

**FACALTY OF SCIENCE AND ENGINEERING**

**ADDRESSING FACTORS LEADING TO HIV/AIDS PREVALENCE IN ZIMBABWE.  
THE: CASE OF CHITUNGWIZA WARD 18**

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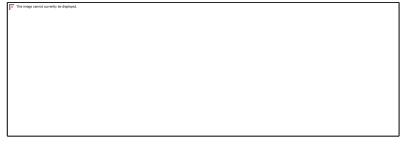
**A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE  
REQUIREMENT FOR THE BACHELOR**

**OF SCIENCE HONOURS DEGREE IN DEVELOPMENT STUDIES**

**DATE: .....**

## **DECLARATION**

I Gibson. P. Munangwa B211878B do hereby proclaim that the work contained in this dissertation is completely a product of my personal original work with some citations and references accredited from other sources. I hereby declare that this work has certainly not been submitted in partial fulfilment of the Bachelor of Science Honours Degree in Development Studies and Geo-Sciences at Bindura University of Science Education.

Student signature: 

Supervisor signature: 

## **DEDICATION**

This study is devoted to my beloved parents and my siblings who are Mercy Munangwa and Marvin Munangwa. It is also dedicated to my best friends Nigel Ndoro and Takosha Hungwa who have been very supportive through my academic journey. I also dedicated this study to the people of Chitungwiza Ward 18 who are fighting HIV/AIDS prevalence.

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## **ACRONYMS**

HIV - Human Immunodeficiency Virus

AIDS - Acquired Immunodeficiency Syndrome

PMTCT - Prevention of Mother to Child Transmission

SIV - Simian Immunodeficiency Virus

PEPFAIR – President’s Emergency Plan for AIDS Relief

PrEP - Pre-Exposure Prophylaxis

HIVDR – Human Immunodeficiency Virus Drug Resistance

ART - Antiretroviral Therapy

SRH - Sexual Reproductive Health

SDOH - Social Determinants of Health

SDGs - Sustainable Development Goals

SCT - Social Cognitive Theory

DOI - Diffusion of Innovations Theory

AYA - Adolescent and Young Adult

LGBTQ - Lesbian, Gay, Bisexual, Transgender and Queer

UNAIDS - United Nations Programme on HIV/AIDS

NHSS - National HIV Surveillance System

WHO - World Health Organisation

USAID - United State Agency for International Development

APA - American Psychological Association

FGD - Focus Group Discussions

NAC - National AIDS Council

CHWs Community Health Workers

NGOs - Non-Governmental Organizations

PWID - People Who Inject Drugs

MSM - Men Who Have Sex with Men

## **ABSTRACT**

This study is designed to address factors leading to HIV/AIDS prevalence, a case of Chitungwiza Ward 18. The goal of this research is to investigate factors leading to HIV/AIDS, to address issues leading to HIV/AIDS and alerting the community about ways of reducing HIV/AIDS prevalence within Chitungwiza Ward 18. Stratified random sampling was used. Data was gathered through interview forms and questionnaires. As such, the results revealed some ways of addressing factors leading to HIV/AIDS prevalence within Chitungwiza Ward 18.

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## CHAPTER ONE

### 1.0 INTRODUCTION

The Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS) have been one of the utmost complex as well as extensively studied diseases in history. It remains an important public health problem in Zimbabwe and the world at large with Chitungwiza ward 18 being one of the areas heavily affected by the epidemic in Zimbabwe. Despite various efforts made to combat the disease, the ward continues to record high HIV/AIDS prevalence rates due to different factors which include sexual behaviour, socio-economic factors, healthcare factors, environmental factors and demographic factors to mention a few. The purpose of this study is to address factors leading to HIV/AIDS prevalence in Chitungwiza ward 18. Through addressing the underlying elements that contribute to the prevalence of HIV/AIDS, the effect of the epidemic on the community can be reduced. Some of the factors contributing to HIV/AIDS prevalence can be addressed through education and awareness, avoidance of mother to child transmission, behavioural interventions and support for vulnerable populations to mention a few.

### 1.1 BACKGROUND OF THE STUDY

HIV/AIDS ranks amongst the most severe pandemics in history. According to De Cock et al. (2021), on June 5 1981 the Centres for Disease Control and Prevention (CDC) published a report in its Morbidity and Mortality Weekly Report detailing five cases of Pneumocystis pneumonia in gay men. This publication marked the beginning of the HIV/AIDS epidemic which has since resulted in over 75 million infections and 32 million deaths worldwide. The HIV virus is thought to have emerged from Simian Immunodeficiency Virus in Chimpanzees in South-Eastern Cameroon. The virus spread slowly mostly among the locals until 1970s when global travel and trade was on its peak and it facilitated its dissemination. HIV emerged in Africa in the 1970s and spread to the United States and Europe the following decade. By that period certain regions had already felt the effects of HIV/AIDS while in others the epidemic was just starting to emerge. The virus spreads through bodily fluids including sexual contact, blood exposure and transmission from mother to child during pregnancy, childbirth or breastfeeding. In 1981 five gay men in the United States were presented with pneumonia and it was the first case of AIDS to be reported. Firstly, the disease was thought to be exclusive to the gay community which sparked fear misinformation and stigma. According to Ferrari et al (2019), a retrovirus now termed HIV type 1 was subsequently identified as the agent of what

has since become one of the most devastating transmittable diseases to have arisen in recent history. In the 1990s the World Health Organization had to launch the Global Programme on AIDS coordinating international efforts to restrain the spread of the epidemic which made the Antiretroviral Therapy become widely available in 1996 and it revolutionized treatment. On international level the epidemic is the most deadly disease that has claimed many lives since when it was first discovered in 1970s. At the end of 2023, around 39, 9 million people were living with HIV globally (World Health Organization, 2024). According to De Cock et al (2021), the global mortality rate from HIV has decreased by 37% since 2010, thanks to advancements in Antiretroviral Therapy and improved access to healthcare services. The global feedback to HIV/AIDS has enhanced significantly in recent years due to funding which derives from the Global fund to fight AIDS and the President's Emergency Plan for AIDS Relief (PEPFAIR). Several efforts to address the prevalence of HIV/AIDS has been done though the epidemic remains a global challenge.

Developing countries particularly in Africa have encountered the highest HIV/AIDS morbidity and death. At the end of 2015, there were 36, 7 million people around the globe living with HIV and Sub-Saharan Africa remains the utmost impacted area with approximately 1 in every 25 adults living with HIV (Global Affaires Canada, 2017). AIDS in Africa is one of the major humanitarian disaster of our time and south of the Sahara, the disease is the leading reason of death (Moyo et al, 2023). Curbing the spread of HIV/AIDS was one of the United Nations Millennium Development Goals to be attained by 2015 (De Lay et al, 2021). Olajide, T et al (2024) is of the view that as of the latest data around 25, 6 million individuals are affected with HIV in Africa. Of the 25, 6 million people infected in Africa, 1, 8 million children are under 15 years old. African nations which are mostly affected by HIV epidemic are Swaziland, Botswana, Lesotho, Malawi, Nigeria, South Africa, Kenya and Zimbabwe (Currie et al, 2023). In Africa poverty is the main driver of HIV/AIDS prevalence. After decades of bad news UNAIDS has been able to report considerable successes in the fight against AIDS in Africa, in many Sub-Saharan African countries the number of AIDS deaths has declined in recent years. In 1996 United Nations Programme on HIV/AIDS (UNAIDS) was established to lead the global response and it has made a significant progress such as setting the 90-90-90 targets (90% diagnosis, 90% on treatment and 90% virally suppressed), increasing the availability of ART to the affected people and reduced new infections and AIDS related deaths in Eastern and Southern Africa. Despite the tremendous progress made, there are some challenges which include funding and resource constraints, stigma and discrimination, access to testing and

treatment in Africa (Belay et al, 2022). UNAIDS has set an objective of ending the AIDS disease by 2030 through various strategies such as developing effective vaccines, addressing social determinants, scaling up ART, Pre Exposure Prophylaxis and HIV self-testing. HIV/AIDS has become a manageable disease due to the tremendous strides which have been made and continued efforts are necessary to address the ongoing challenges. Increased political will and financial resources are necessary to sustain and expand successful HIV prevention and treatment programs across the African continent.

HIV/AIDS has a profound impact on Zimbabwe since the epidemic began in the mid-1980s and by mid-1990s about one-quarter of adults in Zimbabwe were infected with especially HIV-1 subtype C which is mainly transmitted through heterosexual contact (Mugurungi et al, 2020). The epidemic was exacerbated by socio-economic inequalities and cultural factors that influenced sexual networks. In early 1990s the epidemic killed many people because the ARVs were not accessible to everyone and some people were not aware of their status by then. Efforts to control the epidemic have included pioneering syndromic management programs for sexually transmitted infections and early screening of blood transfusions for HIV (Makurumidze et al, 2020). Despite all these efforts, the epidemic has had devastating socio-demographic effects including high adult mortality rates and an increase in orphan hood. The Zimbabwe Population-Based HIV among adults was 12, 9% with significant challenges posed by HIV-Drug Resistance (Mapingure et al, 2024). Zimbabwe has a significant HIV virus with approximately 1, 3 million people affected with HIV, translating to an adult prevalence rate of about 12, 9%. In recent years, there have been around 15000 new infections annually alongside approximately 20000 AIDS related deaths.

Chitungwiza a densely populated urban centre in Zimbabwe experience significant challenges in combating the HIV/AIDS epidemic. Manyange and Makunika (2021) highlighted that despite improvements in antiretroviral therapy (ART) which have transformed HIV from a fatal disease to a manageable chronic condition, there are still significant gaps in Sexual Related Health knowledge among people. According to the Zimbabwe National HIV/AIDS Estimates (2020), Chitungwiza has an HIV prevalence rate of 8, 4% and the national average is 12, 9%. The epidemic disproportionately affects women with a prevalence rate of 18% compared to 6, 8% among men.

## **1.2 PROBLEM STATEMENT**

A problem statement is a crucial component of study that clearly defines the issue being addressed, its context and its significance. Recent scholars emphasize that a well-crafted problem statement not only identifies the gap in existing knowledge but also sets the stage for the research objectives and methodology. Creswell and Creswell (2023) highlight that a problem statement should articulate the specific problem in a way that is understandable and compelling to the reader.

Chitungwiza ward 18 a densely populated urban area faces several challenges in trying to control the spread of HIV/AIDS. Despite the tremendous efforts made to combat the epidemic, the ward continues to record high HIV/AIDS prevalence. A complex relationship of ecosystem and socio-economic factors are attributed to the prevalence of HIV/AIDS in Chitungwiza ward 18. Despite significant advancements in HIV/AIDS management and prevention the prevalence of HIV/AIDS is still a public health challenge. Addressing factors leading to HIV/AIDS prevalence is essential when it comes to reducing the ward's burden of this disease. Recent scholars highlight several key determinants that must be addressed to effectively combat HIV/AIDS. Some studies emphasise the significance of addressing Social Determinants of Health which includes poverty, access to health and social services and stigma which are intricately linked to individual behaviours and disease outcomes (Hogan et al, 2021). Addressing the multifaceted factors contributing to the prevalence is essential for decreasing other infections and enhancing the quality of life for people affected<sup>5</sup> with HIV/AIDS. The study is important because a multifaceted approach that addresses the Social Determinants of Health, tackles socio-economic disparities and reducing stigma is vital for reducing HIV/AIDS prevalence hence, by addressing the factors leading to HIV/AIDS prevalence in Chitungwiza ward 18 health outcomes can be improved and move closer to ending the HIV epidemic.

## **1.3 IMPORTANCE OF THE STUDY**

The significance of the study is a fundamental aspect of any research project as it highlights the potential impact and relevance of the research findings. Articulating the importance of a thesis helps to justify a research and demonstrate its value to the academic community and beyond. Maxwell (2021) argues that a well-defined significance section can enhance the

credibility of the research by showing its potential to influence policy, practice or further studies.

The study offers valuable insights on developing strategies addressing factors leading to HIV/AIDS prevalence in Chitungwiza ward 18 providing evidence based involvements to curb the epidemic. It addresses a critical gap in addressing the issues driving HIV/AIDS transmission in Chitungwiza ward 18. Findings of this thesis provide evidence based HIV/AIDS deterrence and intervention strategies which can be useful and eventually lessen the burden of the epidemic within the ward. Through addressing factors that lead to HIV/AIDS prevalence, practitioners and policy makers can design targeted programmes which addresses the root cause of the transmission. Schweitzer et al, (2023) argue that reducing stigma in healthcare and community settings can significantly improve the uptake of HIV testing and treatment services. This can lead to enhanced health outcomes and a decrease in HIV transmission rates. This thesis sheds more light on the bond between socio-economic factors and HIV/AIDS prevalence in the ward. The results of the thesis will contribute to the development of effective health policies and programs addressing factors leading to HIV/AIDS prevalence such as improving healthcare services, strengthening HIV/AIDS testing and counselling and enhancing treatment adherence. This study aligns with Sustainable Development Goals such as SDG 3 good health and well-being and SDG 10 reducing inequalities. Therefore, the importance of addressing the factors leading to HIV/AIDS prevalence lies in its potential to drive meaningful change in public health practices, reduce disease burden and enhance the quality of life for infected people and the whole community at large.

### **Community of ward 18:**

The importance of this study in Chitungwiza ward 18 is that it helps to address the factors leading to HIV/AIDS prevalence through promoting awareness and reducing stigma, making health facilities accessible and affordable, promoting the availability of HIV treatment in health facilities, establishing several vocational training schools to accommodate school drop outs and unemployed adults, promoting the use of condoms and teaching people about Sexual Reproductive Health. Hence, this can help to curb HIV/AIDS prevalence within the community.

### **Policy makers:**

Addressing the factors leading to HIV/AIDS prevalence is crucial for policy makers because by understanding and addressing the root cause of HIV/AIDS such as social, economic and behavioural factors, policymakers can implement more effective prevention and treatment programs. Therefore, this can lead to reduction in new infections and improve the overall health of the population within Chitungwiza ward 18 and the whole country at large.

### **Local government (Chitungwiza Municipality)**

The importance of this study to the Local government (Chitungwiza Municipality) is that they can implement targeted interventions that directly benefit the community and also they can create a healthier, more equitable and economically stable community.

### **Non-Governmental Organizations**

This study is important because NGOs can chip in and help the community to address factors leading to HIV/AIDS prevalence through providing condoms, vocational trainings and providing treatment for the infected people. NGOs educate communities, support those living with HIV/AIDS and promote acceptance which is essential for reducing the spread of the epidemic.

### **Student**

Addressing the factors leading to HIV /AIDS prevalence is important for the student because it helps the student to make informed choices concerning his health. Education plays a pivotal part in decreasing stigma and discrimination related with HIV/AIDS hence, learning about the disease helps the student to develop empathy and support for those affected creating a supportive school and community environment for all.

## **1.4 OBJECTIVES**

AIM: To address the factors leading to HIV/AIDS prevalence in Chitungwiza ward 18.

Objectives are actionable steps that help to accomplish broader goals. They provide clear direction and criteria for success ensuring that efforts are focused and progress can be tracked. Flick (2022), highlights that specific objectives are crucial for structuring the research design and methodology. They also help to ensure that the research questions are addressed systematically and that the study's findings are robust and reliable.

## **1.5 GENERAL OBJECTIVES**

1 To reduce stigma and discrimination related with HIV/AIDS.

## **1.6 SPECIFIC OBJECTIVES**

1 To analyse the factors leading to HIV/AIDS prevalence.

2 To develop strategies that address factors leading to HIV/AIDS prevalence.

3 To educate the community with sustainable strategies and knowledge of reducing HIV/AIDS prevalence.

## **1.7 RESEARCH QUESTIONS**

Research questions are a fundamental component of any study guiding the direction and focus of the research. Bryman (2021), highlights that research questions should be clear, focused and researchable. Yin (2023), also argues that good research questions help to narrow down the study to specific aspects of a broader topic making the research more manageable and impactful.

1 What are the economic, behavioural and social factors leading to HIV/AIDS prevalence in Chitungwiza ward 18?

2 Which intervention strategies shows promise to addressing factors leading to HIV/AIDS prevalence?

3 What misunderstandings exists around HIV/AIDS avoidance in Chitungwiza ward 18 and what can be done to solve them?

## **1.8 ASSUMPTIONS OF THE STUDY**

Since the student is dedicated towards this thesis he has his assumptions which include:

- Respondents will participate willingly and give truthful answers to questions.
- Feedback from questionnaire's and interviews will help provide effective ways of addressing HIV/AIDS prevalence.
- Assumes that there will be less obstacles during the thesis.
- Results of the study would help the ward to reduce HIV/AIDS prevalence.

## **1.9 LIMITATIONS**

The student encountered several limitations during his research and some of the limitations include stigma and discrimination, ethical concern, funding and resources, methodological challenges and cultural and social barriers. Recent scholars have highlighted that acknowledging and addressing limitations in HIV/AIDS research can lead to more robust and innovative studies. Brainard et al, (2023), emphasize that recognizing methodological challenges and data limitations can drive the development of more precise and effective research tools and interventions.

### **1.10 Stigma and discrimination**

The student found it difficult to interact with participants due to fear of stigma and some were not willing to disclose sensitive information about their status.

The researcher handled this challenge through guaranteeing participants that all information collected was going to be confidential and showing them the letter from Seke South Clinic which permits the student to conduct the research.

### **1.11 Ethical concern**

The participants felt uncomfortable to share their confidentialities with people they don't know and it made it very difficult to find sensitive information about HIV/AIDS. Also ensuring informed consent, confidentiality and the protection of participants' rights can be challenging.

The researcher handled this challenge through ensuring participants that they fully understand the purpose of the interview and how the information was going to be used.

### **1.12 Funding and Resource constraints**

Securing adequate funding and resources for comprehensive research was difficult for the student. Limited financial support restrained the student from moving in all areas of Chitungwiza ward 18 and the finale report of the study can have short falls since some places may not be visited due to financial and resource constraints.

To manage this challenge the researcher collaborated with local healthcare providers to share reduce costs and also engaged well trained volunteers to assist with data collection and support services.

### **1.13 Cultural and social barriers**

The student interacted with participants who are still following their cultural beliefs and social norms which can influence the participant's response.

The researcher handled this challenge through acknowledging and respecting the diverse backgrounds of participants including their beliefs, practices and languages.

### **1.14 Limited awareness and engagement**

Other community members may not fully comprehend the significance of the research henceforth making participation rates lesser than anticipated.

## **1. 15 DELIMITATION**

Delimitation is a process of defining the boundaries and constraints set by the researcher to narrow the scope of the thesis. The boundaries helps to clarify what will be addressed in the study and what will not be addressed in the study. This makes the research more focused and manageable.

This research is conducted in Chitungwiza ward 18 only.

Things to be addressed in the study include:

- Outlining the factors leading to HIV/AIDS prevalence
- Addressing the factors leading to HIV/AIDS prevalence

#### **Geographic:**

This is when we look at the specific location or region in which the thesis is going to focus on and in this case Chitungwiza ward 18 is the geographic delimitation.

#### **Population:**

This involves clarifying the targeted population for the study which include age group and specific characteristics of participants. In this case the study is focused on 68 participants.

#### **Methodology:**

Methodology outlines the methods that will be used to collect data which include research design, surveys and sample size. In this case the researcher used more of qualitative approach and quantitative approach.

#### **Time period:**

This involves the time in which the study is conducted and in this case the time period is 14 November 2024 – 2 May 2025.

Things that are not addressed include:

- Wards that are outside ward 18

### **Constraints:**

These are the challenges that might be encountered when carrying out the thesis and some of the constraints include transport cost to move around the ward interacting with the participants, complacency among youth, conducting the research within ward 18 only,

### **1.16 DEFINITION OF TERMS**

The Human Immunodeficiency Virus (HIV) is a retrovirus that gradually weakens the immune system, making the body more vulnerable to severe opportunistic infections and certain cancers (Greenwood et al, 2021).

Acquired Immunodeficiency Syndrome is the final stage of HIV and significant decline in immune function leading to increased susceptibility to opportunistic infections and certain cancers (Greenwood, 2021)

Determinants are factors or variables that influences or determine the outcome of a particular phenomenon (Olatinji et al, 2024)

### **1.17 CHAPTER SUMMARY**

This chapter is an introductory to the thesis on addressing the factors leading to HIV/AIDS prevalence in Chitungwiza ward 18. The chapter gave an account of the introduction, background of the thesis, problem statement, importance of the thesis, research objectives, research questions and definition of terms. The section aims to give a clear path of the research thesis. Information in this thesis shows the road map or the path which is going to be used when conducting the research and it guides the researcher during the research process. This chapter highlights the crucial issues which are to be explored throughout the thesis which include addressing the factors leading to HIV/AIDS prevalence. The introduction introduces the purpose of the thesis and the background gives an insight into the history of HIV/AIDS from global level down to the ward level. Problem statement describes the problem that the research project is going to addresses.

## CHAPTER TWO: LITERATURE REVIEW

### 2.0 Introduction

Chapter two highlights current literature of other researchers on addressing the factors leading to HIV/AIDS prevalence. In this chapter the definition and benefits of literature review is explained. This section is divided into two segments and the initial segment consist of the theoretical part outlining the determinants of HIV/AIDS prevalence, the impact of the determinants on human wellbeing, the theory related to the thesis and addressing the factors leading to HIV/AIDS prevalence. The second segment consist of the empirical review, research gap, summary of the literature review and conclusion.

### 2.1 Benefits of literature Review

It's an evaluative account of studies found in the literature linked to the chosen area. The review ought to synthesize and critically analyses the existing research to provide an overview of the current knowledge and detect shortfalls. It should provide a theoretical part of the research and help conclude the nature of the research. Some of the benefits of literature review are that it enhances current insights and identifies research gaps.

### 2.2 Social Cognitive Theory

Social Cognitive Theory emphasize on the importance of social influences and observational learning in shaping behaviours. It was established by Albert Bandura in 1960s as Social Learning Theory and changed into Social Cognitive Theory in 1986. It underscores the roles of self-efficacy, result prospects and social support. This philosophy can guide interventions that build skills and confidence in practicing safer sex and seeking testing and treatment.

- Li et al (2011), conducted a study on the effectiveness of an SCT-based HIV education prevention program among high school students in Nanjing, China. The study found that the program significantly increased HIV knowledge, reduced perceptions of response cost associated with abstinence and reduced stigmatizing attitudes toward people living with HIV/AIDS.
- Adefolalu (2018), highlighted the application and relevance of cognitive behavioural theories including SCT in Antiretroviral Therapy adherence. The study highlighted that

adherence to Antiretroviral Therapy is influenced by knowledge, attitudes, motivation, skills and the social environment.

### **2.3 Diffusion of Innovations Theory (DOI)**

This philosophy clarifies how new concepts and technologies have spread within populations. This philosophy was established by Everett. M. Rogers in 1962. Understanding how innovations like PrEP or ART can be effectively communicated and adopted by various subgroups can enhance awareness and uptake of effective HIV prevention methods.

- Kiwanuka-Tondo (2017), explored the application of DOI theory in HIV/AIDS prevention in Eastern and Southern Africa. They emphasized the importance of culturally sensitive communication, coordination with social systems and the time required to prevent messages to be adopted. Their study highlighted the need for multi-sectoral approaches and the role of public policy in effective health communication campaigns. Therefore, this theory is practical and effective in addressing factors leading to HIV/AIDS prevalence through doing awareness campaigns aimed at drug and substance use, condom use, encouraging regular HIV testing.

### **2.4 Structural Violence Theory**

This theory explores how systemic inequalities and social structures like poverty, discrimination and lack of admission to healthcare contribute to health disparities including higher rates of HIV/AIDS. Interventions informed by this theory emphasize on addressing broader Social Determinants of Health to minimize risks. This theory was introduced by Johan Galtung in 1962 and it shows how societal structures and organizations can damage people through averting them from meeting their basic needs.

- Economic Inequality and HIV/AIDS

Mukhejee (2007), discusses how economic deprivation, gender inequality and lack of access to education and employment opportunities increase the risk of HIV infection. So these factors create a context where prevention strategies are less effective. Therefore, there must be job creation to reduce the economic inequality so that the majority will be able to feed their families through decent ways, being able to educate their children and they will be able to access healthcare facilities leading to poverty reduction.

- Syndemic Theory and Structural Violence

Godley and Adimora (2023), review the use of syndemic model in HIV study amongst African-Americans. They highlight how co-occurring social and environmental factors such as depression, substance use and personal experiences of viciousness interact with economic systems to shape the HIV epidemic.

- Structural Vulnerability and HIV Risk

It stresses the idea of structural vulnerability which denotes to the heightened risk of HIV infection among marginalized populations due to systemic inequalities. Therefore, this approach calls for a social epidemiology that addresses these structural factors to reduce HIV risk such as stiff laws that prohibit the use of substances and improving access to mental therapy to those who would have experiences of violence.

The above theories are suitable to this thesis because they provide relevant factors that can help address the factors leading to HIV/AIDS prevalence such as enhancing easy access to health facilities, enhancing awareness campaigns about HIV/AIDS, promoting HIV testing and enforcing stiff laws concerning substance use.

## **2.5 Ways of developing strategies that address factors leading to HIV/AIDS prevalence**

- Adolescent and Young Adult (AYA)

A recent study by Springer (2023) highlights the importance of multi-level intervention that incorporate developmental factors to involve teenagers and young adults in HIV prevention and care. Denison et al (2024), argues that this approach can address the exceptional needs of this demography zero improving their health outcomes and reducing HIV transmission rates. Denison et al (2024), point out the use of multi-level theories such as socio-ecological models to inform HIV prevention and care strategies for teenagers and young adults. These frameworks consider individual, interpersonal, community and societal factors that influence health actions. Daniela et al (2024), suggest that these programs often include sexual education, HIV testing and linkage to care services which are delivered through community events and partnerships.

- Enhancing engagement with marginalized populations

Boakye et al (2024), emphasize the importance of confronting stigma and enhancing engagement with marginalized populations through initiatives like peer navigation services, mobile clinics and telehealth expansion. Therefore, these efforts are vital in ensuring equitable

access to prevention and care eventually reducing HIV transmission rates. Engaging marginalized groups gives a room for development of targeted interventions that are culturally and contextually proper. This can increase HIV testing, treatment adherence and health-seeking behaviour among these populations (Kauffman et al, 2022). By actively including marginalized societies in the development and execution of HIV prevention and treatment programs their agency and empowerment are enhanced. This leads to better uptake of services and can reduce stigma associated with HIV/AIDS (Smith et al., 2021). Martinez et al (2023), argues that understanding the Social Determinants of Health affecting marginalized populations helps interventions by health officials to be effective in reducing HIV transmission rate.

- Enhancing early disclosure of HIV status to children

Armoon et al (2022), suggest that disclosing HIV status to children is related to better adherence to antiretroviral treatment and improves health outcomes. This emphasize the need for supportive environments that inspire open communication and social support. Early discovery can help regularize discussions about HIV and reduce stigma. When children know their condition and can discuss it openly they are more likely to educate peers and family members thereby fostering a helpful environment (Ndirangu et al, 2023). Bhana et al (2021), suggest that children who know their status are less likely to experience feelings of shame or segregation leading to a healthier psychosocial atmosphere. Therefore, open communication about HIV status can lead to better emotional and psychological results. Early disclosure bring up better health knowledge and self-management skills in children living with HIV. This understanding permits them to take an active role in their health, complying with treatment regimens and minimize transmission risks to others (McCarthy et al, 2022).

- Enhancing comprehensive Sex Education

Comprehensive sex education carry out programs that offer accurate information about HIV/AIDS, sexual health and safe practices. Bennett et al (2022), argues that comprehensive sex education allows young people to make informed judgements concerning their sexual behaviours and unsafe practices that can lead to HIV transmission. Therefore, Comprehensive Sex Education offers individuals with age-appropriate information about sexual health including the transmission of HIV. Comprehensive Sex Education teaches critical skills such as negotiation and communication. Rotherram-Borus et al (2022), argues that this knowledge allows people particularly adolescents to advocate for safe sexual practices such as condom use and to understand the significance of regular HIV testing. Nyangweso & Laude (2021), suggest that through fostering a more informed and accepting environment, comprehensive sex

education can reduce discrimination encouraging individuals to seek testing and treatment without fear of social consequences. Therefore, it addresses misconceptions and stigma surrounding HIV and those affected by it. DeLuca et al (2023), argues that this holistic approach not only reduce HIV risks but also fosters overall sexual well-being and respect for others ultimately contributing to lower transmission rates.

- **Enhancing public Awareness Campaigns**

Public awareness campaigns are important because they promote HIV testing, HIV prevention and treatment targeting high risk populations. Guan et al (2021) argues that by increasing information concerning how HIV is spread and the importance of regular testing, these campaigns can lead to higher rates of informed individuals taking proactive steps in their sexual health. Stigma surrounding HIV/AIDS often avoids people from seeking testing and treatment. Awareness campaigns that encounter misconceptions and stereotypes can help minimize stigma, inspiring more people to come for HIV testing and support. According to Diaz et al (2022), research highlight that reducing stigma is a significant aspect in intensifying engagement with health services. According to Nnaji et al (2023), normalizing testing and emphasizing the effectiveness of antiretroviral therapy (ART) can lead to increased health-seeking behaviour among high-risk population. Campaigns that encourage regular testing and the benefits of early treatment can notably contribute to regulating the spread of HIV. Awareness campaigns can efficiently promote safer sex practices through targeted messaging and outreach. According to Parker et al (2022), through encouraging behaviours such as condom use and reducing multiple sexual partners these campaigns can lower the transmission rate.

- **Increasing HIV testing availability**

Providing free HIV testing in reachable locations such as communal centres, schools and health facilities helps to reduce the spread of the epidemic because people will be aware of their status and start taking medication. Improved access to HIV testing permits earlier detection of individuals living with the epidemic which is vital for initiating timely Antiretroviral Therapy. Primary treatment can significantly lower the viral load in individuals reducing the probability of transmission to others (Hecht et al, 2021). Increasing the accessibility and normalization of testing can assist in reducing stigma related with HIV inspiring more individuals to get tested without anxiety of discrimination. It motivates other people to get tested frequently which is important for minimizing the spread of HIV (Centre's for Diseases Control and Prevention, 2019). Improved testing initiatives can be purposefully directed to people at higher risk of HIV

infection like men who have sex with men, people who inject drugs and people in areas with high prevalence rates (Zamantakis et al, 2024).

- Ensuring Treatment Access

Offer access to antiretroviral therapy (ART) and other health services for people detected with HIV and frequent check-ups and mental health support. Through ensuring that more people have access to ART reduces incidences of new infections. This is so because people with suppressed viral load are less likely to transmit the virus. When people have easy access to medications and healthcare services, they are more likely to follow their treatment regimes. According to Rodger et al (2016), when people accomplish and sustain an undetectable viral load through consistent ART, the risk of transmitting the virus to others is lowered. Assuring treatment access also includes handling Social Determinants of Health like poverty, stigma and lack of education. Stangl et al (2019), argues that by offering inclusive care that includes social support services healthcare systems can assist to reduce barriers leading to poor health results for people affected with the epidemic.

- Promote Condom Use

Distribute condoms and promote their usage as an effective method to avert HIV transmission. Stover & Teng (2022), argues that condoms are widely accessible and can be dispersed through numerous community programs making them a useful tool in public health strategies to curb HIV/AIDS. Studies have revealed that regular condom use can decrease the risk of HIV transmission by roughly 85% (Elshiekh et al, 2023). Programs that encourage condom use often aim high-risk people like men who have sex with men, sex workers and people with multiple sexual partners who are disproportionately affected by HIV/AIDS (Stover et al, 2021).

- Pre-Exposure Prophylaxis use

Promote the use of PrEP amongst high-risk populations to decrease the risk of contracting HIV. PrEP significantly lowers the risk of HIV infection in individuals at high risk. Published works highlight that once taken regularly PrEP can lessen the risk of getting HIV by up to 99% in people who have sex with men and by at least 74% in People who inject drugs (Matthew et al, 2024). The introduction of long-acting formulations such as cabotegravir PrEP is expected to further increase adherence and reduce HIV incidence thereby contributing to lower rates of AIDS related deaths (Chandiwana et al, 2021). These formulations can improve adherence by lowering the requisite for day-to-day medication making it easier for people to stay protected (Kamitani et al, 2024). Current studies highlight that factors such as memory aids, no out-of-

pocket costs and social support improve adherence to PrEP (Hall et al, 2019). Beyer et al (2021) argues that effective PrEP programs regularly involve targeted outreach and education to ensure that high-risk individuals are educated about PrEP and can access PrEP.

- Empower at risk populations

Provide education and resources to underprivileged groups that might be at higher risk like sex workers, LGBTQ+ individuals and individuals who use drugs. These groups regularly face systemic barriers like stigma, discrimination and restricted access to healthcare which worsen their risk of HIV infection (Beyer et al, 2021). Patterson et al (2023) argues that empowerment involves ensuring that at risk populations have access to healthcare services including frequent HIV testing, treatment and preventive measures such as PrEP. Empowering at risk populations includes supporting their rights and handling legal and policy obstacles that hamper access to HIV prevention and treatment services UNAIDS (2023).

- Strengthen Legal Frameworks

Promoting policies that safeguards the privileges of individuals affected with HIV/AIDS and promote non-discrimination in healthcare and employment. Instigating laws that safeguards people from discrimination centred on their HIV status is crucial. Such protections inspires people to seek testing and treatment without fear of stigma (Parker et al, 2022). Holt et al (2022), argues that legal changes can help remove obstacles such as high costs and lack of availability of services predominantly for the disadvantaged populations. Laws that require comprehensive sexual health education in schools can significantly impact HIV prevention efforts. Education empowers young people with knowledge about safe practices (Patterson et al, 2023). Parker et al (2022) argues that strengthening laws that address structural inequalities such as those based on gender, race and socio economic status can help reduce the vulnerability of at risk populations to HIV.

- Government Funding

Increase funding for HIV prevention and treatment programs especially in areas disproportionately affected by the epidemic. Funding supports a wide range of prevention programs including education, condom distribution and Pre-Exposure Prophylaxis. These programmes are essential in reducing new HIV infections (Dillender, 2021). Government funding is vital for ongoing research and development of new treatments and prevention methods. This includes funding for clinical trials and the development of vaccines and long –

acting antiretroviral therapies (Dillender, 2023). Hence, government funding is very crucial especially at this point where the United States government has withdrawn its foreign aid.

- Surveillance and Data Collection

Improve data collection systems to better understand the epidemic and target interventions based on specific community. Surveillance systems such as the National HIV Surveillance System provide critical data on HIV diagnoses, incidents and prevalence. This information helps public health officials monitor trends over time, identify outbreaks and allocate resources effectively. Data collection allows for the identification of high-risk populations and geographic areas with higher rates of HIV. Data collection enables targeted prevention efforts such as focused education campaigns, distribution of prevention tools like condoms, PrEP and community outreach programs (Dehlin et al, 2019).

- Combat Poverty

Address economic inequalities and provide resources for poverty alleviation as socio economic status can impact HIV/AIDS prevalence and treatment access. Poverty often leads to food insecurity which can increase vulnerability to HIV infection. Individuals facing hunger may engage in transactional sex to meet their basic needs thereby increasing their risk of exposure to the virus (Kalichman et al, 2019). Therefore, the government must create more job opportunities and the private sector as well so that people will be employed and manage to cater for their families through decent ways..

## **2.6 A Brief review about key factors contributing to HIV/AIDS prevalence**

- Socio-economic determinants

The socio-economic determinants of HIV/AIDS prevalence in Chitungwiza are multifaceted and deeply intertwined with various aspects of social and economic life. Brantley et al (2017), highlight that economic hardships can lead to risky sexual practices which increase the likelihood of HIV transmission. In addition Mayo-Wilson et al (2020), asserts that young women from economically disadvantaged backgrounds face a heightened risk of engaging in unsafe sexual practices and financial hardship can drive them toward transactional sex where economic necessity outweighs their ability to negotiate safer conditions like condom use. Access to healthcare services such as HIV testing and treatment is important in handling HIV/AIDS. Gordon et al (2020), stress that socio-economic status influences individuals' ability to access and afford healthcare services thereby influencing HIV results. Socio-

economic factors also influence the extent of stigma and discrimination encountered by people living with HIV/AIDS (Yuvraj et al, 2020). Stigma can discourage people from seeking testing and treatment hence further spreading the virus. O'Grady et al (2023), highlight how socio-economic differences contribute to the stigma related to HIV impacting both prevention and treatment efforts. Springer (2020), notes that joblessness and low salary can lead to increased exposure to HIV/AIDS due to financial pressures and decreased access to preventive measures.

Stigma and discrimination inside healthcare settings can discourage people from seeking HIV testing and treatment (WHO, 2019). Fear of denial and ostracism averts many from seeking medical care, disclosing their status or adhering to treatment. Being educated is important in preventing HIV transmission yet several communities lack access to detailed HIV education (USAID, 2019). Partial literacy and education deter understanding of HIV prevention strategies increasing the risk of contagion.

- Behavioural Determinates

Study shows that having several sexual partners increases the risk of HIV transmission. (Rotanov et al, 2023), found that individuals with lesser levels of social support were likely to engage in risky sexual behaviours including having multiple partners which is a key factor in HIV/AIDS prevalence. According to a systematic review by O'Grady et al (2023), stigma and Social Determinants of Health such as poverty and housing instability impact individuals' ability to consistently use condoms thereby increasing the risk. Substance abuse particularly alcohol and drug use is linked to risky sexual behaviours since people will be in abnormal sense. Studies have shown that substance use impairs judgement and increases the likelihood of engaging in unprotected sex. This is supported by findings from a systematic review on neighbourhood level influences on HIV vulnerability which highlighted the role of substance use in increasing HIV risk behaviours (Springer, 2021). Gender norms and the associated concept of masculinity hinder men's acceptance of HIV counselling and testing hence increasing the risk of HIV prevalence (Anibi et al, 2024).

- Demographic Determinants

Age is a significant demographic determinant of HIV/AIDS prevalence. HIV has unfairly affected people of diverse ages and gender where women are more affected than males and young people have been affected more than the older generation (Ibrahim et al, 2019). Armoor et al (2021), found that individuals aged 15 -24 are at higher risk of being infected with HIV

due to factors such as early sexual debut and lower levels of HIV awareness. Bout et al (2021), highlight that gender inequality and power imbalances in relationships can increase women's vulnerability to HIV since men do have the upper hand when it comes to demanding their conjugal rights. Monod et al (2023), argues that gender disparities play a crucial role in HIV/AIDS prevalence and women are often at higher risk due to biological, social and economic factors. This disparity is attributed to gender based violence, economic disparities and cultural factors that increase women's vulnerability.

- Environmental Determinants

Overcrowded housing conditions in Chitungwiza facilitate HIV transmission through increased exposure to infected individuals (Gwandure et al, 2017). Urbanisation has led to the overcrowding of Chitungwiza which exacerbates HIV/AIDS prevalence because mostly women are flooding in the area engaging in sex work as a means of earning a living (Moyo et al, 2018). Katirayi et al (2016), highlighted that due to overcrowding in Chitungwiza there is resource strain which have led young adults to rely on other alternatives which are sex work. Urbanization and migration patterns play a crucial role in the dynamics of HIV transmission. High population density in urban areas such as Harare and Chitungwiza coupled with the movement of people from rural to urban areas increases the risk of HIV spread (Bulstra, 2020).

- Culture and socio norms determinants

Gender inequalities deeply rooted in many societies often place women in subordinate positions restricting their ability to make critical life decisions particularly regarding sexual relationships. According to Zierler et al, (2020), male partners may engage in multiple relationships or seek sex workers while their female spouses often lack the power to demand condom use due to economic dependence and fear of losing financial security (Swain, 2023). Additionally, various cultural traditions such as premarital sex rites, virginity testing, polygamy and widow inheritance once held social significance but now contribute to the spread of HIV (Rotanov et al., 2023).

## **2.7 Benefits of addressing factors leading to HIV/AIDS prevalence**

- Reduces Transmission Rates

Through managing Social Determinants of Health like poverty, education and access to healthcare the ward can lower the rates of new HIV infections. Research highlights that individuals that are aware of their HIV status and taking ART are less likely to spread the virus

(Elsinger et al, 2019). Also effective prevention strategies comprising education and access to condoms can lower the spread of the epidemic.

- Improves Health Outcomes

Primary diagnosis and treatment of HIV can lead to improved health results for people living with the virus. Through addressing obstacles to healthcare access, it ensures that more people get timely treatment that promote viral suppression and improved quality of life. The World Health Organization recommends instant ART for all individuals diagnosed with HIV which has proved to lead to better health outcomes and reduce AIDS related deaths (World Health Organization, 2023). Investments in HIV programs have been shown to enhance the capacity of health systems to react to other health challenges thereby improving overall public health (PEPFAR, 2023).

- Increases Awareness and Knowledge

Concentrating on the factors that contribute to HIV/AIDS prevalence usually includes community education and awareness campaigns. Recent study stresses that comprehensive education programs can reduce stigma, promote safer practices and improve understanding of HIV transmission and prevention (Meyer et al, 2022). This promote more understanding to the people about the disease, reducing stigma and discrimination against the ones living with HIV. These educational initiatives not only empower people with information but also foster community engagement and support eventually leading to improved health outcomes and reduced transmission rates (World Health Organization, 2023).

- Enhances Support Services

It leads to a comprehensive support service that involves substance abuse treatment and mental health support. Improved support services can lead to improved health outcomes through ensuring that individuals obtain comprehensive care which addresses both physical and mental health needs (Fialho et al, 2017). Combining mental health services into HIV care can address the psychological distress encountered by people living with HIV which is often worsened by stigma and discrimination (Mimiaga et al, (2015).

- Economic Benefits

Addressing HIV/AIDS through economic interventions supports global initiatives such as the Sustainable Development Goals especially those focused on health, gender equality and poverty reduction UNAIDS (2023). Economic interventions such as conditional cash transfers and employment services have revealed potential in preventing HIV infection and supporting

affected populations (Bennet et al, 2019). Lowering the prevalence of HIV/AIDS promote significant economic benefits. Healthier people provide more productive workforce and reduce health costs.

- **Strengthened Community Resilience**

By managing the socio-economic factors contributing to HIV/AIDS, ward 18 community can build resilience. This involves fostering social networks and support systems that support individuals to steer challenges linked to the epidemic. Murray et al (2020), argues that training local health leaders, health workers and empowering the community to tackle its challenges and mobilize resources effectively help to address the spread of the epidemic. Effective health communication and community engagement foster trust and partnerships which are important for resilience. Vandrevala et al (2024), stress the importance of tailored communication strategies and community engagement in building resilience.

- **Policy Development and Advocacy**

Through addressing factors contributing to HIV/AIDS prevalence leaders can notify policy development and advocacy efforts. Advocacy and policy development help to lower stigma and discrimination linked to HIV/AIDS. The American Psychological Association (APA) (2019), has stressed the significance of policies that safeguard the privileges of individuals living with HIV and promote inclusive practices. The National HIV/AIDS Strategy Federal Implementation Plan (2022) plans how coordinated policy efforts can lower new infections and enhance health results for individuals affected with HIV.

- **Global Health Impact**

Addressing these issues contributes to global health initiatives meant for ending the HIV/AIDS epidemic. Combined efforts can lead to shared resources, knowledge and strategies that benefit ward 18.

- **Social Equity**

The participatory approach not only improves the effectiveness of interventions but also strengthens social cohesion and support networks within communities UNAIDS (2023). Ensuring that all individuals irrespective of their background have access to comprehensive healthcare services including HIV testing and treatment is vital for promoting social equity. Frescura et al (2022), argues that by providing education, resources and support these initiatives help to dismantle the structural barriers that contribute to health inequities. Healthier

populations contribute to increased productivity and reduce d healthcare costs, which can help break the cycle of poverty and inequality President's Emergency Plan for AIDS Relief (2023).

## **2.8 Critique of the post studies (empirical review)**

Guan et al (2021) and Diaz et al (2022) argues that public awareness campaigns are effective when it comes to educating people about promoting regular testing and leading to higher rates of informed individuals taking proactive steps in their sexual health but in remote areas like Kambarami in Murehwa and Bokoto which is in Macheke there are less awareness campaigns done in those areas hence those areas needs to be visited frequently so that no one will be left out. Ensuring access and affordability to treatment is critical especially in remote areas and highly populated areas like old suburbs which are called ghettos so that it may be easy for people to get treatment since most of them are not financially stable. Several scholars are focusing less on how poor people are surviving with the disease and ways that can be done to help them reduce the chances of getting infected therefore this side needs a closer look.

## **2.9 Research gap**

The research gap identified is that PrEP is not adequately accessible in Chitungwiza Ward 18 also in cities it is being sold for a certain amount and in hospitals it is not given for free to anyone who asks for it except those who will be having prescription letters from doctors. So this downplays the agenda of reducing HIV/AIDS because some of the effective ways of curbing the spread of the disease are not accessible easily. There is less job opportunities which is causing financial poverty among the residents of ward 18 and the outsiders who also visit the ward frequently. So this problem is leading people to engage in risk activities such as prostitution, having multiple partners in search of financial favours and accepting unprotected sex with clients when the amount of money is big which then leads to being exposed and being at risk of getting infected with HIV. Therefore, the government should create more employment opportunities to reduce the spread of the epidemic and also to lower the number of substance users. Insufficient research which focuses on populations that are at high risk of HIV such as gay, sex workers and drug users also downplays the effectiveness of curbing the disease since these groups are unknown. The role of community based interventions in changing harmful social norms and religious practices related to HIV transmission needs further investigation. Gender based violence and its relationship with increased HIV risk is under researched hence there is need for more research about it.

## **2.10 Chapter Summary**

The chapter looked at different theories that support the thesis explaining how they link with the study, explaining different factors that address HIV/AIDS prevalence and outlining the determinants of HIV/AIDS prevalence. The chapter further looked at the benefits of addressing the factors leading to HIV/AIDS prevalence before summing up with the empirical view, research gap and the summary of the chapter.

## CHAPTER THREE: RESEARCH METHODOLOGY

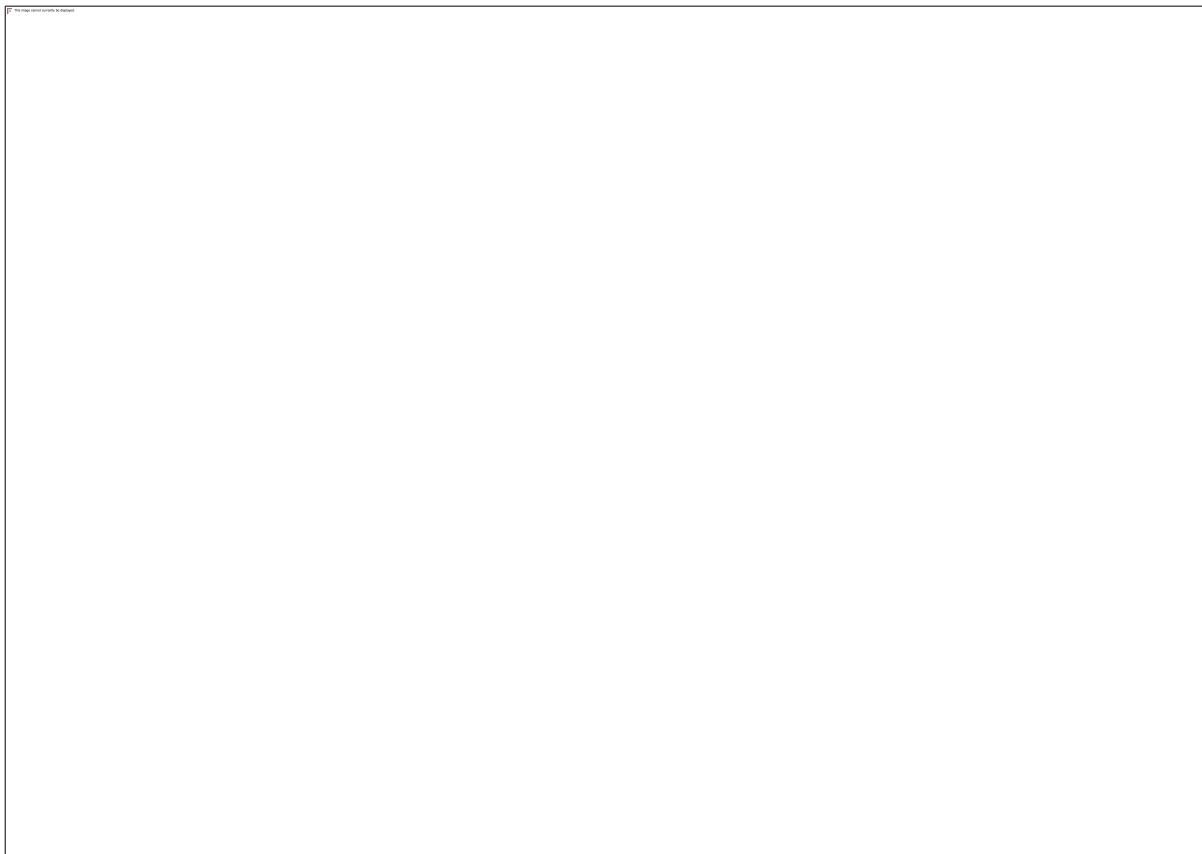
### 3.0 Introduction

This section highlights how the thesis was done, methods used to gather data, data analysis, presentation of data, sampling techniques, sample size and instruments used for data collection to mention a few. The research methodology answered the research questions through the research tools which were used which include interviews, questionnaires and surveys to mention a few. The resolution of data collection is to gather information about how to develop strategies that address factors leading to HIV/AIDS prevalence. According to Creswell and Creswell (2019), research methodology is the systematic approach used to conduct research, encompassing the methods, techniques and procedures employed to collect and analyse data. The chapter plays a significant role as it provides the reason why a particular research method, data collection, sampling and data analysis was chosen on this thesis. It further liked at the design of the study, population of the study and the area within the research was carried out. Hence this chapter is focused on research designs which are the backbone specifying the methods and procedures of collecting and analysing collected data. The total targeted population was 61 and only 52 people managed to participate whilst the remaining 9 did not participate.

### 3.1 Research area

This research focuses on Chitungwiza ward 18 a high density suburb located 30 kilometres southeast of Harare's Central Business District with a population of approximately 28929 residents as of 2022 census. The ward has been selected for study due to its notably high HIV/AIDS prevalence rates and the limited availability of information on effective strategies to address the underlying factors contributing to this public health issue within the local community. By investigating Chitungwiza ward 18 this study aims to contribute to the understanding of HIV/AIDS dynamics and identify potential interventions to mitigate its impact through addressing factors leading to the prevalence of the epidemic. The following map shows the study area which is Chitungwiza ward 18.

Fig 3.1 shows the study area of ward 18 Chitungwiza and Chitungwiza district. The shape files were found on internet. The map was created using QGIS software.



Source: Author

### **3.2 Research paradigm**

Research paradigm is essential for structuring research, guiding methodologies and ensuring that the study is coherent and line up with the researcher's philosophical beliefs. According to Khatri (2020), a research paradigm serves as a guiding framework that defines a researcher's philosophical perspective influencing every stage of the research process. There are key research paradigms in addressing factors leading to HIV/AIDS such as pragmatism, constructivism, critical theory, interpretivism and positivism. Constructivism highlight that individuals have their understanding of HIV/AIDS based on personal and cultural experiences and knowledge is constructed through social interactions and experiences. Exploring people's beliefs, attitudes and cultural contexts shape their understanding of the disease. Pragmatism

emphasizes practical evidence-based solution that is responsive to the needs of individuals and communities when addressing factors leading to HIV/AIDS prevalence. By focusing on real world applications this approach lead to effective interventions that can reduce HIV transmission and improve access to care. The critical theory aims to address the broader determinants of health that contribute to the disease and it address factors leading to HIV/AIDS prevalence emphasizing the importance of understanding the socio-political and economic contexts that shape health outcomes. Interpretivism provides a valuable framework for understanding the complex factor leading to HIV/AIDS prevalence through emphasizing the subjective experiences and meanings constructed by people within their social contexts and it employs qualitative methods to understand social phenomena. Positivism acknowledges that knowledge is not absolute but it is influenced by the researcher's perspective and it uses a mix of qualitative and quantitative approaches.

### **3.3 Research approach**

A research approach is shaped by the research question, nature of the phenomenon under investigation and the philosophical assumptions guiding the study. Johnson & Christensen (2024), argues that research approach serves as a structured plan detailing how researchers will conduct their inquiry. The researcher used the mixed methods research approach in this thesis. Bazeley (2018), states that mixed methods research approach offers a comprehensive way to examine complex phenomena from multiple perspectives. The mixed methods research approach allows researchers to triangulate data and validate findings across different methods. Characteristics of the mixed methods research includes data collection, data analysis and outcome. Data collection includes collecting both quantitative and qualitative data often concurrently or sequentially. Data analysis combines both qualitative and quantitative analysis techniques to interpret data. Outcome provides a richer understanding of the research problem by leveraging the strengths of both approaches.

### **3.4 Research design**

The study used both qualitative and quantitative research design. A research design helps researchers view the phenomenon under study from various perspectives for better understanding (Creswell, 2018). The intent to explore and understand the social, cultural and environmental contexts that shape individuals experiences and behaviours' (Stutterheim & Ratcliffe, 2021). It is mainly a process whereby the researcher continue to make sense of the social phenomenon through comparing and contrasting the object of the study. The intent of quantitative research design is to systematically investigate phenomena through collecting and

analysing numerical data to identify patterns, relationships and causal effects (Kazdin, 2021). The data collection plan includes research objectives and questions, data collection methodology, data collection tools and instruments, sampling strategy, data analysis and ethics and confidentiality. Disseminating research is the process of sharing one's insights, findings and analyses to other audience (Anne Kennan, 2018). The researcher will share the results with others through thesis or dissertation.

### **3.5 Population**

Population consists of the complete set of people or entities that meet specific criteria, serving as the foundation from which a sample is selected for research purposes (Ahmad, 2023). Some of the importance of population include clarity on clearly defining the targeted population, validity on the internal and external nature of the study and ethical considerations which helps researchers to consider the potential effect of the study on participants. So the population targeted by this thesis was new born babies to adults above 50 years. The total population target of the study was 61 members from within the ward.

### **3.6 Sample**

Sampling involves selecting a subset of a larger population to serve as a representative group in a research study (Turner, 2020). Studying an entire population is often impractical hence researchers focus on a manageable sample to efficiently collect relevant data and draw meaningful conclusions. A sample is taken from the target population hence it should be representative of the entire population so that the data which is collected is free from bias. So stratified random sampling was used in this study. During stratified random sampling people were divided into subgroups which consist of a group of teenagers and a group of adults. The researcher managed to get data related to the study from Seke South clinic supervisors, randomly chosen people within the ward.

### **3.7 Research instruments**

The study used structured and unstructured questionnaires to access information from respondents. Babbie (2020), is of the view that research instruments refer to the tools used to gather data in a study ensuring systematic and reliable collection of information. The researcher used interviews, surveys, focus group discussion guides and questionnaires to gather data from participants. The researcher initially distributed the questionnaire forms involving closed-ended questions that were pre-coded and it enabled placement of the respondent's responses in

the provided set of space for each of the questions and unstructured questions for the respondents to respond to. Furthermore the researcher saw it necessary to include a key informant interview form that was subsequently purposively administered to the administrators or heads of institutions to solicit for information with regards to addressing factors leading to HIV/AIDS prevalence and determinants of HIV/AIDS prevalence. The researcher ensured that the questionnaires were flexible and built trust with the respondents thereby making it easy and possible to obtain.

### **3.8 Data collection procedures**

- Define the purpose
- Identify data sources
- Develop data collection tools
- Collect data
- Ensure data quality

### **3.9 Interviews**

Interviews require at least two participants with one person assuming the role of interviewer to ask questions. George (2022), is of the view that interview method is a qualitative research approach designed to collect information through direct questioning. The researcher used interviews to gather data about strategies that address factors leading to HIV/AIDS prevalence and analysing the determinants of HIV/AIDS prevalence. The researcher interviewed 12 informal traders at Jambanja with the help of Community Health Workers and 5 top officials at Seke South clinic from the maternity, clinical research and HIV testing and services departments to know the measures and strategies they are taking to address HIV/AIDS prevalence. The interaction consisted of unstructured open ended questions, which are often used when the interviewer is interested in people's perceptions, beliefs, opinions and structure the questionnaire in a manner that brought out the required relevant information from key respondents.

### **3.10 Focus group discussions**

Focus group discussions are structured conversations led by a moderator who guides participants in sharing their opinions, emotions and experiences. According to Nyumba et al. (2018), this method is frequently employed as a qualitative research approach to gain deeper insights into social issues. The researcher used focus groups to get deeper insights into people's behaviour and attitudes towards HIV/AIDS prevalence and also noted some strategies of

addressing HIV/AIDS prevalence during the discussion. The researcher managed to come up with two groups each consisting 10 people making a total of 20 people who participated. The discussions were successful due to the help of community health workers who helped the researcher to gather people.

### **3.11 Questionnaires**

A questionnaire is a research tool designed to collect data by presenting a structured set of questions to respondents. It serves as an efficient method for gathering information whether for quantitative analysis or qualitative insights (McLeod, 2023). Questionnaires are used to collect quantitative or qualitative information. A questionnaire is considered the best instrument for the study due to its versatility and simplicity to respondents. Therefore, the researcher used questionnaires to solicit data concerning Chitungwiza ward 18 from Seke South Clinic and the researcher also got data about how Seke South Clinic is working with Community Health Workers to reach out to sex workers and helping them to curb the spread of the disease in their trade. The researcher delivered by hand 24 questionnaire forms to the respondents at their respective work stations and managed to collect 15 filled forms. The remaining 9 forms were not filled.

### **Surveys**

A survey is a means to gather information from a sample of individuals to understanding their perspectives on a particular issue (Creswell and Creswell, 2018). They can be created using various online platforms which include online platforms and face to face interviews. The researcher used surveys to solicit data from Seke South clinic about whether the number of babies born with HIV is increasing or decreasing over the past 12 months. The researcher also made a survey of the number of pregnant HIV positive mothers who were given medication which prevents mother to child HIV transmission over the past 12 months to see whether there is a surge in curbing mother to child transmission and the number of people who came for HIV testing over the past 12 months to see whether the number of people getting tested annually is increasing or decreasing. The researcher found out that 216 HIV positive pregnant mothers received medication that curb mother to child transmission and 758 people got tested for HIV.

### **3.12 Data validity and reliability**

Data validity refers to the precision and reliability of data guaranteeing the measurements and observations are trustworthy, consistent and unbiased (Schweinsberg, 2023). Data reliability refers to the trustworthiness and accuracy of data ensuring that the insights derived from it can be confidently used for decision-making. To ensure data validity and reliability the researcher asked questions based on research objectives and questions. The researcher also used standardized data collection methods like interviews and validated questionnaires. Pilot testing was also used to so as to notice potential issues before full implementation as a way of ensuring data validity and reliability.

### **3.13 Pre-test**

After the questionnaire had been developed the researcher conducted a pre-test survey on five informal traders at Jambanja for the sake of clarity, uncertainty and validity. The procedure was expected to yield valuable contributions expected to improve the understand ability of the final version of the questionnaire in designing it better and estimating the amount of time required to collect and process the data effectively. The questionnaires involved in the pre-test survey were also included in the final number of respondents to the study.

### **3.14 Data analysis**

Data gathered from the questionnaires was briefed, edited and analysed. Editing was done to improve the quality of data coding. Bell, (2018) defines data analysis plan spells out the overall procedures which will be employed in organizing and analysing the data collected. Information gathered from the key informant interview forms was also used to support the questionnaires forms. Editing comprised of going through the questionnaires checking if the respondents responded to all questions as expected by the researcher. The study adopted a qualitative data analysis, thus information concerning results in a sample were presented in tables and bar graphs for easier understanding.

### **3.15 Ethical considerations**

David and Resnik, (2020) states that moral considerations outline what is acceptable and unacceptable ensuring integrity, fairness and respect for participants and data. Ethical considerations are essential in research and various fields focusing on principles like informed consent, participant autonomy and minimizing harm. Some of the ethical considerations include:

- Seeking permission first from the institutions or authorities related to your study

The researcher should first seek permission from institutions or authorities that are in line with the study such as hospitals and different ministries so that when conducting the research methodology, it will be easy to find the information from those institutions and sometimes the researcher is given a clearance form to allow him/her to conduct the study.

- Should not ask participants questions without their consent

The researcher is not allowed to ask or get information from the participants without their consent. This is so because the principles of conducting a research prohibits that.

- Ensuring confidentiality of participant's information

The researcher is supposed to protect participant's sensitive or personal information from unauthorized access. This is so because the principles of conducting a research prohibits sharing the information of a participant without their consent.

- Anonymity

The researcher must make sure that the participant's identities remain unknown so as to prevent their identities from being known about a certain condition or issue.

- Right to withdraw

When participants no longer feel free to continue with the study during the process they are allowed to withdraw from the study any time they wish to do so because it's their right.

### **3.16 Chapter summary**

The chapter looked at the research design which the researcher chose qualitative and quantitative research. The chapter also looked at the population of the study and sampling techniques were outlined and the researcher opted for strata sampling technique. Data collection methods were covered where questionnaires were distributed to the respondents and conducting interviews in unstructured manner to gather more information. A pre-test survey was conducted for the sake of clarity, uncertainty and validity. The researcher made use of primary and secondary data before processing and analysis. Lastly the researcher outlined ethical considerations which are very important when carrying out the study.

## CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS

### 4.0 Introduction

Chapter four describes, presents and analyses collected information. As such the analysis presents the results from the research questions thus the structured and unstructured questionnaires and interviews with the participants. The goal of this research is to address the causes of HIV/AIDS prevalence a case of Chitungwiza ward 18.

The results are presented in tables, bar graphs and figures in percentages. Part 4.1 of this chapter presents the demographic characters of the respondents, part 4.2 presents factors leading to HIV/AIDS prevalence and part 4.3 presents the strategies that address factors leading to HIV/AIDS prevalence.

### 4.1 Demographic characters of the respondents

#### 4.1.1 Sex of the respondents

**Fig 4.1 below shows the sex of the respondents**

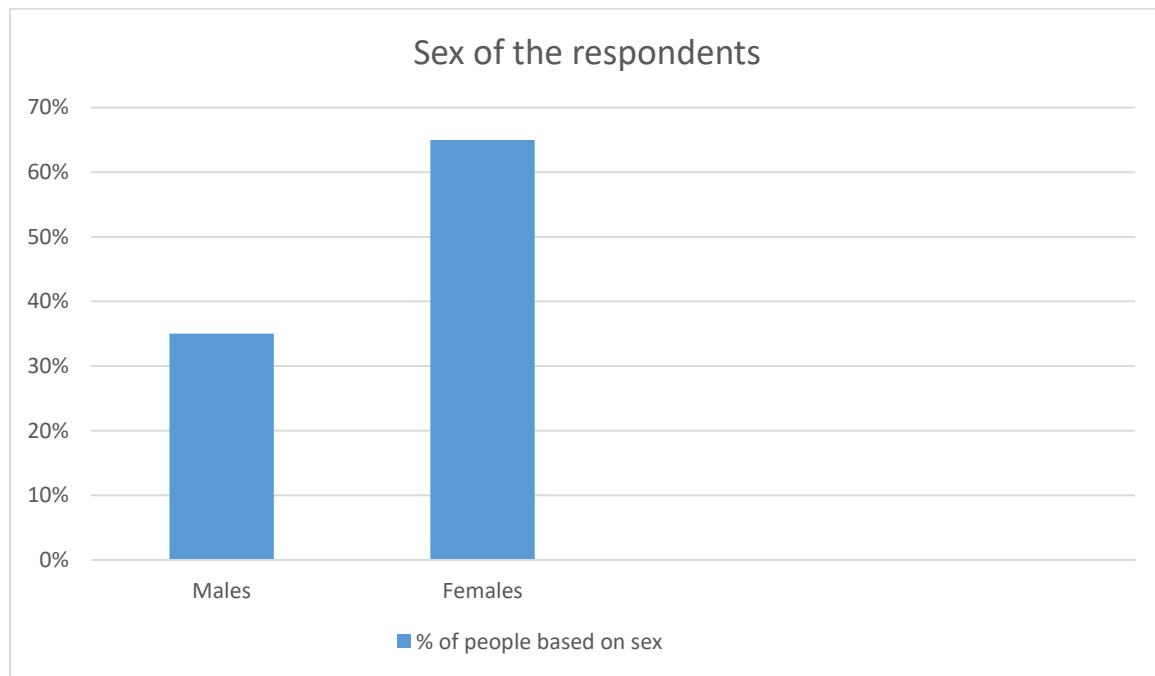
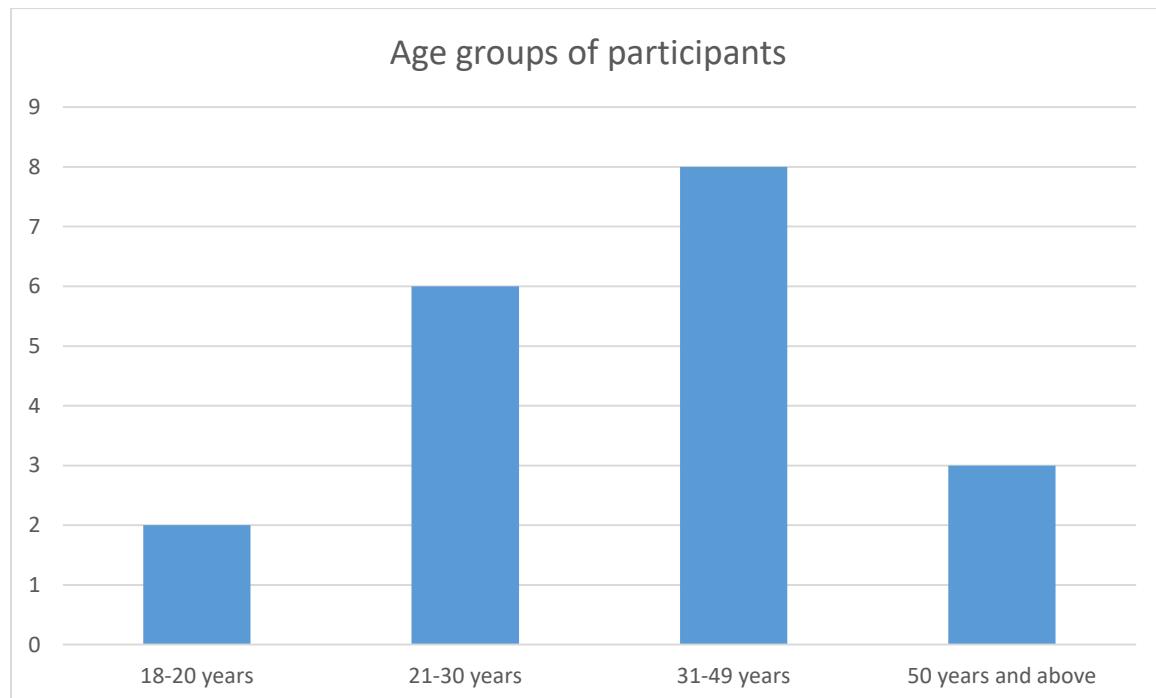


Figure 4.1 reflects that the majority of the respondents was 65% which were females whilst 35% were males being the minority. This implies that the research involved more female respondents compared to male respondents. So this shows the perception that males do not want to be involved in things to do with HIV/AIDS because they have a tendency of denial be

it taking medication or getting tested. Hence, men should be part of the fight against HIV/AIDS prevalence through going for HIV testing regularly especially those who are at risk of being exposed to the virus, using condoms and taking medicine as prescribed by their health professionals.

#### **4.1.2 Age groups of the respondents**

**Fig 4.2**



**Fig 4.2 showing the age groups of the respondents**

The researcher saw it essential to establish the age groups of the respondents as it could give more insights of all the age groups that can use the results of this thesis to curb HIV/AIDS prevalence. The study reflected that 5% of the respondents are between 18 and 20 years, 35% of the respondents are between 21 and 30 years, 50% of the respondents are aged between 31 and 49 years whilst 10% of the respondents are 50 years and above.

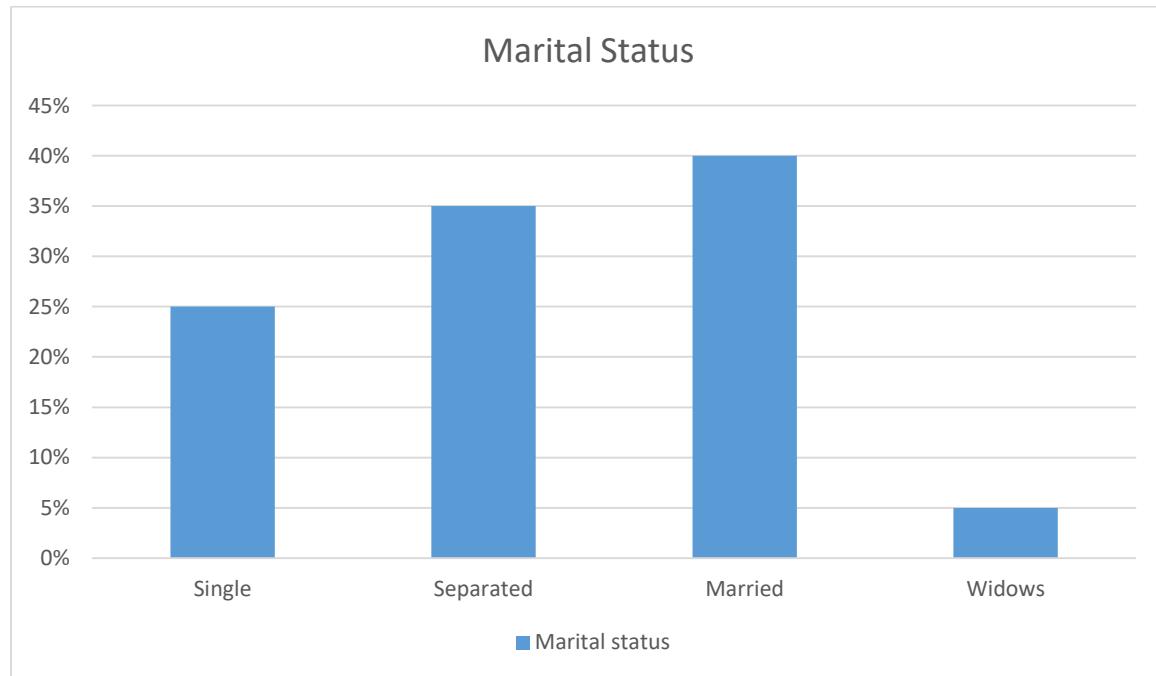
Therefore, adults who are within the most sexually active group which is 21-49 years should be practising ways which address factors leading to HIV/AIDS prevalence during sex such as

use of condoms, regular HIV testing to those who are at risk of being exposed to the virus and having one sex partner.

#### 4.1.3 Marital status

Results obtained from the study reflect that 40% of the respondents are married, 20% are single, 5% are widows and 35% are separated. The results shows that the number of single people, widows and separated people combined is much bigger than the married people hence it puts the ward at risk because the number of intimacy with different partners can be high, leading to HIV/AIDS prevalence.

Fig 4.3



#### 4.1.4 Response rate to the questionnaires

The researcher administered one type of questionnaire to all the participants. He further administered key informant questionnaire to the administrators and heads of health institutions. Total number of distributed questionnaires to the respondents was 24. However, the total number of collected questionnaires was 15 inclusive of the key informant interview forms.

## 4.2 Factors leading to HIV/AIDS prevalence: Findings of objective 1

**Table 4.1 shows factors leading to HIV/AIDS prevalence**

Factors leading to HIV/AIDS prevalence	Agree	Strongly Agree	Disagree	Strongly disagree
Culture and socio norms	15	28	05	04
Environmental factors	9	11	17	15
Demographic factors	18	23	07	04
Behavioural factors	22	24	04	02
Socio-economic factors	14	20	08	10

### Culture and socio norms

- Data collected showed that culture and socio norms are very critical when it comes to spreading the epidemic especially the indigenous apostolic sects like Johane Marange who practice early child marriages and polygamous marriages within their sects. This is risky because when some of these marriages are arranged they don't get tested first. It was also revealed that congregants of these sects do not seek medical attention when they get sick and if one is ill due to the epidemic it puts other people that have sexual encounters with that person at risk of being infected too. Hence, it leads to the spread of HIV.

### Environmental factors

- Respondents revealed that urbanization has led to overcrowding within ward 18 which has caused the ward to record high HIV/AIDS numbers. Collected data revealed that within the ward there are some hot spots known as touch line where sex workers play their trade during the evening. This is a result of economic hardships that is pushing people to be involved in this trade which promotes HIV/AIDS and some of them sustain

their families through sex work. Therefore, the environment leaves people with limited options to sustain their families and most women end up opting for this trade even men too.

#### Demographic factors

- HIV testing statistics revealed that young people are the most affected group as compared to other age groups. Young people aged between 19 and 39 years are the most affected due to their sexual lifestyle which involves several sex partners, the love of money and being spoiled, being eager to experience sexual activities and peer pressure to those who are in their early 20s. So this group's sexual behaviour promotes HIV/AIDS prevalence.

#### Behavioural factors

- Substance and drug abuse has led people to engage in risky sexual behaviours such as having unprotected sex with strangers and sharing sharp objects such as needles which are used to inject injectable drugs. So this happens because these people will be giving poor reasoning and judgement since they will be not thinking on normal capacity. Hence, it promotes the spread of the epidemic.

#### Socio-economic factors

- Socio-economic factors like poverty and unemployment has led to HIV/AIDS prevalence within the ward. Due to poverty people end up engaging in sex work as a means of trying to earn a living and poverty also affects the diet. Unemployment also promotes the spread of the epidemic because women end up giving in to the so called sugar daddies in exchange of gifts and money. So they will have no power to deny unprotected sex with these daddies and most of these women will be unaware of the HIV status of those men. Therefore, unemployment and poverty promote HIV/AIDS prevalence within the ward.

### **4.3 Strategies that address factors leading to HIV/AIDS prevalence: Findings of objective 2**

The research sought to address factors leading to HIV/AIDS among people in Chitungwiza ward 18. Diverse questions were asked and responded to by various respondents in a bid to

attain the goal that is developing strategies that address factors leading to HIV/AIDS prevalence. Below are the findings from the respondents:

#### **4.3.1 Constant condom use**

Among the respondents 90% strongly agreed that constant condom use addresses factors leading to HIV/AIDS prevalence, 7% of the respondents agreed, whilst 3% was not sure if constant condom use would address HIV/AIDS prevalence. The majority of the respondents complained about the shortage of condoms in health facilities within the ward.

**Table 4.2 below shows the response to constant condom use**

Response	Frequency (n = 52)	Percentage
Strongly agree	30	57.7%
Agree	15	28.8%
Not sure	07	13.5%
Total	52	100%

#### **4.3.2 Enhancing testing availability**

Amongst the study population 47% of the respondents strongly agreed, 25% agreed, 13% disagreed whilst 15% was not sure if enhancing testing availability would address HIV/AIDS prevalence. The respondents stated that improving testing availability and accessibility within the ward would put them in a position where they would be able to know their HIV status and curb its prevalence.

**Table 4.3 shows the response to enhancing testing availability**

Response	Frequency (n = 52)	Percentage (%)
Strongly agree	20	38.5%
Agree	18	34.6%
Disagree	09	17.3%
Not sure	05	9.6%
Total	52	100%

#### **4.3.3 Ensuring treatment access**

It was noted that 80% of the respondents strongly agreed, 18% agreed and 2% was not sure if ensuring treatment access would address the HIV/AIDS prevalence. The majority of the

respondents stated that ensuring treatment access such as Antiretroviral Therapy, PrEP and post exposure prophylaxis would go a long way in addressing factors leading to HIV/AIDS.

**Table 4.4 shows the response to ensuring treatment availability**

Response	Frequency (n = 52)	Percentage
Strongly agreed	36	69.2%
Agreed	12	23.1%
Not sure	04	7.7%
Total	52	100%

#### **4.3.4 Ensuring ART to HIV positive pregnant women**

Amongst the study population 80% of the respondents strongly agreed and 20% agreed that ensuring ART therapy to HIV positive pregnant women is a way of addressing mother to child transmission of HIV.

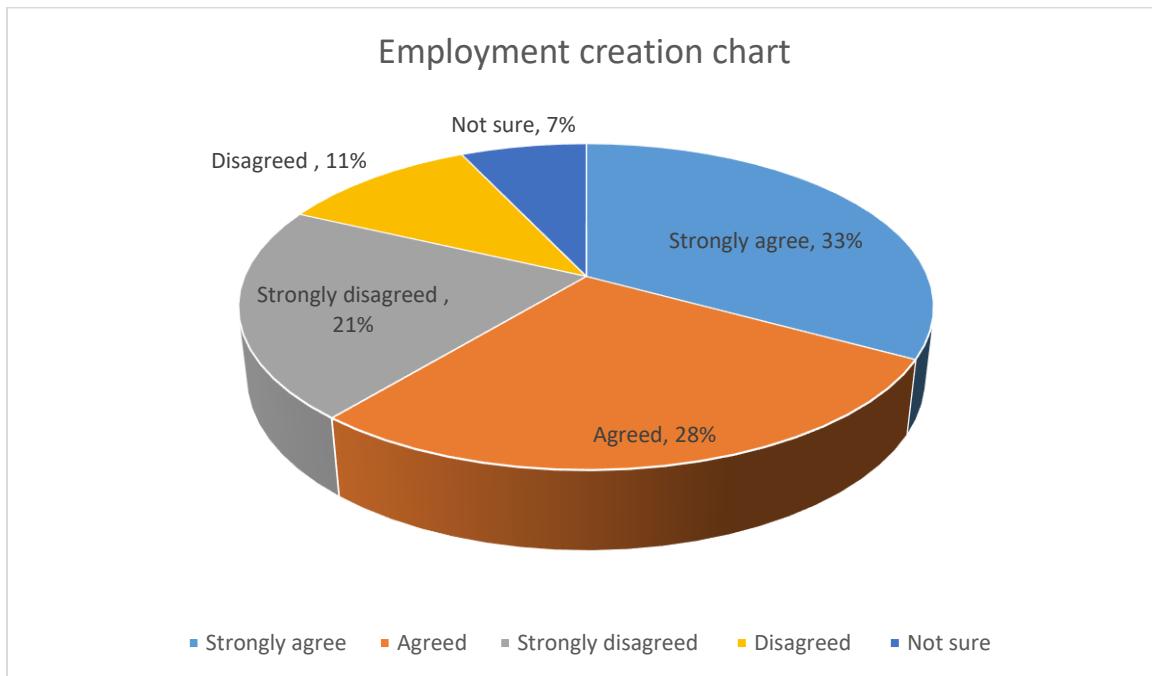
**Table 4.5 shows the response to ensuring Antiretroviral Therapy to HIV positive pregnant women.**

Response	Frequency	Percentage
Strongly agreed	25	48.1%
Agreed	27	51.9%
Total	52	100%

#### **4.3.5 Employment creation**

The study indicated that 33% of the respondents strongly agreed, 28% of the respondents agreed, 21% strongly disagreed, 11% disagreed and 07% of the respondents stated that they were not sure if employment creation could address the factors leading to HIV/AIDS prevalence.

**Fig 4.6 shows the response on employment creation**



Source: Author

#### **4.4 Findings of objective 3**

The study sought to address factors leading to HIV/AIDS amongst people in Chitungwiza ward 18. Diverse questions were asked and responded to by various respondents in a bid to educate the community with sustainable strategies and knowledge of reducing HIV/AIDS prevalence. Below are the findings from the respondents:

##### **4.4.1 Community outreach**

Table 4.7

Response	Frequency	Percentage (%)
Strongly agree	24	46.1%
Agree	20	38.5%
Not sure	08	15.4%
Total	52	100%

Table 4.7 indicates that a greater number of the respondents saw community outreach as the best way of educating the community about sustainable ways of reducing HIV/AIDS prevalence. This strategy is wise because it reaches out to most people within the ward though a lesser number was not sure whether the strategy would be that effective because some may not attend due to different reasons.

#### **4.4.2 School based programs**

Table 4.8

Response	Frequency	Percentage (%)
Strongly agree	19	36.5%
Agree	22	42.3%
Not sure	11	21.2%
Total	52	100%

Findings from the above table shows that school based programs are important when it comes to teaching children within the ward about ways of reducing HIV/AIDS prevalence. It helps because when children goes to schools they would learn about these things hence a wider population is reached.

#### **4.4.3 Government partnerships**

Table 4.9

Response	Frequency	Percentage (%)
Strongly agree	30	57.7%
Agree	15	28.8%
Not sure	07	13.5%
Total	52	100%

The findings from the above table shows that government partnerships are critical when it comes to educating people and giving them knowledge about how to reduce and prevent HIV/AIDS prevalence through HIV prevention and treatment programs. These programs create a conducive environment for those who are HIV positive and they will be able to free up their minds and have confidence in themselves despite their HIV status.

#### 4.4.4 HIV counselling

Table 4.

Response	Frequency	Percentage (%)
Strongly agree	29	55.8%
Agree	18	34.6%
Not sure	05	9.6%
Total	52	100%

Findings from the above table shows that HIV counselling is another sustainable strategy which promotes knowledge to the community about reducing and preventing HIV/AIDS. To those who are diagnosed with the epidemic unknowingly, this strategy has proven to be more effective when it comes to making people understand their status and accept the results. Some people within the ward has admitted that HIV counselling sessions has helped them a lot to live with the results after getting testing because some were in shock and thought of committing suicide but through counselling they understood that they can also live like others only when taking medication as prescribed by health professionals. Therefore, this strategy is important because it reaches out to many people.

#### **4.5 Challenges encountered by health professionals and ordinary people**

Challenges encountered by the health professionals and ordinary people were asked and the study indicate that 100% of all the respondents acknowledged facing challenges during their daily lives and when on duty. The study further indicated that some of the challenges encountered included shortage of condoms, limited testing health facilities, difficult to acquire Pre Exposure Prophylaxis and Post Exposure Prophylaxis for free at health facilities within the ward and sexual abuse.

##### **4.5.1 Challenges**

Challenges	Agree	Strongly agree	Disagree	Strongly disagree
Shortage of condoms	23	20	03	06
Stigma and discrimination	18	19	09	06
Difficult to acquire PrEP and PEP for free	21	25	04	02
Sexual abuse	15	09	20	08

Limited resources	18	22	07	05
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- Shortage of condoms**

Chitungwiza Ward 18 residents face shortage of condoms in public health facilities due to the end of donor funding. This challenge has put the lives of many at risk because some people are left without an option but to have unprotected sex which poses a high risk of the spread of HIV/AIDS.

- **Stigma and discrimination**

Stigma and discrimination is experienced by individuals living with HIV/AIDS and this challenge can compromise access to treatment and support programs. Due to this challenge people suffer from depression which further worsens their health

- **Difficult to acquire PrEP and PEP for free**

Due to difficulties to acquire PrEP and PEP for free people at high risk of HIV infection such as sex workers are likely to be affected. These medication can be expensive which makes it difficult for people to afford them without financial assistance.

- **Sexual abuse**

Sexual abuse surges the risk of HIV transmission and creates barriers to accessing treatment and prevention hence the challenge hinders efforts to combat HIV/AIDS.

- **Limited resources**

Health professionals in Chitungwiza Ward 18 face a challenge of limited resources to help the public address HIV/AIDS prevalence. Health professionals face limited resources which include condoms, PrEP and PEP to mention a few.

#### **4.6 Measures that can be implemented by ordinary people and health professionals to address factors leading to HIV/AIDS prevalence.**

Measures to be considered by the people within the ward to address factors leading to HIV/AIDS prevalence were sought from the respondents by the researcher. The study revealed that ensuring treatment access is a major breakthrough in addressing factors leading to HIV/AIDS prevalence. Furthermore, the study also revealed that ensuring ART to HIV positive pregnant women contributes much towards addressing mother to child HIV transmission. The study revealed that constant use of condoms contributes to addressing factors leading to HIV/AIDS prevalence and free access to PrEP and PEP would go a long way in addressing HIV/AIDS prevalence. Ensuring testing availability was also stated as a significant step towards addressing factors leading to HIV/AIDS.

#### **4.7 Chapter summary**

The chapter looked at the demographic data of the respondents which comprised of sex, age and marital status. The chapter also looked at the ways of addressing factors leading to HIV/AIDS prevalence within Chitungwiza ward 18 which included constant use of condoms,

ensuring ART therapy to HIV positive pregnant women, employment creation and frequent HIV testing. The chapter further looked at the challenges encountered by people and health professionals and the measures or ways that can be taken to address factors leading to HIV/AIDS prevalence.

## **CHAPTER FIVE: SUMMARY OF FINDINGS, RECOMMENDATIONS AND CONCLUSION**

### **5.0 Introduction**

The section gives a summation of the findings of the research, implications of the study, the recommendations to the health professionals and the Ministry of Health and Child Care at large and conclusion. The discussion of the findings considered the research objectives and questions stated in chapter one.

### **5.1 Interpretation of findings**

Interpretation of the findings is presented related to the objectives of the study to guarantee achievement of the objectives. The findings of the study intend to provide recommendations to health professionals within the ward and the Ministry of Health and Child Care at large basing on the revelations extracted from the respondents on the obtaining environment and the interventions in order to address factors leading to HIV/AIDS prevalence.

The researcher exhausted some of the articles to find out how other researchers have done so far. To attain the objectives of the study, the researcher collected data from 52 respondents being Seke South clinic administrators and people from within the ward though the remaining 9 respondents failed to make it.. Stratified random sampling technique was applied in the location of the respondents. Data was analysed and summary of the research findings are stated below.

The study identified that the respondents were of different personality and from different backgrounds. The study further revealed that 55% of the respondents had the knowhow of addressing factors leading to HIV/AIDS prevalence. This reflects the need for health professionals and the community to work together in addressing factors leading to HIV/AIDS to meet the 2030 goal of United Nations which is to end HIV/AIDS by then.

### **5.2 Discussion**

The findings of the study are significant because they revealed the extent to which people within the ward have been trying to address factors leading to HIV/AIDS and the challenges they have been facing during that process. The results of the study are important because they have revealed that there is shortage of condoms, difficulties in accessing ARVs due to the halt of international aid by the Trump's government and difficulties in acquiring Pre-Exposure Prophylaxis for free without a reference letter from a doctor hence, the Ministry of Health and

Child Care and health professionals within the ward must intervene to solve the problems which are being encountered by the people to effectively address factors leading to HIV/AIDS. The government through the Ministry of Health and Child Care should engage the private sector so that there might be partnerships which may help to cover the gap which has been left after the halt of international aid. Furthermore, the significance of the study is also to reveal other ways of addressing the prevalence of the epidemic within the ward so that people will have a basket of different ways to choose from when trying to address the epidemic. Some of the other ways include sticking to one partner, integrating HIV/AIDS education into school curriculum so that the idea of addressing factors leading to the epidemic are known at a tender age and providing adherence support so that HIV positive people adhere to their treatment regimens. Therefore, the research has reviewed that more work needs to be done for the ward to attain lower HIV transmission and lower HIV patients. There is also need for private sector intervention so that it would chip in and cover the gaps which are being left by the government through the Ministry of Health and Child Care since it can not provide all the necessary equipment to all health facilities within the ward.

### **5.3 Implications of the findings**

The findings obtained from the study indicate that there are a number of positive implications and among the identified are:

The researcher noted that ensuring ART to HIV positive pregnant women would help to address factors leading to HIV/AIDS prevalence. This would help to decrease the number of babies born positive and it also helps to promote generations free from the epidemic. This has a major impact to the community as it brings health babies and health mothers due to Antiretroviral Therapy.

The researcher ensured treatment access such as ART, PrEP and PEP help to address factors leading to HIV/AIDS prevalence. This would help to reduce the viral load to the HIV positive people and that also promote a free HIV environment. Ensuring treatment access also helps to curb the spread of the disease within the community.

The researcher noted that increasing testing availability would help people to know their HIV status. This also helps people to get treatment earlier when they are diagnosed with the epidemic and it also expand their life span since they will be taking their medication. Hence increasing testing availability helps to address factors leading to HIV/AIDS prevalence.

#### **5.4 Limitations of the study**

The researcher encountered several limitations to the study such as sample size, the research design and the measurement instruments.

On sample size the researcher encountered limitations. During interviews some participants were not confident when they were giving their feedbacks. The population size was a bit small because some people were afraid to participate. Hence, the sample size may have affected the results of the study because some participants did not give the exact information because they were not feeling comfortable to open up.

On the research design the researcher encountered limitations. Information bias was a limitation to the study due to inaccurate data due to some participants that were not open when they were giving their responses. Therefore, information bias may have affected the results of the study because for the researcher to come up with a measure to address factors leading to HIV/AIDS, he should have a knowhow of the challenges encountered by people that cause HIV/AIDS prevalence.

The measurement instruments poses limitations. Measurement instruments such as questionnaires left other participants with difficulty in understanding or responding to instrument items. During interviews some participants become tired or disengaged during data collection. Therefore, measurement instruments may have affected the results of the study because inaccurate or biased information may have been given to the researcher and that may compromise the results of the study.

#### **5.5 Suggestions for future research**

The student proposes further research to explore the ways or measurements of addressing factors leading to HIV/AIDS prevalence. New research focusing on stigma reduction is necessary considering that literature in other professions has indicated that stigma reduction if being associated with addressing factors leading to HIV/AIDS prevalence it might help people to open up about their HIV status and receive full medication.

#### **5.6 Conclusion**

Promoting condom use, increasing testing availability, ensuring treatment access and ensuring ART to HIV positive pregnant women plays a crucial role in addressing factors leading to HIV/AIDS prevalence. As such, it is very crucial and of great importance for health professionals and the Ministry of Health and Child Care to chip in and help in promoting ways that address factors leading to HIV/AIDS. The research concluded that addressing factors

leading to HIV/AIDS prevalence would enhance a health community in Chitungwiza ward 18 and also enhancing the United Nations goal of ending HIV/AIDS by 2030.

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## **APPENDIX 1:**

### **Questionnaire Form**

Good day people am Gibson Munanagwa from Bindura University. Dear respondents this questionnaire is purely for academic purpose designed for obtaining information about addressing the factors leading to HIV/AIDS prevalence within ward 18 Chitungwiza. This research is a requirement of for the fulfilment of a degree in Bachelor of Science Honours Degree in Development Studies at Bindura University of Science Education and the information obtained will be treated with utmost confidentiality

#### **Instructions**

- a) Do not write your name on the questionnaire.
- b) Please answer all the questions on the space provided.
- c) Answer all questions.

#### **SECTION A**

##### **1.0 General Information on Gender**

1.1 Male [ ]

1.2 Female [ ]

1.3 Age (Indicate in the respective box)

	below				above

1.4 Marital Status (Indicate in the respective box)

Status	Single	Married	Separated	Widow
Tick				

1.5 Working Experience (Indicate in the respective box)

Years of Experience	1-5	6-10	11-15	16 and above
Tick				

## SECTION B

### 2.0 RESEARCH QUESTIONS

2.1 What are the factors that lead to HIV/AIDS prevalence?

.....  
 .....  
 .....  
 .....

2 In your view what can be done to address the factors leading to HIV/AIDS prevalence?

.....  
 .....  
 .....  
 .....

3 What can be done to alert the community about the ways of reducing HIV/AIDS prevalence?

.....  
 .....  
 .....  
 .....

## SECTION C

### 3.0 OTHER QUESTIONS

3.1 How prevalent is HIV/AIDS in ward 18 Chitungwiza?

.....  
 .....  
 .....

### 3.2 What are the factors influencing the determinants of HIV/AIDS prevalence in Chitungwiza ward 18?

3.3 What measures can be taken to address factors leading to HIV/AIDS prevalence in Chitungwiza ward 18?

3.4 How can Seke South Clinic help to address factors leading to HIV/AIDS prevalence within the ward?

3.5 What would you recommend to the Ministry of Health and Child Care to help address factors leading to HIV/AIDS prevalence?

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## **APPENDIX 2:**

### **KEY INFORMANT INTERVIEW FORM**

#### **NAME OF INSTITUTION**

#### **PROFESSION/POSITION HELD**

**GENDER**      Male      Female

Good day people am Gibson Munanagwa from Bindura University. Dear respondents this interview form is purely for academic purpose designed for obtaining information about addressing the factors leading to HIV/AIDS prevalence within ward 18 Chitungwiza. This research is a requirement of for the fulfilment of a degree in Bachelor of Science Honours Degree in Development Studies at Bindura University of Science Education and the information obtained will be treated with utmost confidentiality

1 May you state the general background of health service provision at this institution?

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2 What is your role for the provision of health service at this institution?

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3 What constraints do you face in service delivery in respect of resources and the people you help?

#### 4 What is your vision for health service delivery at this institution?

## 5 How can this vision be achieved?

## 6 How prevalent is HIV/AIDS in ward 18 Chitungwiza?

7 What do you think are the main drivers of HIV/AIDS prevalence within the community?

8 What measures do you think if put in place may reduce HIV/AIDS in Chitungwiza ward 18?

## 9 Any recommendations towards the improvement of health service delivery.

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## THANK YOU

## APPENDIX 3

### FOCUS GROUP DISCUSSION GUIDE

**Title: Addressing factors leading to HIV/AIDS prevalence in Zimbabwe. The case of Chitungwiza ward 18.**

#### Introduction

Good day people am Gibson Munangwa from Bindura University. Dear respondents am conducting a research about addressing factors leading to HIV/AIDS prevalence within ward 18 Chitungwiza. The aim of this study is to reduce HIV/AIDS prevalence within the ward. Being part of this research is voluntary and you are free to withdraw if you feel like doing so. This research is a requirement of for the fulfilment of a degree in Bachelor of Science Honours Degree in Development Studies at Bindura University of Science Education and the information obtained will be treated with utmost confidentiality.

#### Factors leading to HIV/AIDS prevalence within Chitungwiza ward 18

1. How has socio-economic factors lead to HIV/AIDS prevalence?
2. How can behavioural factors lead to HIV/AIDS prevalence?
3. How does culture and socio norms influence HIV/AIDS prevalence?
4. How does demographic factors influence HIV/AIDS prevalence within the ward?
5. How has environmental factors influenced HIV/AIDS prevalence?

#### Strategies that address factors leading to HIV/AIDS

6. Can you describe strategies that can address factors leading to HIV/AIDS?
7. To what extent are the strategies useful to addressing factors leading to HIV/AIDS?
8. How has the Ministry of Health and Child Care helped the community in the fight against HIV/AIDS prevalence?

Educate the community with sustainable strategies and knowledge of reducing HIV/AIDS prevalence

9. To what extent is educating the community with sustainable strategies and knowledge effective when it comes to reducing HIV/AIDS prevalence?
10. Which sustainable strategies and knowledge can be shared to the community so that they can reduce the epidemic?
11. How would these strategies help to address factors leading to HIV/AIDS prevalence?

THANK YOU



## APPENDIX: 4

### Approval letter to conduct research



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