

## LSE Research: Community support providing a boost to Zimbabwean children battling HIV/AIDS

*LSE's Professor Catherine Campbell and Dr Morten Skovdahl were part of a team of researchers\* investigating the factors aiding children's adherence to their HIV/AIDS treatment for the paper, **Building adherence-competent communities: Factors promoting children's adherence to anti-retroviral HIV/AIDS treatment in rural Zimbabwe.***

With 91% of all new child HIV infections occurring in sub-Saharan Africa, a team of researchers including Professor Catherine Campbell of LSE's Institute of Social Psychology spent time in Zimbabwe exploring how social relationships help HIV-infected children stick to their medication schedule.



Remarkably, HIV-positive people in many African countries are achieving higher levels of anti-retroviral treatment (ART) adherence than in North America. In fact, ART adherence in Zimbabwe is better than in some more stable countries in sub-Saharan Africa such as Tanzania or Mozambique.

Against the backdrop of economic and political instability in Zimbabwe, the prevalence of HIV in the country has gone from a peak of 29.3% in 1997 to 16.5% in 2007, a decline explained by a reduction in high-risk behaviour. However, the legacy of that peak is that numerous children are now sufferers of the disease after picking it up during the perinatal and breastfeeding period. In 2007, an estimated 3.4% of 10 year olds in Zimbabwe were HIV-infected following mother-to-child transmission.

A 2008 survey of 98 HIV clinics in Zimbabwe found that 13% of all patients receiving HIV care were 0-19 years – 33% of those were four years old or younger.

The research for this paper centred on seven rural communities of the Manicaland province, located in or around three health facilities that offer ART services. All these communities are extremely poor with livelihoods primarily sustained through subsistence farming.



Researchers found that there has been a growing understanding of AIDS, in part due to the first-hand experience of family and friends who suffer from the disease. This has led to a growing realisation that everyone in the community has a role to play in supporting those caught up in the epidemic.

“In my area, lots of people are now informed about HIV and most are willing to look after AIDS-affected children, only a minority would refuse – people now realise HIV has become a national problem and almost everyone is affected,” says Loyce, who looks after her nine-year old, orphaned nephew who is also HIV-positive.

The increasing availability of life-prolonging medication has also helped get rid of the AIDS-death link in the public imagination. People now have visible proof that HIV-positive people can live relatively normal lives and deserve to be treated normally.

These attitudes have thus made it easier for carers to fulfil their role to HIV-positive children.

“It is good to look after HIV-infected children,” Hilda, a carer for her ten-year-old, orphaned and HIV-positive niece, told researchers.

“It blesses, and it brings you blessings from God.”

Other factors that contribute to children adhering to their HIV anti-retroviral medication are the activities of NGOs, accessible health services, the role of treatment partners and the active participation of children.

[Read the full paper](#)

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