hurdles to ART adherence among adolescents were the centre of attention. The study's main concern is on the ART adherence faced by adolescents at Mtapu Poly Clinic in Gweru.

3.12 Ethical considerations

Ethics in social work are defined as to how social workers should behave in professional situation, for example, with service users, carers, colleagues, other professionals, students (Shardlow, 2013). Ethics guide social workers in their practice and these also guided the researcher. The researcher upheld the following ethics in carrying out their study and research.

3.12.1 Informed consent

It is important that the ethic of informed consent is upheld in research work. According to (Banks, 2012), informed consent involves willingness to take part in any research. Voluntary involvement of participants and key informants is crucial to ensuring information is captured. The National Association of Social Workers (NASW) highlights social workers should obtain informed consent before conducting and research or work that needs participation of people. The researcher made use of consent forms which were given to every participant to ensure they participate willingly. For OVC under the age of 18 consent forms were signed by the caregivers before engaging the children.

3.12.2 Confidentiality

In any context where information is shared it is an ethical mandate to ensure confidentiality. Confidentiality entails the principle of keeping private and safeguarding information (Saunders, 2015). NASW code of ethics outlines that there should be respect to a person's right to privacy. Upholding confidentiality promote good rapport between the participants and the researcher. Confidentiality also meaning not disclosing personal information like names and residence hence the researcher made use of pseudo names to protect the identity of participants. Moreover, it is

important that before engaging in any dialogue the researcher articulated that anything said and information shared will be safe.

3.12.3 Voluntary participation

According to Saunders (2015), all research participants and key informants have the freedom to choose whether or not to participate in the study without coercion or negative outcomes. This is known as voluntary participation. Participants have to be willing to participate and that also means anyone is free to withdraw without feeling an obligation to continue. The consent form which explicitly expressly permits participants to withdraw at any time, will collaborate the researcher's information to all participants throughout the study that they are free to do so.

3.13 Chapter Summary

The approach that the researcher employed during the study was highlighted in this chapter. The research population, design and tools that were used in the data collection process of ART adherence barriers faced by adolescents living with HIV/AIDS at Mtapu Poly Clinic, Gweru were also highlighted. The chapter also discussed how the study was defined and attempted to provide a summary of its reliability and validity.

CHAPTER FOUR

DISCUSSION OF FINDINGS

4.0 Introduction

The research findings on ART adherence barriers among adolescents living with HIV/AIDS are analysed in this chapter, using the Mtapu Poly Clinic in Gweru as a case study. The study's goals are to evaluate the psychological and social barriers to ART adherence among adolescents living with HIV/AIDS as well as to develop a model that aims to address the psycho-social barriers to ART adherence. This chapter presents analyses and conducts a discussion of the findings that were gathered during the research.

4.1 Demographic Information of Respondents

The section presents the demographic information of participants.

Table 4.1 Total Respondents

| Respondent | Intended | Actual | Total |
|-------------------------------------|-----------------|---------------|--------------|
| Adolescents living With HIV/AIDS | 10 | 10 | 10 |
| Key Informants | 5 | 5 | 5 |
| Total | 15 | 15 | 15 |

4.1.1 Biography Profile of Participants

The table 4.2 shows the age, sex and level of education of adolescents and key informants at Mtapu Poly Clinic.

Table 4.2 Biography Profile of Participants

| Age | Number of participants | Sex of participants | | Level of education | | |
|-------|------------------------|---------------------|--------|--------------------|-----------|----------|
| | | Male | Female | Primary | Secondary | Tertiary |
| 10-14 | 3 | 1 | 2 | 1 | 2 | 0 |
| 15-19 | 5 | 3 | 2 | 0 | 5 | 0 |
| 20-24 | 2 | 0 | 2 | 0 | 0 | 1 |
| 25-29 | 2 | 1 | 1 | 0 | 0 | 0 |
| 30-34 | 3 | 0 | 3 | 0 | 0 | 0 |

The above table 4.2 shows 15 participants that were interviewed by the researcher. The table shows 15 participants which are 10 adolescents living with HIV/AIDS and 5 key informants.

4.2 Social challenges experienced by adolescents living with HIV/AIDS

4.2.1 Disclosure challenges

Issues to do with disclosure was mentioned by most participants. Sixty-percent (60%) of the participants highlighted on the issue of disclosure. Participants shared on disclosure between marital partners and disclosure between children and their parents. 4 participants indicated that they all experienced late disclosure from their parents due to various reasons. All 5 key informants highlighted the issue of disclosure as one the main barriers being faced by adolescents on Art. One adolescent participant said that:

“Late disclosure about my HIV status from my parents is one of the art adherence barriers I have experienced so far. All this while I was taking my medication under

the impression that it's for headache, and because I will not be feeling any headache pain sometimes, I would pretend to take the pills then throw them away outside. Honestly I didn't know how important it was to take this medication until disclosure took place. Even now that I know my HIV status I still haven't managed to fully accept it the reason being that, I have so many questions which my parents always avoid to answer like why I am the only child who is HIV positive, others are HIV negative. I feel like a partial disclosure was done and whenever I think of that I won't be able to take my medication because it demotivates me" **(female participant 13years)**

This participant was not aware of her HIV status hence she was not aware of the importance of ART adhering. The participant used to take Art medication under the assumption that it's for headache and because she was being lied to, she didn't know that she was playing with her life. Even now that she is aware of the status, she is still being affected by disclosure challenges as she claims that her parents did partial not full disclosure. This shows that disclosure is a complex issue as shown in the above discussion. When one is not aware of their HIV status it affects their adherence to Art medication and at the same time when one does not receive full disclosure it still affects their adherence patterns.

One female adolescent reported during the focus discussion group that;

"Issue of HIV status disclosure was not easy task for me but with the help of nurses and social workers it became mission accomplished. I got married to my partner without disclosing that I was HIV positive because I was in love so I was afraid that his reaction might be negative and I wasn't ready for that. I used to keep my medication container at my parents' place who stay nearby but because of some

circumstances it's not every day I would manage to go to my parents' place to take my medication neither would I be able to adhere to my medication time which led to high viral load and poor adherence habit.” (female participant 21 years)

The participant noted that the husband is HIV Negative hence making it difficult for her to disclose her HIV status to the partner which she finally did with the help of nurses and social workers. It was difficult for the participant to adhere to her Art medication because she did not disclose her HIV status to the husband and because of that her medication was being stored at her parents' house. According to Mavhu (2020), women primarily experience more difficulties initiating sexual interactions and telling their partners they are HIV positive. The results above demonstrate that adolescents who are female are vulnerable to the stress that comes with disclosing their HIV status. While disclosure is not always simple, it can become problematic if one partner unintentionally learns of the other partner's outcome. Adolescents this have difficulties when dating someone with a different status. This therefore points out disclosure as Art adherence barrier among adolescents living with HIV, a case of Mtapu Clinic Gweru as revealed through the student's research.

4.2.2 Stigma and Discrimination

Adolescents shared that stigma and discrimination is the most common barrier that they face in their day to day lives. They highlighted the groups of people who stigmatize and discriminate them which are peers, neighbour, relatives only to mention these few. Some of the experiences shared by adolescents as follows;

“I am a student at Midlands state university and I was born HIV positive. Last year I was sharing a room with my age mate though she was doing a different program. On a particular day I mistakenly placed my medication in her bag and she was the

first to see the medication container. This then confirmed her suspicions for she always asked relevant questions like why I have an alarm of particular time but there was nothing much I would go nor anywhere I would go but few moments I would be drinking something. The day she confirmed she started to give excuses of us cooking together, the roommate relationship we had it started fading away until she had to look for another boarding house giving a silly excuse.” (female adolescent 23years)

This explains the barriers that adolescents who are HIV positive face in tertiary education. This results in them opting to default than facing discrimination after disclosure.

One male participant also shared his experience;

“There was a time I was in a relationship with a certain girl and she was HIV negative. I disclosed my status to her and she accepted it rather she was grateful that I managed to open up to her and entrusting her to be mature enough to handle something confidential like that. My girlfriend’s mother then found out of my HIV status. She came to our house, made a scene and told me to stay away from her daughter and said a lot of discriminatory words. This pained me a lot and I have a friend who committed suicide 2 years back because of the same story.” (male participant 18 years)

This demonstrates the necessity of the intervention to protect social justice by guaranteeing that adolescents are treated fairly and equally in society. It is necessary to push for changes in legislation that will better serve the needs of adolescents who are infected or impacted and raise public awareness of HIV/AIDS. Adolescents pursuing ART should be strongly pushed to embrace

their status in order to forge a new identity that they will never be able to lose. It is imperative for social workers, counsellors and peer educators to step in and provide casework, group work or even community work to support adolescents in participating regardless of their psychological makeup of HIV status.

4.2.3 Poverty

20% of the participants identified poverty as another barrier being faced by adolescents to art adherence. Financial issues can indeed lead to people failing to afford transport money to collect their medication. The cost associated with transport money can present significant barriers for individuals, particularly those facing financial hardship hence affecting their adherence to art medication.

One female participant noted that;

“I stay at a farm with my parents and I have to board a bus to come to Mtapu Poly Clinic to collect my Art medication. Sometimes I miss my days for the refill because my parents will not have money for the transport for I need 10USD for the trip. I don't have anyone who stays nearby that I would send on my behalf to collect my medication on my behalf.” (male participant 17 years)

One key informant noted that;

“Some of our clients they do not have permanent residence for they are homeless so they migrate from one place to another which affects their ART adherence for it's not every time they get a transfer confirmation with them neither afford to buy from pharmacies.” (female key informant 34 years)

It can be noted that poverty often leads to homelessness and migration among its victims. This then becomes difficult for adolescents to take their ART medication religiously for at times they miss their refill due to migration. As noted above, for them to collect their ART medication at a new nearest health facility it will be impossible without transferring confirmation from the previous health facility. This means that for the mean time they won't be able to do refill of their medication. This shows that poverty limit adolescents from adhering to their medication for their guidance fails to fully provide what is needed to ensure strict adherence. According to Cambell (2017), adolescents' ART adherence is impacted by family financial crises. According to a study conducted in Uganda, many people on ART found it difficult to stick to their medication regime due to the expense of transportation to the hospital (Seukomango, Guwatudde, Brenda & Khoshnood, 2011) Research conducted in South Africa reveals that the government of that country gives financial transfers to households affected by HIV/AIDS so they can afford to lead the necessary positive lives. As a result, social protections are necessary to assist the family as a social support structure and help them adhere to ART more seriously.

4.2.4 Religion

Pentecostal Christians living with HIV have indicated that religious rituals, prayers, testimonies, predictions and the influence of religious leaders emphasizing spiritual healing and deliverance above conventional ART limit commitment to ART. One of the key informants noted that;

“some churches are deceiving people to default on art medication by selling them what they call anointing oil, anointed bracelet. They recommend people to buy these, stop taking medication so that they will see the results but to no avail resulting in death of adolescents and detrimental health condition. I have a client

who once experienced the same deceit and it affected her so much that now she has been shifted to 2nd line treatment.” (female community care worker 28years)

One male participant noted that;

“In 2022 I and my friend we had to default from ART medication after we had received prophecy from church that we should stop taking medication for we were healed. My friend then passed away in July 2023 due to defaulting that’s when I had to resume to my medication but after losing a friend.”

Religious beliefs have been found to influence treatment decisions, with some individuals discontinuing their treatment due to a belief in bracelets, anointing oil or whatever given and sold to them by the religious leaders. This suggest that religious beliefs can potentially lead to non-adherence to Art among certain religious groups.

4.3. Psychological barriers faced by adolescents living with HIV/AIDS

4.3.1 Emotional challenges

Emotional challenges can be best explained as inner feelings which are caused by fear of being conscious of the HIV/AIDS demands. This include anxiety over the uncertain future and fear of the unknown such as having a low life expectancy.

4.3.2 Anxiety and fear of what the future holds.

During the study, 50% of participants showed their concern for their future marriage partners, 60% proclaimed their fear of being ill for the rest of their lives (depending on pills) and 30% emphasized on the fear of dying. This shows how adolescents on ART are anxious about what the future hold for them.

Adolescents expressed their fears which are affecting them at the moment and what they think will hinder their potential to live their lives to the fullest in the future. The most highlighted fear is of depending on Art medication for the rest of their lives, the truth of knowing that their lives depend on Art medication and knowing ill health is their lifestyle. The most concern of adolescents is if they are going to find life partners who will accept their HIV status. These are some of the adolescents responds;

“If my roommate could leave me after finding out about my HIV status what more of a life marriage partner, honestly I am just afraid I don’t know if I will be able to wed, and have babies with the person I love or it will be for the sake of finding someone to bear children for.” **(female adolescents 23 years)**

“Honestly it’s not easy living with the truth that your life dependent on some pills. Without them I can’t live.” **(male adolescent 15 years)**

“I am not confident of my health issue; I feel like anytime I can die especially if I hears of other people’s death who are also HIV positive.” **(male adolescent 13 years)**

This therefore shows that adolescents on Art goes through different mental challenges due to various barriers they face in day to day living also not forgetting their concern for the future. These mental barriers need to be addressed because if these barriers are not addressed they will cause psychological and emotional damage on adolescents. There is need for professional help so as to assist adolescents on how to cope with such complex issues.

4.3.3 Intrapersonal and cognitive barriers

Some adolescents have hard time seeing themselves as the only one taking Art among the children or family as a whole. This also include low self-efficacy which can lead to lack of confidence in one's ability to adhere to the treatment. One participant noted that;

“I have been asking my family members that why is it I am the only child who takes Art medication but no one have given me a clear answer yet. Why me?” (female participant 13 years)

Another key informant noted that;

“Some of the adolescents complain that they feel less loved among other siblings because of their HIV status as some will be HIV negative. Unfortunately, these adolescents they feel discouraged to take ART medication for they wish to die” (Male participant 15 years)

The feeling of knowing that you are the only child who is HIV positive in a family is difficult and arouse a lot of questions. This makes one feel like they are being side-lined by other family members which might not be the actual truth but rather it will be one's mind. This results in suicidal thoughts at times and discouragement to adhere to ART medication.

4.4. Strategies that can be used to address the psycho-social barriers to Art adherence among adolescents living with HIV

Participants interviewed suggested possible strategies that can be used to address the psycho-social barriers to art adherence among adolescents living with HIV. The possible solutions can improve art adherence by strengthening psycho-social support systems for adolescents living with HIV.

4.4.1 Continuous awareness about HIV

There is need for continuous awareness in terms of the discourse of HIV. Raising awareness will ensure that everyone will have a clear understanding of HIV and Art adherence. People will get to understand of what it means to be on Art and what it means to adhere to Art treatment. Family members of those on Art will be aware of every kind of support that they have to offer to the family members living with HIV. One key informant noted that

“It is necessary to maintain continuous awareness about HIV so that everyone will have a perfect understanding and appreciation about HIV.” (Male stakeholder 31 years)

Participant noted that;

“I wish to conduct awareness campaign at my university so as to increase the level acceptance of HIV positive people at campus and everywhere else because many are still facing stigma and discrimination out there.” (Male participant 17 years)

The Government can make use of media and constant engagement with families of adolescents living with HIV so that the families will have a platform to share their experiences. Experiences shared will be published in the form of raising awareness support so that if there any barriers

experienced, people will come together and provide solutions that can contribute to proper Art adherence among adolescents living with HIV.

4.4.2 Formulating support groups

Non-Governmental Organizations they can play a key role of formulating support groups for adolescents living with HIV to come together frequently to discuss the issue of disclosure and any other psycho-social aspects of life that relates to their health conditions. One of the participants noted that;

“Support groups have been of great help to me in-terms of acceptance and boosting my self-esteem. The feeling of being around other people with the same situation as mine it’s a therapy on its own.” (male participant 18 years)

Another participant noted that;

“Support groups should be formulated and conducted more often all over health facilities in Zimbabwe for the sake of those who are on ART.” (female participant 19 years)

Support groups for adolescents living with HIV are designed to address the psycho-social needs, including providing emotional, informational and instrumental assistance. These groups aims to help adolescents with managing stress, neutralize stigma and practice new behaviour. These groups also help adolescents with background information of their needs and help them to participate in the management of their care and treatment. Support groups provide a safe and open environment for individuals living with HIV to meet others, confide safely and normalize HIV in their lives.

4.4.3 Provision of social protection schemes

Participants highlighted the need for provision of social protection schemes as there are families that are being affected by poverty. Social protection programs are necessary in order to support HIV-affected households and improve the financial stability of the family. Another participant noted that;

“I have a friend who stays at a plot and she collects her Art medication at Mtapu Poly Clinic. She needs 10USD for bus-fare from and to but sometimes due to financial challenges, she comes late for her refill or fails to come at all I wish if there can be funds who can help people like her either from the government or Non-Governmental Organizations.” (female participant 18 years)

A key informant noted that;

“There is need for financial assistance to the adolescents who come from the poor background as at times they struggle to commute for their medication refill because their guardian will not have money for transport.” (Male informant 32 years)

According to Cluver et al (2016) social protection provided by the relevant authorities' act as support networks. According to a study they conducted in South Africa, the government of that country gives financial transfers to HIV positive households so that they may afford to lead the necessary positive lives. This aids teenagers in following through their ART therapy.

4.4.4 HIV/ AIDS Education

According to research findings, obstacles faced by teenagers living with HIV/AIDS must be addressed. HIV/AIDS education is necessary in schools and churches from administrators to leaders and leaders to students and members. This was proposed as a means of eradicating the prevalent discrimination and stigma in places of education.

“Schools and churches should have occasions where they invite guest health speakers to educate whole school and churches on HIV/AIDS as a way of addressing the challenge of lack of knowledge leading stigma and discrimination.”

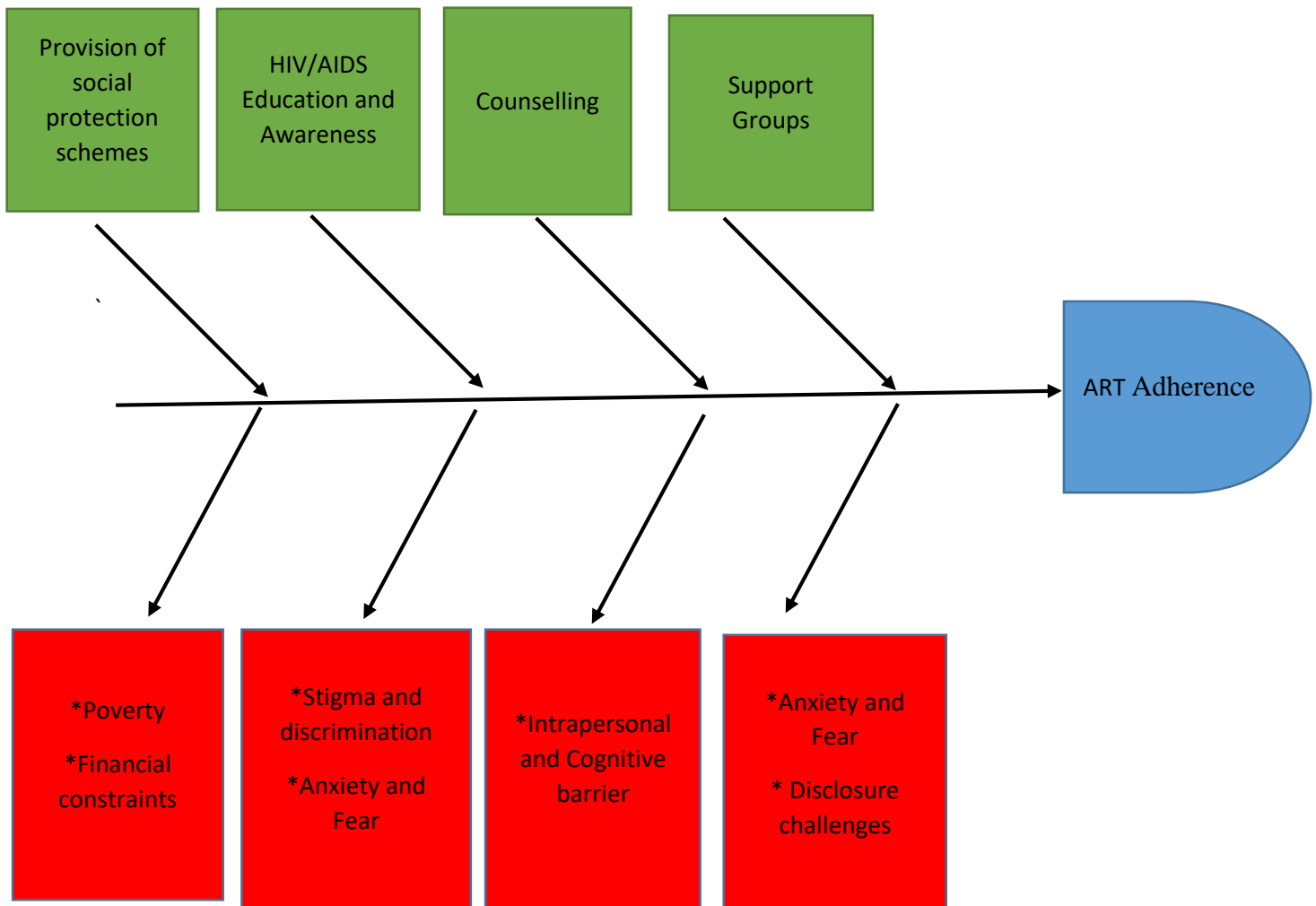
(female participant 23 years)

A key informant noted that;

“Churches and schools must be another source of strength to those who live with HIV/AIDS for their lives evolve around those places most” (Female **informant 29 years**)

According to Sarma & Olivers (2018) health education in schools enables them to positively impact the community by providing knowledge and skills to all children, youth and families, promoting their wealth and well-being. According to Rakatoniana, Rakotomanga and Barennes (2019) churches have a significant influence on the social lives, welfare and educational opportunities of many believers, hence they should be educated about HIV/AIDS. This demonstrates that each of the aforementioned groupings ought to be in a position to positively impact the populace.

4.4 ART ADHERENCE (AA) Model



The diagram above shows the green boxes, red boxes and the blue one. The Green boxes shows the measures that can be implemented to overcome the psycho-social barriers being faced by adolescents living with HIV/AIDS at Mtapu Poly Clinic. The red boxes show the social and psychological barriers being met by adolescents on Art. The vertical arrows show that the barriers in red boxes can be met with the solutions in green boxes. The horizontal line pointing the blue

box clearly shows that the green and red boxes both affect art adherence either positively or negatively.

The model above shows the barriers to art adherence as well as the measures that can be used so as to promote art adherence among adolescents living with HIV/AIDS. Counselling services as one of the measures that can be implemented to overcome psycho-social barriers to art adherence among adolescents on Art is very effective. Taking for example in United States there is a project called “Project Accept” which offers mental health counselling specifically for youth living with HIV/AIDS. This have promoted Art adherence at large in the country cognitive behavioural therapy interventions. This clearly shows that if the measures above are taken into consideration then Mtapu Poly Clinic will tell a different story about Art adherence among adolescents living with HIV/AIDS.

4.5 Chapter Summary

The presentation analysis and discussion of the researcher’s interview results were the main topics of this chapter. The chapter discussed the obstacles that young people living with HIV/AIDS must overcome, such as stigma and discrimination, difficulties with disclosure, to name a few. The chapter also included information on tactics including as creating support groups and offering support groups and social protection programs that can be utilized to address the psycho-social barriers to ART adherence among adolescents living with HIV/AIDS. The summary of results, recommendations and conclusions are examined in the upcoming chapter.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

The purpose of this chapter is to provide an overview of the research on the barriers to ART adherence that adolescents living with HIV/AIDS face, with a particular focus on Mtapu Poly Clinic in Gweru. It presents findings on the psychological and social obstacles that adolescents encounter when engaging with ART as well as the strategies that can be used to encourage adolescents living with HIV/AIDS to adhere to their artistic endeavours. The recommendations aim to assist alleviate the eliminate adherence difficulties among adolescents living with HBIV/AIDS by addressing the barriers that were explored during the study.

5.1 Summary

The study looked at the barriers to ART adherence faced by adolescents living with HIV/AIDS at Mtapu Poly Clinic in Gweru. It concentrated on the social and psychological barriers that adolescents living with HIV/AIDS must overcome, as well as strategies that might be utilized to promote ART adherence among adolescents. The study used a focus group discussion, an interview guide and a case study. Five key informants including nurses and community care workers, ten adolescents on ART from Mtapu Poly Clinic were among the 15 participants whose data was collected.

5.1.2 Psycho-social barriers faced by adolescents on Art

The researcher identified the following psychological and social barriers that are being faced by adolescents living with HIV/AIDS at Mtapu Poly Clinic, Gweru. These barriers include stigma and discrimination which is being practiced by schoolmates and the society in which they live in, disclosure issues is another challenge whereby parents fails and procrastinate to tell the children of their HIV status at an early stage whilst they still can accept their status easily and rather disclose to them a bit late which raises a lot of questions and art defaulting. It has been highlighted that some of these barriers results in adolescents committing suicide especially issue of stigma and discrimination.

5.1.3 Strategies that can be used to promote Art adherence

Strategies that can be used to improve and promote Art adherence among adolescents living with HIV/AIDS at Mtapu Poly Clinic include continuous awareness about HIV/AIDS, formulating support groups. Continuous awareness about HIV ensures that people get to understand of what it means to be on Art so that they can change their attitude towards people living with HIV thus eliminating stigma and discrimination. Formulating support groups allows adolescents living with HIV/AIDS to meet and discuss about their status, how they are managing to adhere well and the barriers they are facing as well as sharing solutions based on experiences. This is effective for solutions to barriers faced are shared based on experience not assumptions.

5.2 Conclusions of study

Deducing from the findings of the research, the study arrived at the following conclusions:

5.2.1 Social barriers to art adherence

Adolescents living with HIV/AIDS at Mtapu Poly Clinic Gweru still encounter various social barriers which affect their adherence to Art medication. They still face social barriers from their own families, schools and the communities they live in.

5.2.2 Psychological barriers to art adherence

Psychological barriers still hinder adolescents from adhering well to their art medication. Adolescents on Art medication live in different conditions and encounter various situations which can affect their mind and how they behave. Once they are affected negatively, this results in poor adherence patterns among adolescents on Art medication.

5.2.3 Strategies that can be used to improve art adherence

There are various strategies that can be adopted in-order to improve and promote Art adherence among adolescents living with HIV/AIDS. These strategies include provision of social protection schemes which aim to assist HIV infected members financially so that they will not miss any medication refill because they lack money for transport to visit the Clinic. There is need for continuous awareness on HIV/AIDS so as to equip the schools, communities and any other groups with knowledge so as to eliminate stigma and discrimination against this vulnerable group.

5.3 Recommendations

The research intended to investigate on Art adherence barriers among adolescents living with HIV/AIDS a case of Mtapu, Gweru. This section will therefore provide recommendations on ways which will improve and promote Art adherence among adolescents living with HIV/AIDS.

5.3.1 To the Government

- The study recommends that the government should offer social protection schemes towards adolescents living with HIV/AIDS. These social protection services are meant to strengthen financial life of infected households so that they will not face any struggles with accessing their medication and any other financial hardships that affects Art adherence.
- The government of Zimbabwe should pass more supportive policies that support comprehensive care for adolescents living with HIV/AIDS. This include policies that protects the rights of adolescents living with HIV/AIDS by passing policies that prohibit stigma and discrimination based on status at any place as well as promoting access to health care and employment.

5.3.2 To the Non-Governmental Organizations

- The study recommends Non-Governmental Organizations to continue conducting community education and awareness campaigns so as to educate the society about HIV/AIDS. These programs should be age appropriate and address the specific barriers faced by adolescents living with HIV/AIDS.
- Non-Governmental Organizations can take part in data collection and research so as to perfectly understand the specific barriers to Art adherence among adolescents living with HIV/AIDS. This will also help to evaluate the effectiveness of different interventions done as to promote Art adherence.

5.3.3 To the Clinic

- The study recommends that Mtapu Poly clinic should always conduct educational and counselling sessions so as to emphasize the importance of Art adherence and the risks

associated with non-adherence. These should not only be conducted with adolescents on ART but with caregivers and guardians of HIV infected adolescents.

5.4 Chapter summary

This chapter gave a section of conclusions, gave recommendations on measures that promote Art adherence among adolescents living with HIV/AIDS. The study highlighted on the barriers faced by adolescents living with HIV/AIDS which include disclosure challenges, anxiety, stigma and discrimination only to mention but these few.

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RESEARCH TOOLS

APPENDIX 1: Consent Form

Good day, my name is Elsie J Dzveta. I am a student from Bindura University of Science Education studying Social Work with my registration number B201437B. I am carrying out a research with tittle **ART adherence barriers amongst adolescents living with HIV/AIDs: A case of Mtapu Poly Clinic, Gweru**. I further intend to find out ways progression rates in the rural areas can be improved.

I hereby take part in this research well aware of what the study is about as has been explained to me.

I understand that confidentiality will be upheld with right to not disclose identity and any completed forms or notes will be stored safely.

I understand that there will be no compensation in taking part of the study.

Participants signature

Date

.....

.....

Demographic characteristics

1. Gender of participant *M.*[] *F*[]

2.Age of participant []

3. HIV Status. *Positive* [] *Negative* []

4. Level of education *Primary* [] *secondary* [] *Tertiary* []

5. Employment status: *Employed* [] *unemployed* []

6. Marital Status: *Single* [] *Married* [] *Divorced* []

Appendix 2: Interview Schedule for key informants

Section A: Social barriers

Objective 1: To assess the social barriers to art adherence amongst adolescents living with HIV.

1. What is your understanding on art adherence?
2. What are the roles that you play in your community in order to support adolescents living with HIV?
3. What are the social barriers that adolescents living with HIV in your community face?

Section B: Psychological Barriers

Objective 2: To assess the psychological barriers to art adherence amongst adolescents living with HIV

1. What are the psychological barriers that adolescents living with HIV in your community face?
2. How do these psychological barriers affect their art adherence to art medication

Section C: Strategies that can be used to address the psychosocial barriers to art adherence amongst adolescents living with HIV

Objective 3: To develop a model that seek to address the psychosocial barriers to art adherence amongst adolescents living with HIV

1. What is that you can do to address the psychosocial barriers to art adherence amongst adolescents living with HIV at Mtapu Poly clinic?
2. What can be done by the government of Zimbabwe to address the psychosocial barriers to art adherence amongst adolescents living with HIV at Mtapu Poly clinic?
3. What can be done by Non-Governmental Organisations to address the psychosocial barriers to art adherence amongst adolescents living with HIV at Mtapu Poly clinic?

Appendix 3: Interview schedule for adolescents living with HIV

Section A: Social Barriers

Objective 1: To assess the social barriers to art adherence amongst adolescents living with HIV.

1. How old are you?
2. Who do you stay with at home?
3. What does your caregiver do to get a source of income?
4. Do you take your art medication every day?
5. Have you ever skipped taking your Art medication and why?
7. What are the social barriers that you are facing with your art medication?

Section B: Psychological barriers

Objective 2: To assess the psychological barriers to art adherence amongst adolescents living with HIV

1. What are the psychological barriers that you are facing with your art medication
2. Which psychological services or help you do receive which motivate you to art adherence?
3. Who helps you with psychological challenges in taking your medication that you face?

Section C: Strategies that can be used to address the psychosocial barriers to art adherence amongst adolescents living with HIV

Objective 3: To develop a model that seek to address the psychosocial barriers to art adherence amongst adolescents living with HIV

1. What is that you can do to address the psychosocial barriers to art adherence amongst adolescents living with HIV at Mtapa Poly clinic?

2. What can be done by the government of Zimbabwe to address the psychosocial barriers to art adherence amongst adolescents living with HIV at Mtapa Poly clinic?
3. What can be done by Non-Governmental Organisations to address the psychosocial barriers to art adherence amongst adolescents living with HIV at Mtapa Poly clinic?

THANK YOU!

STUDENT RESEARCH LETTER

FACULTY OF SOCIAL SCIENCES & HUMANITIES
DEPARTMENT OF SOCIAL WORK

P. Bag 1020
BINDURA, Zimbabwe

Tel: 263 - 71 - 7531-6, 7621-4

Fax: 263 - 71 - 7534



BINDURA UNIVERSITY OF SCIENCE EDUCATION

Date: _____

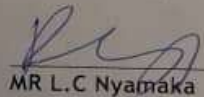
TO WHOM IT MAY CONCERN

RE: REQUEST TO UNDERTAKE RESEARCH PROJECT IN YOUR ORGANISATION

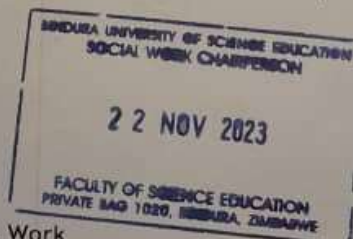
This serves to introduce the bearer, _____, Student Registration Number _____, who is a BSc SOCIAL WORK student at Bindura University of Science Education and is carrying out a research project in your area/institution.

May you please assist the student to access data relevant to the study, and where possible, conduct interviews as part of a data collection process.

Yours faithfully


MR L.C Nyamaka

Acting Chairperson - Social Work



30 JAN 2024

HEALTH SERVICES DEPARTMENT
DIRECTOR OF HEALTH SERVICES

P.O. BOX 278, GWERU
TEL: 054 2224071-9 EXT.: 2075-6
DIRECT LINE

ALL COMMUNICATIONS TO BE ADDRESSED TO THE CHAMBER SECRETARY

CITY of GWERU

CHAMBER SECRETARY'S DEPARTMENT
Municipal Office
P.O. Box 278 Tel: 054 2224071-9
Fax: 054 2224071-9
Email: gweru@chambersecretary.co.zw

If calling or phoning this matter,
Please ask for
MR J.N.S ZIMUSI

Your Ref:
Our Ref: JNSZ/nmd/Personnel

24 January 2024

Elsie J. Dzveta
69 Maliwa Street
Mtapa
GWERU

Dear Sir/Madam

RE: REQUEST TO CARRY OUT AN ACADEMIC RESEARCH WITH GWERU CITY COUNCIL

I refer to your letter dated 13 December 2023 requesting to carry out a research and I am pleased to inform you that your request was considered and permission has been granted.

Please be kindly advised that permission is granted on the following conditions:

- 1) That you do not publish the name of Council officials.
- 2) That you also seek police clearance in the case that you want to interview residents.
- 3) That Gweru City Council shall not be liable of any action arising from your research.
- 4) That you undertake to deposit of the said research which shall be submitted to the Town Clerk's office.
- 5) That the research shall only be for academic purpose.

T. D MARERWA
ACTING CHAMBER SECRETARY
cc: Human Resources Manager
File

30 JAN 2024

P.O. BOX 278
GWERU
HEALTH SERVICES DEPARTMENT
DIRECTOR OF HEALTH SERVICES

30 JAN 2024

P.O. BOX 278, GWERU
TEL: 054 2224071-9 EXT.: 2075-6
DIRECT LINE: 2223254