



# Effects of COVID-19 Pandemic in Relation to Poor PLHIV. A Case of a Local Nongovernmental Organisation in Waterfalls, Harare, Zimbabwe

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## Abstract

Most researches are paying much attention on the negative effects of the COVID-19 to a larger extent and positive effects brought about by the COVID-19 epidemic to a lesser extent to the general populace. Few researches have explored on the COVID-19 pandemic of patients with chronic illnesses such as Tuberculosis, HIV/AIDS. Thus, the researcher wanted to explore on effects of COVID-19 pandemic in relation to poor PLHIV. A case of a local (NGO) in waterfalls, Harare, Zimbabwe. Objectives of the study were to determine the psychological effects posed by the COVID-19 pandemic in relation to poor PLHIV, ascertaining the social effects posed by the COVID-19 pandemic in relation to poor PLHIV, establishing economic effects posed by the COVID-19 pandemic in relation to poor PLHIV and exploring intervention strategies that can be utilized to cater for PLHIV in relation to the Covid-19 pandemic. This study had a qualitative research approach, clearly making use of the phenomenological design of the research. The design of the phenomenological research was considered adequate. A total of 16 participants including boys, girls, males and females took part in the Focus Group Discussions in Hopley and Dzivarasekwa Main. The respondents were discharged PLHIV who were once admitted at the local (NGO) Care Unit as well those who received medical assistance through outreach programs. A heterogeneous type of sampling was found to be more appropriate, as this method is used to understand a wider range of viewpoints from participants that one is interested in researching. The researcher used focus group discussion interview guide and questions were semi structured in nature. The researcher utilised qualitative analysis, which includes analyzing qualitative data such as text data from interview transcript. Major findings of the study reviewed that PLHIV have mixed feelings towards getting vaccinated. Lockdown restrictions have brought more harm than good which have contributed in PLHIV defaulting ART treatment, causing psychological distress, diluting social cultural values of the society, rise in ill practices among the youth, impacting on the economic lives of PLHIV through affecting their informal businesses. As one of the recommendations, there is need to scale up psychological services to PLHIV and their affected families as most of them have undergone posttraumatic stress, unresolved bereavement, depression, anxiety, financial constraints and so forth. If these issues are not dealt with and resolved, they pose a greater risk of mental health disorders in the long-term post COVID-19 era given the predicament they are already in.

**Keywords:** WHO; Corona virus pandemic; Psychological distress; PLHIV; Mental health disorders

## Introduction

World Health Organisation (WHO) declared corona virus pandemic as a worldwide health emergency on the 30<sup>th</sup> of January 2020. Recently, the number of new corona virus cases has continued to surge daily in the backdrop of a consistent and effective curative agents against the COVID-19 virus [1]. COVID-19 vaccines have just been presented nonetheless widespread application remains a noteworthy issue. It is generally known and stated that older individuals, people who are immune compromised, and people with underlying co-morbidities for instance, Human Immuno Virus/ Acquired Immuno Deficiency Syndrome (HIV/AIDS) are at a higher risk of severe illness that warrants hospitalisation as well as rigorous supportive therapy and care.

The first corona virus case reported by Zimbabwe to WHO was on the 21<sup>st</sup> of March 2020. By 15 April 2020, Zimbabwe had witnessed 18 COVID-19 cases including three deaths, and the nation had gone into national lockdown [2]. The effect of the pandemic that it would have on public health services for managing Tuberculosis (TB) and HIV/AIDS was unknown. The Zimbabwe National TB Programme and National HIV/AIDS Programme commenced provisions for the sustained delivery of TB-HIV services in this new normal of the COVID-19 pandemic. Zimbabwe drew on the case of Guinea in West Africa, which gathered resources to fight the Ebola virus epidemic and, in the process, accomplished to uphold TB services regardless of several hindrances. The Zimbabwe National TB Programme and National HIV/AIDS Programme, working closely in partnership with the International Union Against Tuberculosis and Lung Disease, the Special Programme for Research and Training in Tropical Disease at WHO and Vital Strategies, agreed to reinforce the routine and real-time monitoring and evaluation system for TB and HIV case detection [2]. The quarterly that is, three monthly recording and reporting mechanism was reinforced in designated health institutions in Harare through recording and reporting on a monthly basis. It was assumed that if there were drops observed in people presenting with presumptive TB or in people registered and treated for TB, or reductions in individuals presenting for HIV testing or in records of HIV-positive people being referred for Antiretroviral Therapy (ART), then programs might act much swiftly on monthly information as opposed to quarterly information to reverse these trends.

In addition, the corona virus epidemic has wielded a heavy toll in reference to the burden of disease and deaths globally, with lots of candidate vaccines to fight the COVID-19 in progress. As of February 2021, three corona virus vaccines with greater than 90% effectiveness to lessen symptomatic infection risk have been accepted in the European Union, and fifteen probable vaccines are in phase 3 trials [3]. However,

corona virus vaccine uncertainty could represent a major obstacle in anticipation to achieve herd immunity. Current researches have emphasised that corona virus vaccine hesitancy is growing globally, particularly in France [3]. The intent to obtain the corona vaccination differs substantially across countries, and France records the lowest rate in the European Union. The corona virus vaccine hesitancy remains a chief concern in this vulnerable population including Africa to a greater extent. A greater percentage of individuals who refused to be vaccinated said that they were being concerned about the safety of the new corona virus vaccines.

In the primary phases of the COVID-19 outbreak in China, more than half of the people rated the psychological effect as moderate to severe, and approximately one-third indicated moderate to severe anxiety [4]. According to Wang, et al. cited in Gan, et al. [4] after four weeks, anxiety, stress well as a depression constantly remained at the same level. Perceived self-control is a significant feature in determining psychological state under stressful circumstances quoted in Gan, et al. [4] and is normally considered to be a protective aspect for various psychiatric diseases cited in Gan, et al. [4]. The theory of locus of control denotes to people who trust that their self-behavior is manageable are more inclined to vigorously cope with the stressful situation, which improves their likelihood of reaching successful results, and can therefore attain a good emotional state under stress referenced in Gan, et al. [4].

Moreover, other cohort researches from the United States of America (USA) and the United Kingdom (UK), nevertheless, point to HIV as an indication for worse corona virus outcomes [5]. UK primary care statistics related to a national death registration system proposes amplified risk of mortality among people living with HIV (PLHIV) as compared to the general populace. New York state data, connecting HIV diagnoses, corona virus laboratory diagnoses, and individual outcomes, show higher incidences of COVID-19 needing hospitalisation among PLHIV as compared to HIV-negative people [5]. The danger of hospitalisation among PLHIV rose with HIV disease stage, measured by CD4 count. PLHIV and individuals at risk of HIV have felt the effect of the corona virus epidemic on access to HIV testing, prevention, as well as treatment services. National data gathered by the National Alliance of State and Territorial AIDS Directors (NASTAD) in August 2020 surveyed state and local health departments. They found that more than 90% of 37 HIV prevention programs and nearly 70% of 45 Ryan White ADAP/Part B programs showed staff were re-directed to the COVID-19 pandemic response [5].

Of note, negative effects on mental health produced by the COVID-19 pandemic are particularly important for PLHIV. While current research finds that PLHIV with suppressed

HIV viral loads have similar likelihood of hospitalisation and death due to COVID-19 as the general population, COVID-19 stress may lead to decreased ability for PLHIV to effectively engage in care [6]. Of note, PLHIV are vulnerable to financial and psychosocial stressors, and there is concern among HIV care providers about the impact that COVID-19 stress may have on patient care and outcomes. In particular, there is concern that the downstream effects of COVID-related stress may result in unsuppressed viral loads as a result of reduced adherence to ART.

The disruption of normalcy due to the COVID-19 pandemic is considered a traumatic event, and the health impacts of COVID-19-related stressors have been increasingly recognised. COVID-19 stress can be attributed to many factors, such as deaths of loved ones, fear of getting COVID-19, social distancing stress, job loss, housing challenges and reduced quality of life. Responses to traumatic events may include symptoms of post-traumatic stress disorder, guilt, anxiety, grief, and depressive symptomatology. These psychosocial impairments have resulted in decrease in adherence to ART medication [6].

Furthermore, the COVID-19 pandemic crisis significantly changed the work environment and work demands for instance, high pressure work, unfavorable physical environment and emotionally demanding interactions. Caring was emotionally difficult for health professionals, and stress, insecurity and stigma were the dominant themes for health professionals. They often had complex and conflicting thoughts and feelings about the balance of their roles as caregivers and parents, a sense of professional responsibility, but also fear the guilty for the potential exposure of their parent's families to infection for working during the COVID-19 emergency. In these conditions, emotions play a key role in distorting planned or factual choices. There is a contradiction between the duty of doctors, nurses and healthcare professionals to their patients and the underlying attitudes caused by the infection [7]. In some cases, this can lead to prejudice against those who are seen as the modern "spreaders of the plague". The prevailing fear is that of contracting the infection, managing the contact with the infected or waiting for the results of diagnostic tests.

The 1918 flu pandemic affected public health outcomes for decades due to disruptions in the medical system, disruptions in care for chronic illnesses, and climate stress and turmoil. The recent Ebola outbreak in West Africa has disrupted treatment for a number of chronic diseases, including HIV, due to decreased testing and access to ART. Likewise, the impact of closing medical and social services to PLHIV is likely to make the HIV epidemic more difficult to control. Indeed, the current crisis has the potential to significantly slow progress so far towards the UNAIDS 95-

95-95 targets to end the HIV epidemic [8]. In other contexts, COVID-19 has led to increased stigma, economic vulnerability, loss of housing, and continued or increased exposure to HIV for vulnerable populations, with greater severity of blockages associated with less access to pre-exposure prophylaxis, condoms and testing. San Francisco reported an approximately 40% reduction in HIV testing across the city, a 90% reduction in community HIV testing, and a 70% reduction in testing for sexually transmitted infections (STDs) [8]. What's worrisome is that Boston's large sexual health clinic saw an 85% drop in overall HIV testing. In many situations, contact marks were carried over to the COVID-19 outbreak, which could impact the ability of a public health agency to respond to HIV outbreaks. Regarding the impact of the COVID-19 pandemic on HIV treatment, interruptions in care services, reduced access to antiretroviral drugs and deepening socioeconomic vulnerability including loss of social support, increased food insecurity and loss of stable housing everyone will impact access to care.

More so, with huge resources and financial resources diverted to allow countries to face the COVID-19 crisis and impose population lockdowns to prevent the transmission of the infection, at the beginning of the outbreak there was concern that countries with a high rate of TB/ HIV/AIDS may not be able to provide their patients with high-quality, uninterrupted healthcare and human-centered care. Fear of COVID-19 and the inability of affected patients to move were believed to negatively affect health-seeking behavior and limited access to diagnosis and treatment for tuberculosis and HIV/AIDS. Model studies have suggested that the burden of undetected TB will increase significantly. These studies also suggested that deaths from HIV/AIDS and TB could increase by 10% and 20%, respectively, with the greatest impact on HIV resulting from discontinuation of ART.

Despite some promising initial results, healthcare professionals need to consider the impact of telemedicine on patient-provider relationships and build trust in ongoing care, especially for the most vulnerable. An approach focused on patient values and preferences offers the opportunity to empower PLHIV in this new paradigm of HIV care [9].

Large-scale disasters for instance Ebola, hurricanes have increased incidents of domestic violence and child abuse, as well as a wide range of other mental and behavioral disorders, including depression, anxiety, post-traumatic stress disorder, and drug use disorders cited in Okumu M, et al. [10]. Similarly, other studies have found that blocking agents significantly increased anxiety, depression, substance use, loneliness, food insecurity, domestic violence, and child abuse cited in Okumu M, et al. [10]. The COVID-19 pandemic and related social control measures expose adolescents living with HIV to additional stressors that can be particularly, and

possibly extremely, stressful and harmful their mental health [10]. For example, social control measures such as mandatory geographic quarantines, on-site admission requirements, and school closures can severely disrupt the daily routine and restrict access to health and support services from community organizations and providers [10]. At the ALHIV school, the school is not just education, but also a space of freedom, interaction with peers and support [10], improving the economic situation of day care centers [10].

Ultimately, ART programs are compromised as no one knows when and how the pandemic will progress and how this would affect hospital visits for all patients. This was indicated by a study in China that investigated the status of PLHIV during the global COVID-19 pandemic, a questionnaire was distributed electronically, with a minimum age of 18 years and ARV treatment as a mandatory option. Of the group of 1,014 respondents, 32.64% were facing inadequate treatment due to limited movement and were also running out of vital medications [11]. Fifty-three respondents from Hubei province requested ARV replacement, while 64.15% were unable to access their medication after being refused at the transit stations [11]. Therefore, PLHIV need to be informed about specific protection strategies for HIV during COVID-19. Pandemic and warned of other ways to restock your ART.

The other changes are undoubtedly worrisome. American doctors have expressed concern about nasal collapse in patients who present to emergency departments with heart attacks, strokes and other conditions, leading to concern that patients are too afraid to contract COVID-19 to seek needed medical care. In America, demands for a line of suicide prevention are growing rapidly as health experts fear signs of increased drug and alcohol use, poor diets and lack of exercise among those confined at home [11]. Millions of people are hungry and unemployed.

Due to the global slowdown in drug production lines and the reduction in flights that affect logistics services, there may be a shortage of ARV drugs. With incomes falling and the national currency (naira) weakening, the government may not be able to raise enough funds to buy antiretroviral drugs [12]. Circulation restrictions within the country can lead to difficulties in transporting medicines and products to the facilities. At the customer level, limited or reduced revenue due to the COVID-19 shock can lead to loss of vigilance. In Nigeria, although ARV drugs are free for the client, clients still have to incur costs such as registration, laboratory and transport, among others [12]. Customers can avoid these costs by defaulting treatment. Drug resistance is likely to occur when supplies run out and follow-up is lost, adherence is impaired and resistance to ARV drugs can develop. Achieving viral suppression in infected individuals

helps to reduce HIV transmission. With low adherence, the risk of transmission increases, leading to an increase in new infections. The progressive increase in the number of new HIV infections observed since 2016 may therefore worsen.

Pandemics and epidemics have always been an essential part of human history and only in the last century, Ebola (2013-2014) psychological responses to pandemics include inappropriate behavior, emotional stress and defensive reactions: fear, anxiety, frustration, loneliness, anger, boredom, depression, stress, avoidance behavior. During modern pandemics, a peculiar syndrome known as “headline stress disorder” can be observed: it is characterized by a high emotional response, such as stress and anxiety, to endless media reports, which can cause physical symptoms, including palpitations and insomnia; progression to physical and mental disorders is possible. Research among hospital staff found that quarantine was the greatest predictor of acute stress disorder or post-traumatic stress symptoms, even three years later Oladele, et al. [12].

As the epidemic affects everyone’s lives, factors such as long working hours under strict safety precautions, taking on more professional responsibilities, constantly using protective equipment and clothing, and being vigilant at work without losing focus and concentration, increase psychology problems. The fear of getting sick and dying are the main stressors that health professionals face in this process.

Most researches focus solely on the negative effects of the COVID-19 to a larger extent as well as positive effects brought about by the Covid-19 pandemic to a lesser extent to the general public. Few studies have investigated on the COVID-19 pandemic of patients with chronic illnesses such as Tuberculosis, HIV/AIDS and so forth. The researcher deemed it necessary to have an understanding the effects of COVID-19 pandemic to patients with chronic illness with HIV/AIDS at the local (NGO) in Waterfalls. This paper intends to grasp topical issues being experienced by the studied group and solutions to the problems in relation to COVID-19 so as to diverse intervention programs that aim to improve wellbeing of HIV/AIDS patients to a greater extent in this new normal of COVID-19.

### Objectives of the Study Were to:

1. To determine the psychological effects posed by the COVID-19 pandemic in relation to poor PLHIV.
2. To ascertain the social effects posed by the COVID-19 pandemic in relation to poor PLHIV.
3. To establish economic effects posed by the COVID-19 pandemic in relation to poor PLHIV.
4. To explore intervention strategies that can be utilized to carter for PLHIV in relation to the Covid-19 pandemic

## Research Questions

1. What are the psychological effects posed by the COVID-19 pandemic in relation to poor PLHIV?
2. What are the social effects posed by the COVID-19 pandemic in relation to poor PLHIV?
3. What are the economic effects posed by the COVID-19 pandemic in relation to poor PLHIV?
4. Explore possible intervention strategies that can be utilized to cater for PLHIV in relation to the Covid-19 pandemic.

## Research Methodology

### Research design

This study had a qualitative research approach, clearly making use of the phenomenological design of the research. The design of the phenomenological research was considered adequate, as it allows the combination of tools consisting of interviews, documents and video viewing for data collection. According to Creswell [13], the emphasis is on describing what connects all the participants who experience the phenomenon. In this specific study, the researcher wanted to investigate the experiences of palliative care patients to the COVID-19 pandemic. A case of a local (NGO) in Waterfalls, Harare, Zimbabwe. The phenomenological method, therefore, proved to be appropriate because it allowed the researcher to have a complete understanding of the phenomena being studied.

### Sample

A total of 16 participants including boys, girls, males and females took part in the Focus Group Discussions in Hopley and Dzivarasekwa Main. The respondents were discharged PLHIV who were once admitted at the local (NGO) Care Unit as well those who received medical assistance through outreach programs.

### Sampling Strategy

The research utilised purposive sampling technique. A heterogeneous type of sampling was found to be more appropriate, as this method is used to understand a wider range of viewpoints from participants that one is interested in researching. Here, research focuses largely on understanding effects of COVID-19 pandemic in relation to poor PLHIV. A case of a local (NGO) in Waterfalls, Harare, Zimbabwe. Ary, Jacobs and Sorensen [14] emphasised that purposive sampling allows errors in decision making when selecting participants outweigh each other. Community caregivers were engaged so as to assist in identifying participants' relevant to the study.

## Data Collection Instruments

The researcher used Focus Group Discussion (FGD) interview guide and questions were semi structured in nature. The instrument allows the researcher to request the appropriate responses from the respondents. Seaman (1987) postulates that a partially structured interview can capture in-depth information and also allow for the collection of very specific information within a specific research area. More probes were included in the data collection tool to obtain proper follow-up queries. The use of FGD helped researcher with an "internal" perspective, allowing direct communication with participants. FGD 1 and 2 represented participants from Hopley and Dzivarasekwa Main respectively.

### Procedure

The researcher sought permission to conduct the research from relevant authorities at the institution and given guidance accordingly during the research. The researcher sought consent from the participants prior to collection of data. The respondents were assured of confidentiality as pseudo names were used upon analysis of data. The respondents will be given feedback on the results of the research paper.

### Data analysis

The researcher used exploited qualitative analysis, which includes analyzing qualitative data such as text data from interview transcripts. After transcribing and translating the semi-structured interviews, a theory-based approach was used to analyze the qualitative data. Grounded Theory uses specific coding methods, a procedure for categorising and grouping textual information into a set of codes (concepts), categories (constructions), and relationships [15].

## Research Findings

### Psychological Effects posed by the COVID-19 pandemic in Relation to Poor PLHIV

#### Perceptions on the COVID-19 vaccination in relation to poor PLHIV

The research revealed that PLHIV are concerned about the negative effects of COVID-19 vaccination. They indicated that their immune system is already compromised and with information circulating on the social media for instance, that those who got vaccinated against the pandemic will not live after 3 years. The social media has been misleading people to the extent that COVID-19 vaccination is being linked to Satanism the number "666", as stated in the book of Revelation (13:15-18), which has left people in great despair

and anxious to get vaccinated. Some of the white garment apostolic sects argue that they have not visited a clinic or a hospital before as well as being vaccinated since childbirth. This results in those people being reluctant and ignorant to be on board to the initiatives thus, stand as a stapling block to realize effective prevention against the pandemic. These opinions were expressed below;

*"There are mixed feelings about the COVID-19 vaccination as some church are against the idea of being vaccinated as they say it is a demonic act that should not be practiced. It is a sigh of end of the earth."* **Participant 2 FGD 1**

*"The COVID-19 vaccination is a great initiative especially to people with chronic conditions because our immune system is already comprised. Therefore, the vaccine is here to protect us not to kill us."* **Participant 5, FGD 2**

*"In as much as people are saying negative things about the COVID-19 vaccination, I personally feel it is a positive milestone in an effort to contain the virus"* **Participant 8, FGD 2**

As noted in the background of the study COVID-19 vaccine uncertainty could represent a major obstacle in anticipation to achieve herd immunity. Current researches have emphasised that corona virus vaccine hesitancy is growing globally, particularly in France [3].

### **Reported Side Effects of the COVID-19 Vaccination to Poor PLHIV**

Some of the participants who were vaccinated said that the COVID-19 vaccination has added other symptoms besides what they would have experienced to HIV such as loss of appetite, dizziness, drowsiness which has caused other people to have only been vaccinated for the first dose alone. At Harare Hospital they are saying that PLHIV should have been vaccinated and bring their vaccination cards for review or ART refill which is against the people's right to choose although the government says the exercise is voluntary, it has come at a cost to us. This has resulted in some people defaulting treatment who are against the idea of being vaccinated. The following opinions were made;

*"As I have witnessed my brother's friend reacting negatively to the vaccination of the first dose, it has made me to think twice to receive the COVID-19 Jabs. I am still considering it, but I have mixed thoughts"* **Participant 1, FGD 2**

*"ARVs are a very powerful drug together with the covid-19 vaccine, it is becoming difficult to adjust as I have been experiencing headaches for the past week since I got my first jab."* **Participant 4, FGD 1**

Lee, Yap, Ngeow, & Lye [1] posit that, people who are immune compromised, and people with underlying co-morbidities for instance, HIV/AIDS are at a higher jeopardy of severe illness that warrants hospitalisation as well as rigorous supportive

therapy and care.

### **Effect of COVID-19 Lockdown Restriction in Accessing ART Services**

During COVID-19 lockdowns, the government was saying that only essential services were allowed to go to work through producing exemption letters from their various institutions. It was evidenced that the security services were very strict to the extent that they could not allow PLHIV to pass check points regardless showing them Doctors letters for reviews or resupply of ART. The following opinions were made;

*"Sometimes, the security forces would be seen turning back all people home without looking at people's exemption letters. This was a major blow to PLHIV as ARVs would run out without resupply which has resulted in people defaulting treatment."*

### **Participant 8, FGD 2**

Social control measures such as mandatory geographic quarantines, on-site admission requirements, and school closures can severely disrupt the daily routine and restrict access to health and support services from community organizations and providers [10].

### **The effect of Utilizing One Authorized Public Transport Company on PLHIV**

During the COVID-19 lockdown restrictions, the government ordered the public to utilise Zimbabwe United Passenger Company Operator (ZUPCO) transport to move from one place to the other. The Zimbabwe United Passenger Company Operator buses were not adequate to meet the demand of people. It should be emphasized that some PLHIV are afraid to disclose their HIV status to their close relatives or friends and would rather go to Chitungwiza from Norton. Hence, they were not comfortable to take ART from health institutions closer to them which might have contributed to some PLHIV defaulting treatment. This is expressed below;

*"During lock down periods it was impossible to go to the nearest health institution for a short or emergence supply as they were inadequate stocks to give to the clients not on their registers."* **Participant 2, FGD 1**

As noted in the background of the study, COVID-19 stress may lead to decreased ability for PLHIV to effectively engage in care [6]. Of note, PLHIV are vulnerable to financial and psychosocial stressors, and there is concern among HIV care providers about the impact that COVID-19 stress may have on patient care and outcomes. In particular, there is concern that the downstream effects of COVID-related stress may result in unsuppressed viral loads as a result of reduced adherence to antiretroviral therapy (ART). Likewise, the impact of closing medical and social services to PLHIV is likely to make the HIV epidemic more difficult to control. Indeed, the current crisis has the potential to significantly slow progress so far towards the UNAIDS 90-90-90 targets

to end the HIV epidemic [8]. As suggested by Brown, et al. [8] fear of COVID-19 and the inability of affected patients to move were believed to negatively affect health-seeking behavior and limited access to diagnosis and treatment for tuberculosis and HIV/AIDS.

### **Incapacitation of local clinics to offer robust COVID-19 service during the hype of the pandemic**

When the COVID-19 started, there was great deal of panic, anxiety, distress not only to the general public, but health personnel as well. With few institutions having the capacity to have the required equipment, it was not adequate to meet the demand. This caused a number of deaths to PLHIV because institutions which compliments government's efforts like the local (NGO) had no capacity to provide isolation rooms with equipped ventilators and positive cases were referred selected Hospitals and in between, PLHIV lost their lives as those institutions were overwhelmed with the number of positive cases and the rising number of deaths. These sentiments were expressed below;

*"The pandemic on its early stages in Harare for instance, people were referred to Wilkins hospital and Beatrice infectious diseases control, Harare Hospital and Parirenyatwa had the capacity to deal with COVID-19 positive cases."* **Participant 7, FGD 1**

*"There was a time when local authority clinic staff were on industrial action citing inadequate Personal Protective Clothing (PPE) plus low salaries and as a result ART refills were being done from community halls thereby affecting issues of disclosure for PLHIV which could have had affected them psychologically."* **Participant 7 FGD 1**

In the primary phases of the COVID-19 outbreak in China, more than half of the people rated the psychological effect as moderate to severe, and approximately one-third indicated moderate to severe anxiety [4]. According to Wang et al. (2020c) cited in Gan et al. [4] after four weeks, anxiety, stress well as a depression constantly remained at the same level.

### **Mental health problems linked to COVID-19 pandemic to PLHIV**

The COVID-19 pandemic caused great deal of negative mental problems to PLHIV and the general population at large. During the pick of the pandemic, when a relative tested positive, it was the last time to see him or her as they were no visitations allowed. Some patients would eventually die without having closure to their families which has left people with bitterness and unresolved bereavement issues. This caused some PLHIV to think greatly of what the future holds as some of their breadwinners and careers within Zimbabwe and beyond borders lost their lives. As most of the PLHIV the local (NGO) provide services to for example, depend on menial and part time jobs which worsens the situation to provide for their families. The following opinion was shared; *"COVID-19 also shock people's minds mind for instance a*

*health person you would have seen maybe in the morning hearing that he passed on during the day left people in fear of thinking what if it is me next."* **Participant 3, FGD 2**

*"People were dying from the COVID-19 pandemic without falling ill."* **Participant 8, FGD 1**

*"During the times of lockdowns, hospital and clinics institutions are not allowed for visitors to see their admitted patients. This cause a great deal of stress as inpatients value the presents of their relatives. It gives them a sense of belonging, hence, the pandemic has deprived PLHIV the privilege to be visited by their loved ones."* **Participant 1, FGD 1**

According to Oladele, et al. [12], during modern pandemics, a peculiar syndrome known as "headline stress disorder" can be observed. It is characterized by a high emotional response, such as stress and anxiety, to endless media reports, which can cause physical symptoms, including palpitations and insomnia; progression to physical and mental disorders is possible.

### **Halfhearted counseling services to PLHIV during the times of the pandemic**

During the COVID-19 pandemic, health institutions that provide ART services were overwhelmed with the situation at hand and the participants indicated that health professionals were no longer giving robust counseling services for example during ART refills, continuous adherence counseling was not being provided effectively. They were concerned only for clients to receive their medication. It should be not that providing psychosocial support to such a special group is prudent to ensure clients are able to practice ART adherence commendably. This was expressed below;

*"Since 2009, the counselors would take their time to provide ART counseling services to their clients, COVID-19 pandemic has worsened the situation as the counselors only makes time to PLHIV who would have defaulted ART only. Hence, which shows that they is a gap which needs to be addressed."* **Participant 6, FGD 2**

*"Health institutions defer in their delivering of services. At the local (NGO) Care Unit, the organization utilizes the family centered approach whereby a client will be receiving medical treatment whilst efforts to engage their families is prioritised to offer psychosocial support to those families affected by the clients conditions through taking care of family issues and how best to resolve those. The purpose is to help clients regain their mental well-being to a greater extent."* **Participant 7, FGD 2**

The COVID-19 pandemic crisis significantly changed the work environment and work demands for instance, high pressure work, unfavorable physical environment and emotionally demanding interactions. Caring was emotionally difficult for health professionals, and stress, insecurity and stigma were the dominant themes for health professionals.

They often had complex and conflicting thoughts and feelings about the balance of their roles as caregivers and parents, a sense of professional responsibility, but also fear the guilty for the potential exposure of their parent's families to infection for working during the COVID-19 emergency [7].

### **Social Effects Posed by the COVID-19 Pandemic in Relation to Poor PLHIV**

#### **The impact of physical gatherings to poor PLHIV in accessing services**

The COVID-19 pandemic regulations such as minimizing physical contacts, the local (NGO) its services are rooted on providing ART service through outreach means. Thus, this affected outreach nurses to be on the ground and making treatments. The numbers they would see per day were greatly decreased as businesses were operating from 0800 hours to 1500 hours. Peri-urban areas were greatly disadvantaged as most time would be lost through traveling. However, the organization started to provide telemedicine through conducting assessments over the phone and take note of clients ailments and went maybe once a week to those kind of areas to dispense medication. The following opinion was shared;

*"Normally, when outreach nurses identified bedridden clients during treatments, they would come with such clients for admission. During the covid-19 lockdowns, client's families or the community had to find their own means of transport to come to MCU. It should be noted that majority of the clients were serve come from very poor backgrounds and hiring motor vehicle would be impossible which lead to some clients losing their lives which could have been saved."* **Participant 2, FGD 2**

Despite some promising initial results, healthcare professionals need to consider the impact of telemedicine on patient-provider relationships and build trust in ongoing care, especially for the most vulnerable. An approach focused on patient values and preferences offers the opportunity to empower PLHIV in this new paradigm of HIV care [9].

#### **Dilution of societal cultural values**

The COVID-19 pandemic has brought the "new normal" through affecting negatively to the way people used to live. In Africa, emphasis is on "ubuthu hunhu", which has gradually been eroded with the coming of the pandemic. Some families who intend to get rid of their sick patients through admissions at MCU. As visitors are not allowed, it has left a great distance between inpatients and their families. Some of the families would not even check up on their admitted patients even through the phone which negatively affects client's mental wellbeing through overthinking a lot that their families have abandoned them. Below, are some of the sentiments from participants;

*"Relatives who would have lost their HIV clients were not allowed to do body viewing or not allowed burring their loved ones, only they had to see in a distance apart, which has left some people with broken souls, unhealed wounds as a result of not being able to be with their relatives during the final moments of their lives."* **Participant 2, FGD 1**

*"People are now taking advantage of the COVID-19 not to attend funerals of their relatives in fears of catching up with the virus. Nowadays people are now sending condolences over the phone through whats app message which is inappropriate especially for close relatives to the deceased."* **Participant 5, FGD 2**

*"To some extent, other families have been showing great support and care to their HIV positive family members especially to those who would have managed to disclose their HIV status, through reminding them on times to take their medication, as well as encouraging them to be vaccinated against the pandemic for the greater good of their health."* **Participant 1, FGD 2**

*"The pandemic has caused devastating effects to PLHIV. Normally we used to meet to have our support groups which helps us to discuss pertinent issues related to HIV and AIDS through counseling, sharing our stories, supporting each other, offering solutions to various problems individuals might have. Henceforth, curbing PLHIV to develop psychological disorders such as major depression, anxiety, posttraumatic stress disorder to mention, but a few."* **Participant 4, FGD 1**

Slaughter [6] posits that the disruption of normalcy due to the COVID-19 pandemic is considered a traumatic event, and the health impacts of COVID-19-related stressors have been increasingly recognised. COVID-19 stress can be attributed to many factors, such as deaths of loved ones, fear of getting COVID-19, social distancing stress, job loss, housing challenges and reduced quality of life.

#### **Immoral practices spearhead by the pandemic in relation to HIV**

The COVID -19 pandemic has contributed paved way for ill practices such as rise of sex workers even teens are now engaging into the act, unplanned pregnancies, rise of sexually transmitted infections which causes a great deal of sexual related infections. Sexual Reproductive Health Rights that were being provided through support groups were suspended as a result of ban of gatherings. Such informative programs were vital to impart youths with psychoeducation and knowledge in order for them to make informed decisions. This pandemic is also halting in the achievement of 90-90-90 goals of ending AIDS by 2030 if community engagements keep on being suppressed as a result of the pandemic to offer such an important service to the youth.



### **Gender based violence and social stigma on PLHIV in relation to COVID-19**

Like other general citizens in the country, PLHIV are victims of domestic gender based violence. As most of the people are in the informal sector, closure of businesses during the lockdowns means that families will be spending most of the time together. This is where other people really expose or show their true characters to their spouses and one could not tolerate such behavior he or she will be portraying leading to dispute or quarrels. Society is afraid of coming out of the closet to disclose their COVID-19 status. PLHIV argue that they have been victims of the HIV pandemic through stigma and discrimination and if one is found out to be a survivor of COVID-19 or infected with it, they said the effects will be unbearable.

*“Domestic violence is now on the increase this might be due to disharmony in families.” Participant 2, FGD 2*

*“PLHIV are fearful of the stigma and discrimination they might experience if one tests positive to the COVID-19 virus given what they have gone through living with HIV.” Participant 6, FGD 2*

Large-scale disasters for instance Ebola, hurricanes have increased incidents of domestic violence and child abuse, as well as a wide range of other mental and behavioral disorders, including depression, anxiety, post-traumatic stress disorder, and drug use disorders [10].

### **Economic Effects Posed by the COVID-19 Pandemic in Relation to Poor PLHIV.**

#### **Inadequate ARVS Stocks**

In most clinics, second and third line drugs are insufficient and individuals on those meds are referred to hospitals like Harare, Chitungwiza and Pairenyatwa Hospitals. The participants on second and third line noted with concern transport costs they incur which makes it difficult to go for ARVs resupply, viral load taking and Doctor's appointments. Thus, contributing to PLHIV defaulting treatment. One of the sentiments is captured below;

*“It is a hustle to access second and third line ARV drugs in local clinics, the government should do something about it.” Participant 4, FGD 1*

Circulation restrictions within the country can lead to difficulties in transporting medicines and products to the facilities. At the customer level, limited or reduced revenue due to the COVID-19 shock can lead to loss of vigilance. In Nigeria, although ARV drugs are free for the client, clients still have to incur costs such as registration, laboratory and transport, among others [12]. Customers can avoid these costs by defaulting treatment. Drug resistance is likely to occur when supplies run out and follow-up is lost, adherence

is impaired and resistance to ARV drugs can develop.

### **Failing Income Generating Activities Affected by the Pandemic**

The COVID-19 has brought more harm than good economically to PLHIV. The local (NGO) has assisted some of its patients living with HIV with Income Generating Activities. These comprised of grocery, kitchen ware. With the imposed lockdown restrictions, the beneficiaries of the projects ended up expensing their capital and those into grocery IGAs, ended up eating their stocks. The intended benefit of being assisted with IGAs was for them to utilize the proceeds for educational purposes as well as to meet other costs of their households. This has greatly impacted negatively especially to the orphans and vulnerable children in those families because they end up dropping out of school which impacts negatively on their future and deprive them their right to education. As most people are into the informal sector, with the coming of the covid-19 pandemic, it has affected on sales for most informal traders. Below are some of the opinions from the respondents;

*“The economic situation coupled with the COVID-19 pandemic has caused my family and I to adjust to standard of living such as having one or two meals per day.” Participant 5, FGD 1*

*“Our condition requires us to eat health food which is important to our health. The meals we eat involves eating sadza and vegetables mostly thus, posing a risk to having a health diet and important nutrients needed for our health.” Participant 7, FGD 2*

According to Slaughter [6] COVID-19 stress may lead to decreased ability for PLHIV to effectively engage in care. Of note, PLHIV are vulnerable to financial and psychosocial stressors, and there is concern among HIV care providers about the impact that COVID-19 stress may have on patient care and outcomes. In particular, there is concern that the downstream effects of COVID-related stress may result in unsuppressed viral loads as a result of reduced adherence to antiretroviral therapy (ART).

### **Intervention Strategies that can be Utilized to Carter for PLHIV in Relation to the Covid-19 Pandemic**

#### **Adequate and Easily Accessible Stocks of ARVS at Local Clinics**

The participants indicated that the government should make great strides to ensure that second and third line ARVs are easily accessible to local clinics to ease the burden on PLHIV in transport costs as witnessed during the times of lockdowns motorists were charging unreasonable bus fares that negatively cause PLHIV to default treatment. One of the

sentiments is captured below;

*“Easy transport must be accessible to enable easy mobility of PLHIV to access services in times like the COVID-19 epidemic.”*

**Participant 4, FGD 2**

### **Provision of ART Services in the Communities**

Participants had it that organisations like the local (NGO) should consider initiatives like what the new start center is doing like door to door ART refills for 3 months to cut on costs for poor PLHIV having difficulties missing out doctors' appoints and review dates. The aim is to ensure that PLHIV have adequate stocks, thus finding no excuse to default treatment. One of the suggestions in noted below;

*“An institution like the local (NGO) should be providing ART to the clients it serve for instance, people who come to receive medical treatment at MCU are bedridden clients who would have defaulted treatment. Those clients should be reinitiated on ART to minimise costs as well as referrals to other institutions.”*

**Participant 7, FGD 1**

### **The need to promote Psychological services to PLHIV in the COVID-19 era**

The participants' indicated that most interventions for the Covid-19 pandemic are mainly on mitigating treating the virus. Less attention is being given on the psychosocial issues PLHIV are facing in these times of the pandemic.

*“Thus there is need of trained personnel to fill in that gap and provide the essential service to resolve psychological matters in anticipation of improving PLHIV wellbeing on effective ways to cope with the pandemic as well as their already existing condition.”* **Participant 2, FGD 2**

### **Role of PLHIV in these times of the pandemic**

The respondents gave positive views towards their role they can play in these times of COVID-19. Staying positive is a positive milestone to ensure a healthy living hence, minimizing psychological disorders among PLHIV. The following sentiments were shared;

*“As PLHIV, I have managed to look after myself through ensuring I adhere to my medication, eat health food and practicing good hygiene.”* **Participant 6, FGD2**

*“I have to work for my family thus, I have to do part time jobs to generate income so as to take care of my family.”* **Participant 3, FGD 1**

*“There is need to form Community ART Refill Groups (CARGs) in our society which serves on time for others to be able to do their activities as well serves on transport costs.”* **Participant 4, FGD 2**

*“As PLHIV, there is need to do Income Savings and Lending initiatives as it improves household livelihoods income for instance access to basic needs such as food, shelter, education and so forth.”* **Participant 6, FGD1**

Lefcourt (2014) referenced in Gan, et al. [4] postulate that the theory of locus of control denotes to people who trust that their self-behavior is manageable are more inclined to vigorously cope with the stressful situation, which improves their likelihood of reaching successful results, and can therefore attain a good emotional state under stress.

The participants said that the Government should ensure that Security forces at roadblock check points are sensitized on the importance of easing passage for PLHIV who have doctor's appointment, review dates, ART resupply, and viral load taking to be exempted from such lockdown restrictions and future similar pandemics which result in people defaulting treatment which has detrimental negative effects. This is reflected below;

*“The government need to take into cognizance of people like us to access services related to HIV and AIDS in times like the COVID-19 as it is a struggle to bypass road blocks during strict lockdowns.”* **Participant 5, FGD 1**

## **Conclusion**

Corona virus pandemic took us by surprise with countries not well prepared to deal with its devastating effects. Due to the fact that nations were not prepared, with the rising deaths, emerging of new variants, the rampant spread of the disease, most governments have prioritised solutions and whys to combat its spread and treating those infected with the virus as well as preventative measures against further spread of the virus. It was against this background that the researcher took another view point of exploring the effects of the COVID-19 pandemic on PLHIV. This particular study is vital as it will encourage other scholars to research more on the topic under study as well as implementing interventions which are relevant and practical in helping the group in question.

## **Recommendations**

- There is great need for the Ministry of Health and Child Care to have national campaigns, educating or empowering PLHIV on the importance of getting vaccinated against the COVID-19. This is as a result of misleading and negative information circulating on the social media about the vaccine
- There is dire need for the government and other stakeholders to consider scaling up providing psychosocial services to PLHIV given the predicament there are already in to offer robust psychological

interventions to promote positive mental health well-being of individuals and their families

- Organisations who provide Income Generating Project to PLHIV should adopt a concept of beneficiaries returning initial capital in starting their businesses after a reasonable time frame to prevent instances of the business to die a natural death. This also provides a sense of accountability and ability to work hard around their business to grow.

## References

1. Lee KW, Yap SF, Ngeow YF, Lye MS (2021) COVID-19 in People Living with HIV: A Systematic Review and Meta-Analysis. *Int J Environ Res Public Health* 18(7): 3554.
2. Thekkur P, Takarinda KC, Timire C, Sandy C, Apollo T, et al. (2021) Operational Research to Assess the Real-Time Impact of COVID-19 on TB and HIV Services: The Experience and Response from Health Facilities in Harare, Zimbabwe. *Trop Med Infect Dis* 6(2): 94.
3. Vallée A, Fourn E, Majerholc C, Touche P, Zucman D (2021) COVID-19 Vaccine Hesitancy among French People Living with HIV. *Vaccines (Basel)* 9(4): 302.
4. Gan Y, Ma J, Wu J, Chen Y, Zhu H, Hall BJ (2022) Immediate and delayed psychological effects of province-wide lockdown and personal quarantine during the COVID-19 outbreak in China. *Psychol Med* 52(7): 1321-1332.
5. Ong P, Potter M, Ochoa A (2021). The Lens: HIV Prevalence and COVID-19 Vulnerabilities: A Data Mapping Tool. In Centre for Neighborhood Knowledge.
6. Slaughter F (2021) The Impact of COVID-19 Stress on ART Adherence and Unsuppressed Viral Loads in People Living with HIV in Western Washington.
7. Ramaci T, Barattucci M, Ledda C, Rapisarda V (2020) Social Stigma during COVID-19 and its Impact on HCWs Outcomes. *Journal of Applied Behavioral Science* 56(3): 289-293.
8. Brown LB, Spinelli MA, Gandhi M (2021) The interplay between HIV and COVID-19: Summary of the data and responses to date. *Current Opinion in HIV and AIDS* 16(1): 63-73.
9. Mgbako O, Miller EH, Santoro AF, Remien RH, Shalev N, et al. (2020) COVID-19, Telemedicine, and Patient Empowerment in HIV Care and Research. *AIDS Behav* 24(7): 1990-1993.
10. Okumu M, Nyoni T, Byansi W (2021) Alleviating psychological distress and promoting mental wellbeing among adolescents living with HIV in sub-Saharan Africa, during and after COVID-19. *Glob Public Health* 16(6): 964-973.
11. Nelson B (2020) The positive effects of covid-19. *The BMJ* 369: 1-2.
12. Oladele TT, Olakunde BO, Oladele EA, Ogbuaji O, Yamey G (2020) The impact of COVID-19 on HIV financing in Nigeria: a call for proactive measures. *BMJ Global Health* 5(5): e002718.
13. Cresswell J (2013) *Qualitative inquiry & Research Design: Choosing among Five Approaches*. London: Sage.
14. Ary D, Jacobs LC, Sorensen C (2010) *Introduction to Research in education*. 8<sup>th</sup> (Edn.), Belmont: WADSWORTH.
15. Glasser BG, Strauss AL (1967) *The discovery of Grounded Theory*. Chicago: Aldine.

