

**ROLE OF SOCIAL WORKERS IN ANTIRETROVIRAL THERAPY (ART)
ADHERENCE TO CHILDREN'S LIVING WITH HIV/AIDS: A CASE OF
TEMEKE MUNICIPAL (PASADA)**

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER SOCIAL WORK OF
THE OPEN UNIVERSITY OF TANZANIA**

2017

CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by the Open University of Tanzania the Dissertation entitled: “**Role of Social Workers in Antiretroviral Therapy (ART) Adherence to Children’s Living With HIV/AIDS: A Case of Temeke Municipal (PASADA)**” in Partial Fulfillment of the Requirement for the Degree of Master of Social work of the Open University of Tanzania.

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.....

Date

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DECLARATION

I, **Rahma L. Anthony**, do hereby declare that this dissertation is my own original work and that it has not been presented and will not be presented to any other university for a similar or any other degree award.

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Signature

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Dare

DEDICATION

This dissertation is dedicated to my lovely niece Annessa who passed away this year (2015) she had a passion of writing books, my husband, children and my family who have always stood by me and accepted my absence in different family occasions with a smile.

ACKNOWLEDGEMENT

My first and foremost thanks go to the almighty God for giving me strength and courage to pursue my studies. I also thank my family for supporting me morally and spiritually during the whole period of my studies and during the research study. Their encouragement, advice and support enabled me to be in a position to successfully finalize my dissertation.

My sincere gratitude to my supervisor, Dr. Ngondi for the valuable advice, guidance and more important for the encouraging comments he always suggested to me on the preparation of this dissertation. His criticism, invaluable patience, intellectual guidance and support helped me not only to accomplish this study, but also come up with the expected standards. Sincerely, he deserves all kinds of credits and appreciation.

Furthermore, my thanks also go to all those who have contributed to this research study in one way or another, such as my fellow students and others in the preparation of this paper. I kindly ask them to receive my gratitude. I am grateful to the management and members of PASADA hospital Tanzania for giving me permission to conduct this study. Their support and courage gave me strength and new hope towards the accomplishment of this difficult and time consuming task.

Great thanks are extended to my family, my husband and my lovely children, for their encouragement, help and support. They accepted to do all they could to support my education, to cover for all family matters till the end of this successful journey.

Finally, to all other individuals who helped in the production of this work. While they remain anonymous, their invaluable assistance will always be kept in my memory.

Suffice it to say, thank you and may God Bless You All

ABSTRACT

The study assessed the role of social workers in ART adherence to children's living with HIV/AIDS using Temeke Municipal at Pastral Activities and services for People with Aids Dar es Salaam Archdiocese (PASADA) as the areas of study, To arrive into this the study used four key research objectives that intended to assess the extent of ART adherence among children living with HIV, To look on key impending factors towards ART adherence. Assessing social workers contributions and challenges in helping children to adhere with ART as well looking on the best modality social worker could be placed to further intervene or influence children living with HIV/AIDS adherence to ART. The study was conducted in Temeke municipal at PASADA, Dar es Salaam using 30 guardians/parents and 30 social workers and other health practioners. The study used case study research design; Data collection was done by using questionnaire and direct observations. Data collected where edited, coded and entered into Statistical Packages for Social Science (SPSS version 22.00) thereafter different frequency tables, cross tabulations and graphs were used to identify findings from respondents. Findings revealed that only 63% of all respondent who were involved under the study adhered with ART, This is very low compared to accepted rate of 95%.Reasons for low adherence rates was explained to be shortage of health care providers, Side effects, too many pills, no privacy in taken ARV pills ,child too ill ,drugs run out at home, Child away from home ,fear of having side effects and care givers forgets. It was also observed that social workers plays very limited role in ensuring ART adherence among children living with HIV. It is recommended that, the following needs to be done to address the problem: More budget allocation, privacy, more clinics as well as more education to the public

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LIST OF ABBREVIATIONS

AIDS	Acquire Immune Deficiency Syndromes
ART	Antiretroviral Treatment/Therapy
ARV	Antiretroviral
CD4	Count
HIV	Human Immune Virus
NGOs	Non Governmental Organizations
PLWHA	People Living With HIV and AIDS
PMCT	Prevent the transmission of HIV from MOTHER to Children
UNICEF	United National Center for Education Fund.
WHO	World Health Organizations
PASADA	Pastral Activities and services for People with Aids Dar es Salaam Archdiocese

CHAPTER ONE

INTRODUCTION

1.1 Introduction

The study aimed at assessing the role of social workers in ART adherence to children's living with HIV/AIDS adherence to ART in Tanzania. This chapter provides the background of the study; Statement of the Problem, Research questions, Objective of the study Significance of the research and Organization of Report/ Dissertation.

1.2 Backgrounds

In many parts of the world, social workers have long played critical roles in HIV and AIDS policy and programming (WHO 2005). More recently, expanded roles out of affordable antiretroviral treatment (ART) has transformed HIV and AIDS into a chronic condition for many HIV-positive individuals' people living with HIV and AIDS (PLWHA) (Fee E, Fox D, 1992, Gopal M, et al, 2009). Current the level of ART adherence is between 49 – 100% depend on the setting and methods used. According to California University (2006) 10% miss the single dose and 33 % miss with a month this is highly caused by the life situation and back ground of the infected persons.

In East Africa perspective according to Marie(2012) the problem of ART adherence is mainly caused by the stigma and discriminations, therefore parents are very hesitant to tell any others people about the condition of their children medicine or to enlist the help of caring of others for children, hence this create barriers and delayed dosage.

Dealing with these agendas properly, designed social workers have been shown to strengthen ART adherence in resource-limited settings Weidle (2006). However, little

research has explored the “changing nature of care” heralded by ART to eliminate the “changing nature of care” and social workers experiences in Tanzania.

The aim of Social work as a professional is to direct the individual to discover their own skills and available resources within the community that will help in solving their problem. The main focus is making sure individual and community is safe and friendly. It goes beyond into issues that can lead problem to the people example healthy issues, education, employment and domestic violence. (Blewett et al, 2007).

While HIV/AIDS is a disease that crosses almost every field of practice because of its nature of not having cure which means it affect every individual in one way or another. Children are continue to be born with HIV/AID in worldwide, the condition is even more worse in Sub Sahara, of which 390,000 children’s below the age of 15 are newly effected (WHO & UNICEF, 2011). Social workers have a big role to play in this area, as a social worker they provide care and support to the children living with HIV/AIDS, through direct counseling, assessment, evaluation, monitoring and all matters concerning their well being, (Schultz-CASW, 2003).

With the presence guideline on how to ensure adherence is a must for the survival of children affected with HIV/AIDS, the effective intervention is available for children and families those are infected with HIV/AIDS, special program to prevent the transmission of HIV from mother to children (PMTCT) and to those who become infected. Still the number is growing of non-adherence due to barriers and challenges faced. The sibling separation and dispersion are among the barriers in the treatment process, this happen to those who are taken to the care centers which result in the children suffering separation trauma, and emotional stress. Haberer, (2011)

Art Adherence Status

ART back in the days was only available to rich countries, it was costing much as us dollar 10,000 - 2000 to dollar 150 in June 2005. Now can be targeted as universal because it is feasible and simple to use and administer (Watt. 2007). Watt also stated that in developing countries children adherence to the medication is still more challenging due dedication of political will, resources, affordability and simplicity. According to Mgamba (2013) high numbered of children fail in ART adherence, this was as higher as 300 children between the ages of 2-14. Furthermore it shows visiting clinic is high comparing to the report from care giver on taking drugs, they said they are able to miss one dose within 72 hours.

Roles and Challenges faced by social worker

Social worker as part of interdisciplinary team in HIV clinics, they help children and family to cope with illness work through issues that may lead to difficulties of adhering medication. They help client to cope with terminal illness, coping with grief, advance directives, furthermore they work in employee assistance program\ms, issues related to abuse, neglected violence, issue related to separation from family, friends and violence (Mayo clinic 2004).

Like any other profession social work is determined to make change to peoples life especially marginalizes group. Due to some reasons are not able to perform accordingly, there so many challenges but the leading one which in one way or another might contribute to the other challenges is vagueness. Controversy of their meaning, their objectives, functions and methods of the profession. It is not well known neither

understood (Rwomire & Raditlhokwa, 1996). This is the main challenge which hinders their performance and position as required in performing their duties, especially in Sub Saharan African countries.

Therefore, this study aim at assess the role of social worker in ART adherence to children living with HIV/AIDS and how social workers will be able to intervene in making sure the HIV/AIDS infected children participate well in the program of treatment and how social work can contribute in the process of medication.

1.3 Problem Statement

Adherence to antiretroviral therapy (ART) in children is complicated due to existence of so many factors such as child characteristics, caregiver and family characteristics, regimen characteristic and so forth. Therefore, it is important to identify factors associated with adherence in HIV infected children in order to reduce the risk of developing treatment failure or drug resistance through interventions.

Scientific study (Margaretha et al, 2007) has demonstrate clearly that ART adherence among children living with HIV/AIDS has been less effectively for lack of/ inadequate involvement of social worker (namely that people will always need other people to realize their humaneness and individual potential). WHO also seen the problem of ART to the point of strengthening health systems including human resources capacity and monitoring capability all this focuses in maximizing the quality of ART adherence to HIV infected children, (WHO 2006).

Literature indicates that Tanzania Government in collaboration with various professionals like doctors, nurses, pharmacist and social workers from private sector,

NGOs has been involved in designing and implementing different strategies in serving the HIV infected children. Despite the effort directed towards the adherence to ART in PASADA, little is known on the role of social workers to children adherence on ART. Therefore, document the role social worker plays children adherence to ART.

1.3 Research Objectives

1.3.1 General Objectives

This study assessed the role of social worker in ART adherence to children living with HIV/AIDS and how social workers will be able to intervene in making sure the HIV/AIDS infected children participate well in the program of treatment.

1.3.2 Specific Objectives

This study was guided by following objectives:

- (i) To assess social workers contributions and challenges in helping children in adhering ART medication,
- (ii) To assess the extent of ART adherence among children living with HIV.
- (iii) To look on key impending factors that lead to the failure of ART adherence.
- (iv) To recommend on the best modality social worker could be placed to further intervene/influence children living with HIV/AIDS adherence to ART.

1.4 Research Questions

The study was guided by the following research objectives

- (i) To what extent does social worker participate in the process of adherence ART medication to infected children?
- (ii) What are the key factors that hinder children to adhere ART medication?

- (iii) What are the challenges do social workers face in helping children in adhering ART medication?
- (iv) Which modalities could best suit the social workers to intervene/influence adherence of children living with HIV/AIDS to ART?

1.5 Significance of the Study

Significance encompasses the relevance rather than the importance of the study among various stakeholders, such as community, policy makers, NGOs, UN Agencies and all who deal with children development in HIV/AIDS issues. Specifically the following are beneficiaries of this study to different stakeholder:

To Scholars

This study add knowledge to the existence board of knowledge on ART adherence among children living with HIV, through this new insight on further study on ART and other medications may be emerged.

To government

This study will help the government policymakers and other controlling agencies to identify the gap that need to be resolved for effective ART adherence among children living with HIV. It will also help the government in determining areas of investment where many social workers will be accommodated in the process of reducing mortality and resistance of medication among children living with HIV/AIDS.

To the nongovernmental organizations

The study is going to add valuable knowledge to various non government as well as private sectors on the area that need more assistance in order to ensure full ART adherence among children living with HIV. Assistance may not necessary be financially but also education and moral support to affected children and their parents or guardians will be of paramount importance.

1.6 Operational Definition

In this study the following operational definitions are defined or interpreted as follows:

ART adherence is HIV viral suppression, reduces rates of resistance, and increase survival, and improves the quality of life. (Clinical Guideline portal 2012) It contains taking the correct prescribed dose on the schedule specified.

Caregiver is the person who lives with the child and participates in the child's daily care and takes responsibility in giving the child medication and brings the child to the clinic. UNAIDS (2013).

Child is the Person aged up to 14 years according to WHO (2013).

HIV-Infected Children are the Children aged more than 16 months with positive test for HIV antibodies. Drugs that inhibit replication of HIV.CYP HIV (2005).

Social worker is a person who has a social work profession specifically in helping the client to cure and repair emotional wound. They, perform counseling, assessments, monitoring and evaluation in all clients situation. AGCAS (2013).

1.7 Scope of the Study

The study focused on the understanding of the potential assessing the role of social workers in ART adherence to children's living with HIV/AIDS adherence to ART in Tanzania a case of Pastoral Activities and Services for People with AIDS Dar es salaam Archdiocese (PASADA) TEMEKE Municipality, it assumed all the information's from the other municipality are almost the same hence the study might represent the Dar es salaam status.

1.8 Organization of the Thesis

This research consists of five chapters, chapter one is the general introduction, and this one presents the background, the statement of the problem, the objectives of the study, research questions, the significance of the study, coverage of the study, and the outline of research project.

Chapter two, literature review which is critical analysis of theories and what other researchers have explained on the subject and where the research projects fit in, the research gaps to be clearly identified.

Chapter three give out an explanation of the study design, sample and sample size, data collections and data collection tools, and how were analyze and presented.

Chapters four present data analysis, results and discussions of findings. Analysis of results, this chapter described the research findings their analysis and look an attempt of interpreting the main findings of the study based on the stated objectives.

Chapter five cover the summary of the major findings; conclusion and recommendations and area for further studies will be given in this chapter.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews the literature from theoretical perspective to empirical review. Furthermore it explain the Status of children's living with HIV/AIDS, ART provision, Care needed/services to children living with HIV/AIDS, Forms of social support influence the adherence to ART for children living with HIV/AIDS, Factors hindering ART adherence to children's living with HIV/AIDS, Factors hindering social workers in ensure ART adherence to children's, Role of social worker to influence the adherence of children living with HIV/AIDS to ART, Impact of social worker to influence ART adherence to children living with HIV/AIDS, Empirical Literature Review and the Research Gap.

2.2 Theoretical Reviews

Various theories that explain relationship between behavior and adherence levels are explained:

2.2.1 The Theory of Planned Behavior and ART adherence

The Theory of Planned Behavior (TPB) started as the Theory of Reasoned Action in 1980 to predict an individual's intention to engage in a behavior at a specific time and place. The theory was intended to explain all behaviors over which people have the ability to exert self-control. The key component to this model is behavioral intent; behavioral intentions are influenced by the attitude about the likelihood that the behavior will have the expected outcome and the subjective evaluation of the risks and

benefits of that outcome. Fishbein, et al, (2010). The TPB has been used successfully to predict and explain a wide range of health behaviors and intentions including smoking, drinking, health services utilization, breastfeeding, and substance use, among others. The TPB states that behavioral achievement depends on both motivation (intention) and ability (behavioral control). It distinguishes between three types of beliefs - behavioral, normative, and control. The TPB is comprised of six constructs that collectively represent a person's actual control over the behavior. Ajzen et al (2007).

Attitudes - This refers to the degree to which a person has a favorable or unfavorable evaluation of the behavior of interest. It entails a consideration of the outcomes of performing the behavior, Eagly et al. (1993). Behavioral intention - This refers to the motivational factors that influence a given behavior where the stronger the intention to perform the behavior, the more likely the behavior will be performed, Ajzel (1991).

Subjective norms - This refers to the belief about whether most people approve or disapprove of the behavior. It relates to a person's beliefs about whether peers and people of importance to the person think he or she should engage in the behavior. Ajzel (1991). Social norms - This refers to the customary codes of behavior in a group or people or larger cultural context. Social norms are considered normative, or standard, in a group of people Cialdini, (2003).

Perceived power - This refers to the perceived presence of factors that may facilitate or impede performance of a behavior. Perceived power contributes to a person's perceived behavioral control over each of those factors. Dr Simon(2009).

Perceived behavioral control - This refers to a person's perception of the ease or difficulty of performing the behavior of interest. Perceived behavioral control varies across situations and actions, which results in a person having varying perceptions of behavioral control depending on the situation. This construct of the theory was added later, and created the shift from the Theory of Reasoned Action to the Theory of Planned Behavior Dr Simon (2009).

Theory of Planned Behavior (TPB) was applicable in predicting medication adherence among different people receiving antiretroviral therapy (ART). Regression analyses revealed that the linear combination of attitudes towards adherence, perceived behavioral control and perceived group norms explained 12 percent of the variance in intentions to adhere to ART (Psychol,2012).

2.3 Status of Children's Living with HIV/AIDS

Naturally children undergoing different stages of development infant they normally depend fully in ART adherence from parent or care giver but eventually when grown up they may need a little assistant comparing to infant. (Habere & Mellins (2009).According to WHO (2010) ART adherence is special challenge to children because of the fact that they don't depend on them self. Children are under supervision and care of parents, caregiver who needs to be responsible for them to be able to adhere medication. The situation is more severe in developing countries, the number is very high of infected children but less to those can access treatment. The report from new vision news paper in Uganda East Africa it shows about 110,000 children are infected only 32% percent are able to receive treatment Namuddu, (2010).

Globally it has been estimated that over two million children under the age of 15 are living with HIV/AIDS in the world, mostly of those children have been said to be living in sub-Saharan. About 14.8% of 22.9 million people are living with HIV/AIDS in Sub-Saharan Africa, they estimated about 13.8% of 1.8 million death caused by HIV and AIDS and number of 9% of mortality in children aged below five years (WHO/CHERG 2010).

2.4 ART Provision

The most permanent ways to avoid infected children is the prevention from mother to child transmission (PMTCT). Most studies (UN 2007, Rey et al 2003, UNAIDS 2007) shows a lot of positive result toward the treatment, in Tanzania it's a program which its goal to improve the health of children and their parents up to 2009-2013 a pregnant mother must get HIV test once stating clinic, not only that but also proper pediatric care and treatment and support services.

The ministry of health and social Welfare has adopted a comprehensive approach in Tanzania aiming at providing guideline providing care and support to children and keeping mother alive this was officially pronounced on 1st of December 2012 (Ministry of health and social Welfare & PMTCT programme, 2013) currently 97% health facilities provides PMTCT, about 63% of pregnant mothers receive ARV.

It has been said to have at least 1500 new infection under 15 years of age which 30% exposed infant have access to early HIV diagnosis treatment (PMTCT, 2004). This helped to reducing number of infected children up to 15% of children to be born infected with the HIV infected mother. In developed countries where ART is successful it has

shown a very positive change to the patient. Because of the therapy infant and children are able to survive to adolescent and live a normal life comparing to developing countries which they suffer poorest economical situation and socially excluded which lead to poor ART adherence, (UNICEF, 2010).

2.5 Care Needed/Services to Children Living with HIV/AIDS

In the year 2004 the availability of first guideline on ART for infant and children become available. Which means the hope grows bigger among parents and Children. With proper treatment the children survive for long, there are number of adults today who manage to pull to that age from infected infant. Chiduo et al,(2013).The government of Tanzania together with private sectors, NGOs has joined the force in establishing different strategies to help in serving the HIV infected children.

Government have adopted WHO 2010 PMTCT, which scale up to 2015 from 2011, and in 2013 implementation of program namely Prevention of mother to child Transmission(PMTCT) elimination of mother to child transmission of HIV initiatives. it's a policy which was launched by former president Benjamin William Mkapa in Dodoma November, 2001 the goals are to improve the health of children and their parents. A pregnant mother must get HIV test once starting clinic, and receive proper pediatric care and treatment and support services.

Currently 97% health facilities provide PMTCT, about 63% of pregnant mothers receive ARV, and there is decline of about 19% of new pediatric HIV infection from 26,900 to 21,900. It has been said to have at least 1500 new infection under 15 years of age which 30% exposed infant have access to early HIV diagnosis treatment

(PMTCT,2004). This helped to reducing number of infected children up to 15% of children to be born infected with the HIV infected mother (UNICEF, 2012). Despite all the effort still the number is not dropping to marginalize groups including children as expected. Due to that Tanzania has adopted 2013-2017 the African Union Plan of Action on Drug Control. (AVERT,2014). The AVERT statistic shows that there is only less than 5% of HIV infected children among 230,000 are able to receive medical or social support, the number is very low whom are able not only to adhere but also to receive the medication.

While women differ with their counterpart in Adhering to ART, women are more willing to attend clinic more than man. This implies man living with HIV medication is few and they are shy away from assisting program of medication or even conducting HIV test. Furthermore man tends to feel masculinity, shame, unwillingness to admit problem, fear to be disrespected because of our culture for them to be the main breadwinner (PMC 2013). Generally according to harries et al, (2001) in the developing countries the ART adherence among men, women and children has been fairly encouraging, holding at a bay some have termed as the potential of antiretroviral anarchy.

2.6 Forms of Social Support Influence the Adherence to ART for Children

Living with HIV/AIDS

Social support can be defined as “the perception or experience that one is loved and cared for others, esteem and valued, as part of social network of mutual assistance and obligation”.(Taylor,2007). For HIV infected children to survive they need ART adherence with a source of support from family, doctors, their schoolmates, peers and

community as a whole. There specifically forms of support if will be well supported to them helps in ART adherence among infected children (Khamarco & Myers 2013).

Its informal support strategy designed to help people living with HIV/AIDS, which resulted from social capital (Barnett & Whiteside (2006)). It has been proven that for ART to work effectively patient living with HIV need social support that can make ARV adherence easier. The study which conducted in Uganda, households and individual affected by HIV/AIDS for their survival they normally turn to their extended family or friends and neighbors for help with food and other necessities like school fees (Crane et al. 2006: Hardon et al.2006). This is only possible only to those who are not living in poverty life (Poku 2005).

Emotion support, care and helping in taking medication this should be offered with close relatives including siblings, for children it's their parents of PLWHA (Zachariah et. al. 2007). Different forms of social support are supposed to be offered depend on the need of individual who are living with HIV/AIDS. There different form of social support that if will be provided accordingly will help the patient to adhere ART medication as required Cohel, et,al (2000).

- (i) Emotional support this involve the provision of emotion support including empathy to client, affection, love trust, encouragement, listening and care for individuals social network Charon R (2001).
- (ii) Appraisal support this can be gathered as social integration it involve a number of social relationship and individuals has with others and that have mutual

interest. This kind of support can give out affirmation and feedback Alice (2010).

- (iii) Instrumental support it's a tangible support, this involve with physical help to patient that could be in form of money, material need like building house those in need, labour, time this can be provided by volunteers or health worker and any other good Samaritans. Not only that but they could be good plan of targeting food security providing microcredit loan programs in this field. Alice (2010)
- (iv) Informal support it involve information, news, education or guidance for managing the situation, side effect of the medicine and all health complication that may happen to the that could demoralize their adherence to ARVs.

Social support can be viewed as one of the variables, which can help PLWHA to manage the adhering of medication. If the patient is able to receive the treatment, his background their context of their lives this could help to eliminate barriers for good treatment adherence. Alice (2010).

2.7 Factors Hindering ART Adherence To Children's Living with HIV/AIDS.

In spite the fact that the health facilities across Dar es Salaam that provide counseling and testing services to children living with HIV/AIDS are much expanding, Including special programs of prevention from mother, the barriers to provision are significant (George, 2013). The UNAIDS (2004) report which focused in Sub –Sahara countries including Tanzania said the barriers of ART start from the diagnosis of the child and

treatment as is problem. The study said to discover the shortage of health care providers seems to be a bigger issue also ARVs which are appropriate for children most of the time they run shortage and if available they may cost high for them to afford.

The study which was conducted in Kwazulu Natal South Africa (2011) it has demonstrated the barriers that cause poor adherence which were patient-related (acceptance, disclosure, determination and family support. It has said for parents or guardian to make sure children are adhering medication they must accept the status of the patient and to those who are grown up children to accept themselves. Acceptance will help to come into reality that their child is positive and they need to be adhering medication for the rest of their lives. Also the belief in ARVs, the study discovered the poor understanding about ARTs. Most of part in rural areas people are used to tradition medicine, which means people fail to understand the importance of ARVs, which lead to poor ART adherence among them. Not only that also the study describes supporting relationship with health provider. For patient or care giver to be able to express any kind of health style may be experiencing, there is need to have a close relationship with health provide. In most cases they have discovered the poor relationship, which hinders the patient to give out their progress or side effect if it may occur.

(a) Patient and family related challenge

It is common to find that the infected child to take care themselves this is due to loss of their parents or sick infected parent. This brings to struggle with her own illness, which lead to psychological problem, medication regimes (Ji, G et al 2010). Above all financial problem that they fail to incur her own therapy and other medical expenses that may be needed (Reda & Bisdilign, 2012). Children development stage is another

challenge, they tend to change physically and emotionally which create dynamic challenge over time (Haberer & Mellins, 2009). It is easy for infant to Adhere medication because they depend entirely to parent/caregiver while toddlers and preschools they reorganize the test which some time cause refusal. In the study which conducted in Uganda (2012) it says that parents and care giver belief and knowledge are among the factors contribute to poor ART adherence to children. Parents have wrong information about ART to HIV, (example belief that ART cures HIV (Biadgilign et al 2011)).

The study in Uganda (2010) showed the result of parents tend to hide their children disclosure to other people. Parents they keep the health status of their children to them self whom it is hard for other member to give medicine to the child on time if the parent is late or away or even sick. The situation leads the child to miss the dose because no one knows the situation. In Kenya's National Guideline for HIV Testing and counseling they have left the responsibility of disclosure to parents and guardian, care givers are not allowed to give information unless permitted with their parents (Human Right Watch2010). The information is kept as a secret until they become adolescent. Its only few children are being disease told about their health status in south Africa the study which was done by Reddi & colleges (2007) shows that only 7.9% were able to know there HIV status which is a very low number with a high rate of HIV infected children. A lot of studies (Mayanja et al. 2013.Indindili et al 2012) have indicated the failure of disclosure lead to poor adherence in children, because since he was a child he didn't know his status of HIV it difficult to face the challenges once become adult (Bajunirwe et al, 2009).

(b) Stigma and discrimination

Many studies which conducted recently (Simon et al.(2007), Nash et al (2011), Birbeck. Et al.(2009) have mention stigma to lead as a cause of low ART adherence in many developed countries. Parents or care giver they fear to reveal the child HIV status because of the consequences of stigmatization in family or community as a whole. Due to the fact that child need a full support, which means family it plays a big role in ART adherence to HIV infected children, (Pontali, 2005). Despite the study to mix the information concerning disclosure that promote ART adherence because disclosure typically happen in late childhood or adolescence (Wiener L, et. al, 2007). This is to say that for adherence to work effectively there is need for the whole family member to understand the situation because of the nature of the patient to be a child who need support to take medication.

2.8 Empirical literature review(from World and Tanzania)

De Martino M.et al,(2000) On the study of the importance of ART adherence. It was revealed that adherence in infected children lead to reduce growing of viruses in their body, and also it increase CD4 cells count. Not only that if the child will adhere the medication it protect them from opportunistic infection, lead them to grow healthy and develop well that can decrease mortality rate.(Burns & Mofeson 1999).Adherence is ensuring the individual has access and affordable medicine, and reliable drug supply, distribution network under the control of professional to ensure successful treatment to be followed Machtinger & Bangsberg, (2005).

In maintaining and making sure the goal is reached, high level of medication adherence is the key factor to realize the full benefit of (ART). For any medicine to work there is

need to adhere the dosage, failure to that the patient will suffer consequences of his/her health to be in danger of curing the disease.(Brickley et al, 2011).

Brown, 2013 on the study on Social-cognitive correlates of antiretroviral therapy adherence among HIV-infected individuals receiving infectious disease. High levels of antiretroviral therapy (ART) adherence are required to achieve optimal viral suppression. To better understand mechanisms associated with ART adherence, this study characterized demographic and social-cognitive correlates of ART adherence among HIV-infected individuals from a medium-sized northeastern US city (n=116; 42% female; 43% African-American). Participants completed an audio computer-assisted self-interviewing survey assessing demographics, social-cognitive constructs, and ART adherence, and the participants' most recent viral load was obtained from their medical charts. Suboptimal ART adherence (taking less than 95% of prescribed medications during the past month) was reported by 39% of participants and was associated with being children, being a minority, and having a detectable viral load. In a hierarchical logistic regression analysis, greater than 95% ART adherence was associated with higher levels of adherence self-efficacy (AOR =1.1; p=0.015), higher perceived normative beliefs about the importance of ART adherence (AOR=1.3; p=0.03), and lower concern about missing ART doses (AOR=0.63; p=0.002). Adherence did not differ based on ART outcome expectancies, ART attitudes, or the perceived necessity of ART.

In fact, most participants endorsed positive attitudes and expectancies regarding the need for and effectiveness of ART. Taken together, results indicate that suboptimal adherence remains high among HIV-infected minority women, a subpopulation that

experiences particularly high rates of chronic stress due to both illness-specific stressors and broader environmental stressors. Consistent with social-cognitive theory, adherence problems in our sample were linked with deficits in self-efficacy as well as perceived norms and behavioral intentions that do not support a goal of 100% adherence. We suggest that interventions to improve adherence informed by social-cognitive theory (1) target patients who are at risk for adherence problems, (2) provide a supportive environment that promotes high rates of adherence, and (3) address inaccurate beliefs regarding optimal adherence levels.

Department of Pharmacy, College of Health Sciences, Makelele University (2014) on their study on Art adherence used a total of 193 patients, 83.4% as reported by caregivers were adherent to ART in the past seven days before the interview. On multivariate logistic regression model, it was found that the children whose caregivers were unmarried (AOR = 15.17, 95% CI: 3.36-68.43) and married (AOR = 3.54, 95% CI: 1.23-10.13) were more likely to adhere to their ART treatment than those whose caregivers were divorced/separated. Similarly, children whose caregivers' age groups of 25–34 (AOR = 22.27, 95% CI: 4.34-114.29) and 35–44 (AOR = 7.14, 95% CI: 1.65-30.95) were more likely to adhere than their counterparts. The major reasons reported by caregivers for missing medicines include: child being depressed (24.4%), drug side effects (16.3%), too many pills (15.5%) and difficulty in swallowing pills (13.3%).

2.9 Social Workers Intervention in ART Adherence

In the developing world, many children with HIV, they lack care and support from the care giver due to the nature of life style and economical situation which lead to poor adherence of ART among children and other psychological and social problems

Namuddu (2010).ART is a complex procedure, which requires proper supervision and guidelines. That's the reason the social worker has been proven to play a big role in making sure children are able to adhere the medication. (Karol 1985).

According to Zastrow (2004), social worker has a great role especially to children who undergoing different stages of development as a result they face a lot of challenges and obstacles. Social worker can provide counseling to care giver children and adolescent, they can do case work not only with patient even with their families as you can't separate human being from environment. Social worker can initiate the development of policy in the government as representatives also in the hospital, because they understand human life beyond what is presented at that particular time in the clinics. 2.10 Tanzania HIV AND AIDS care treatment.

It has been proven that the introduction of ART has a positive result in people living with HIV/AIDS. The decrease in mortality due to HIV/AIDS, however this happens only if the individual is able to undergo adherence of medication provided. (Carpenter. et.al. 2000). In 2004 provision of antiretroviral therapy to infant and children was introduced. Care centers, which were specifically mention are responsible for management of HIV/AIDS patients under the coordination of National care and treatment program. They provide antiviral therapy to eligible patients, counseling is offered to help the patient adhere medication considering the importance of medication and effect of non adherence of mediation which is provided. Not only that, treatment of opportunistic infection giving them advice on how to take precaution provided also.

Medication without nutrition is nothing, education on eating healthy is given also monitoring and evaluation is done to make sure things are going well with patient and how to eat healthy food that will support the development of their health. The good adherence of ART it helps in increasing the quality of HIV/AIDS patient and automatically raise the number of CD4. Tanzania was one of the countries with the largest number of children on ARV (11%) in East and Central Africa in 2007 (MDH Cumulative report 2007). Once a patient start using ARV there is no turning back it's a life time treatment to HIV/AIDS patient. It require stringent adherence to treatment. For every child it has been recommended to take three drugs for the treatment of HIV/AIDS for prevention and improve their lives and immune function, (Elise. et. al. 2005).

2.11 Adherence to Antiretroviral Therapy

Adherence is defined as ability of a patient to copy with the situation and attitude for his/her own good in improving their health. One person is taking all medications as prescribed without a missing dose to patient, considering right drugs, right time and right dose (APHA Adherence to HIV Treatment regimes recommendation for best practice). Children to be introduced in the medication and on maintaining adherence as individual it's a big challenge especially for those with chronic diseases meaning it's a long run medication. The failure to maintain the dose of medication can lead to reduction of efficacy and increase resistance to medication AIDS info (2014).

For the children in ART adherence it requires full collaboration and commitment with child and care giver. The challenges in taking medication differ among the patients age, for children the factors associated with adherence are same, the care giver treatment the type of care giver, the belief of the care giver on medication, depression, stress, stigma,

child refusal, forgetfulness. Also it can be jeopardized by social issues within a family, such as illicit substance abuse, unstable housing, and involvement in criminal justice system (Clinical guidelines portal, 2012).

2.12 Art Status

Non ART adherence does not only exist in Tanzania it's a worldwide problem and it is more severe directly affecting children, (William & Mgandi, 2013). So far the failure of ART adherence it has been mentioned young age to be among the reason and it is a leading number for non adherence in Tanzania, despite of other reason to adult but young age to children is among the main source on non adherence, Herriet Nuwagaba – Biribonwaha.et. al (2011). Children with the problem of non adherence need to be targeted for additional adherence counseling and support. Pattifor, A, et al (2009).

According to Word Health Organization the number to those HIV/AIDS children who are receiving ART in low income countries is higher than in middle-income countries which means it has a very high number of children who are affected that in the middle income countries. In Africa around 544000 children, Region of America 19100 and in the higher countries there are none WHO (2014).

Children lower number in adherence it has been associated with different factors children are poorly understood and likely different from adult a better understanding can increase adherence to the individual. A study conducted in Zambia it took two years in following respectively children. Among the reason was to identify factors associated with adherence to fixed-dose combination (FDC).The Medium age was 6 they started with 100 children four died leaving 96 for analysis. The primary care giver was a mother the result shows few numbers were able to adhere the medication and also it has

identified the reason for failure. Chronic food insecurity it has mentioned to be the main issue (Jessica et. al 2011).

Other causes

- (i) Low level of health literacy or failure to understand numerical health issues and information.
- (ii) Young age. They cannot act and behave responsibly and being able to cooperate with care giver and caretakers.
- (iii) Psychosocial issues, e.g. depression, homeless, low social support. Parentless, stressful life event.
- (iv) Responsibility, they cannot activate and to determined what to do.
- (v) Courage, they cannot stand on one's decision or to withstand challengers in the life or even some time to accept others' views as they believes their views are not heard

Despite government of Tanzania being signatories to several declarations on improving health of children the number is still not impressive. A Provision of medication to avoid from mother to child and a policy for the mother to have HIV test during pregnancy in c her early months of pregnant was targeted as helping tools.. It has been said that almost fifty percent of new infections in Tanzania are related to child birth which is from mother to child (AVERT (2014).

Also many programs have been initiated but children living with HIV/AIDS in Dar es Salaam city still face challenges in ART adherence. . The fact the number is still high

it is associated with the lack access to the PMTCT services during pregnancy, poor adherence to treatment drug run out in the clinic make it difficult to reach the goal.

It is in lieu of this that the proposed research envisages to ascertain problems associated with ART adherence to children living with HIV/AIDS and how does social worker role being played in the whole program in improving their well being in Dar es Salaam particular Temeke district. This has come to this point because of the positive outcome, which shows the involving of social worker to have a bigger impact in the ART adherence. The challenge, which children are facing during the treatment of ART it has been proven with several studies that, the involving of social worker make it easier(Surface 2007), Schultz(2006).

2.13 The Impact of ART as a Means of Improving well being to HIV Children

ART adherence is one of the means that has been introduced in improving the well being of people living with HIV/AIDS epidemic. For the first time it was introduced in USA 1996 as the means of improving their well being as well as to continue surviving despite having the virus. It has been proven to demoralize the growing number of virus in the blood and increase cd4+-cell, which gives the chance for the body to fight against disease. After few years later being available in the most part of USA, it showed a tremendous result it managed to cut down the illnesses related to AIDS, hospitalization and death(Jensen-Fangel et al., 2004, Kaplan et al.,2000, Kleeberg et al, 2004, Paul et al 1999).Focusing on this study adherence is “extend to which a clients behavior coincides with the prescribed health care regimen determined through a shared decision making process between the client and health care provider”(Frank & Miramontes, 1997).

2.14 Role of Social Worker in HIV/AIDS Paediatric Clinic

The whole team in the clinic which is doctors, nurses, psychological counselors, psychologists, administrative all this team work together in making sure that the infected children is well treated and listened. The main role of social worker in the team is making sure the psychological and emotional need of the child is met in order to be able to take medication as required. With social work skill he is able to identify any kind of stress and all social factors and come up with a tentative solution on how to alleviate and monitor them in maintaining the situation of clients functioning Rogers (2012).

Social worker is able to evaluate and identify strength and weakness of the client, which may contribute to the process. You can't separate human being from environment, this aspect can help in generating alternatives of helping process using within environment resources, which is easy to get and affordable Rogers (2012). These all steps has to be done in making sure that the child who is treated in the clinic has got no excuse of attending the clinic and adhere the medication being treated in the clinic.

The main task / duties of social worker in pediatric team

- (i) To assess the strength and weaknesses of the client,
- (ii) To make a plane on how to undergo in solving those weaknesses in making sure the treatment will continue to take place.
- (iii) Intervene the way about adherence in making sure what has been said in the interview with care giver and patient.
- (iv) The last task, is measuring the accomplishment, evaluating the situation in making sure if the techniques were used are successful or need to be changed.

- (v) Make psychosocial assessment to the presented patient
- (vi) Create a developmental treatment plan for long run to child/adolescent.
- (vii) Conduct interview with patient and intervene if adherence fail and do monitoring as well
- (viii) Lastly they do evaluation of the implementation to know the status of interventions Rogers,2012).

Association between adherence and social workers

Adherence is a good predictor of effective Virgo suppression and subsequence lifelong to the patient. Since resistance has remain to be the main threats to the long term success of ART adherence. The study which was conducted by Pretoria University in South Africa (2006) it has proven the role of social worker in improving the situation due to the major challenges they were facing. It has stated that social work play a very big role in improving the well being of people with HIV/AIDS in improving the social functioning in people interaction with their daily life and environment.

Social worker will help in dealing with all the obstacles that hinder children to ART adherence and on how to cope with the demand of their environment that everybody need other people to value their needs and to understand the meaning of everybody is unique and they have potential if will be given chance. Social worker improve social fuction and quality of life in general including counseling depend on the assessments report or to what he has assessed during the session (spice,2006).

Social work don't end up there in clinic they normally continue assessing the development and monitor the patient providing endless education on how to cope and

to accept the situation and live with it as a normal person. Also social work as a team they can be able to provide networking depend on the available resources for further support to the client (Mengel, 2005).

The challenges faced with children and their care giver are well solved with social worker in making sure the child especially the young ones to take medication. This is where social worker can intervene, social worker understand about culture competence, this will regard on their race, cultures, languages, classes, ethics background, factors that reorganize manners, religion, these all can contribute in Non adherence if will not be taken into consideration (Spies, 2006). With the diversity in practice and being a generalist social worker will guide the client on how and value their worth dignity, in reorganizing their culture and respect on what their belief and what they have. This will come on helping process if you value what they believe it is easy for them to understand what your implementing and how important might be for their own good (Gallego, et. al. (2004).

Children face different challenges from adults; social worker in Pediatric team is pursuing psychosocial developmental need of the children treated at the clinic. This can help social worker in assessing, identifying and attending to alleviate any kind of stressor, which may contribute to child's functioning. Social work will be able to identify weakness, strength and vulnerabilities of the children in their environment, which can influence the coping and functioning (Roger, 2012).

Social works duties if performed accordingly help to reduce emergence of resistance and cross-resistance to medication because social worker was able to provide education

depend on the assessment he/she conducted to the each patient. Not only that the life of the patient will increase its quality and other chronic illness. The main issue of ART adherence its main focus is to reduce mortality if the patient will be well educated and helped which means the mortality will decrease by suppressing viral replication as low as possible for long time and their immune system will improve as a result the increase of CD4 count will be high (clinical Guidelines portal, 2010).

2.15 Research Gap

With all the above issues social work as professionals which join the government in the force through provides counseling moral support and psychological assist in how to handle the situation play major role. There are no recent data on the situation associated with Role of social worker in ART adherence to children living with HIV/AIDS. My research will bring about the role social worker plays in helping children in adhering their medication.

As a professional social worker we will have to reveal the roles and responsibilities and how important it is to have them in the institution. The literature above have tried to demonstrate the really picture on addressing the challenges that children and their care giver are facing. The really picture of ART adherence have been stated in most states to be a challenging task. The authors have tried to mention the problems, which are facing some by mention way out without pointing the solution.

The research give a picture on how social worker professional is potential to HIV/AIDS epidemic especially to children and how if they will be given a chance (reorganized)

they can play wonder as a variable asset in our Nation. Example in the study which, conducted in Pwani by Idindil et al(2012), the authors discovered the importance of telling the distance to the clinic to be the problem. They fail to address the solution which in my view I have seen that in most challenges like stigma disclosure if social worker was well involved as require will be a helpful figure in making sure the whole process is successful to children in adhering their medication. There is a need for government to look into deep in understanding the roles of social worker which actually they completely feat into the service of helping children in adhering medication. The way I have demonstrated my questionnaire gave me the full picture on how social worker has been placed in the clinic. Their roles, which are playing and what should be done to help them to be able to perform their duties accordingly to those who will be seen facing some challenges in their position.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter covered methodology, which employed during the study. In light of this, the areas of the study and reasons, which underpin the choice of area are explained. It provided explanations on research design and approach, the population, sample and sampling procedures, data collection methods and instruments to be used during data

collection. As its Explanation on how instruments validated and how data collected and analyzed.

3.2 Area of Study

The study was conducted at Temeke municipal (PASADA), Dar es Salaam. The rationale behind choosing this municipality is that Temeke Municipality is one of the municipalities in Dar es Salaam City which implement community bases programmers for care support and protection of people living with HIV/AIDS. Among of the program giving them entrepreneurship skills capacity building medication, social support and participation, in physical activities and training to the youth who attend clinic and empowering them. Moreover, Temeke Municipality has Institution, which provides information concerning the ART adherence, and it has information/records concerning the people living with HIV/AIDS, such as PASADA.

The Municipality is located in Temeke area with mainly urban and peril-urban settlements built-up area with a population density of 1850 persons per sq. km³. In its north of lies Ilala, and its south and west, it is bordered by coast Region. To its east is the Indian Ocean. Temeke Municipal encompasses an area of 656 km² and a coastline that stretches 70 kilometer.

3.3 Research Design

The researcher employed case study design because the case study design, the design place emphasis on a full contextual analysis of a fewer events or conditions and their interrelations. Normally researchers employing case study design are able to examine small number of units that were extracted from a large number of variables and conditions. In this regard, analyses of the data obtained from case study design are made

easy because only small number of units were used. For any study there must be an approach to guide it. A research approach/methodology is the philosophy of the research process including assumptions and values that serve as a rationale for the research and standards that researcher use for interpreting data and research conclusion (Cooksey & Lokuji, 1991). This part is a blue print for the data collection, measurement and analysis. Thus this study used case study, since it place emphasis on a full contextual analysis of a fewer events or conditions and their interrelations.

3.4 Population of Study

According to Hatch (2002), target population refers to the entire set of units for which the survey data is to be used to make inference. The study collected data directly from children who under ART ranging from 1 to 15 years old. Because of their incapacity it was found necessary to interview parents, guardian or caregivers on behalf of the child.

3.5 Sample size and Sampling Procedure

Sample refers to the subset of a population that is selected for study. It is the small group of respondents/subjects drawn from the population in which the research is interested in gaining information and drawing conclusion from (Miles & Huberman, 2007). The study used purposive sampling technique since the intention was to include children living with HIV only and their adherence levels with ART.

Purposive sampling allows a researcher to use cases that required information with respect to the objectives of his or her study Mugenda (1999). In this research, purposive sampling was used in collection of data from health centre, health worker, pediatric

doctors, social worker, and parents/caregiver. As well as Social Welfare Officers, Employers and the institution that training people with disability. A total of 30 children living with HIV were included as well as 30 social workers and other medical practitioners from PASADA.

3.6 Research Instruments

The study used three key data collection instruments namely, Questionnaire, and observation.

3.6.1 Questionnaires

The study used questionnaire method for collecting primary data. Questionnaire was used because of its ability to collect large amount of information from targeted respondents. Questionnaire was considered to be one of the best techniques that guarantee privacy and confidentiality. The researcher used mixed questionnaires, which contained both closed and open ended questions, in order to obtain a large scope of information from the respondents. The mixed questionnaire was used to collect information on the knowledge about the ART adherence to the health worker/nurses, pediatric doctors, Government and Non- governmental institution. To see how ART adherence to children how does has been treating the children with HIV/AIDS, and recommendations to improve the program. It has also used to get views of the respondents about the impact of ART usage and role of social work to the children living with HIV/AIDS.

3.6.2 Observation

Observation was done when the events happen. Data is obtained by the help of sense organ that is seeing, hearing, smelling, testing and touching. The reason is that the researcher wants to check and control the appropriateness of information collected through focus observation and questionnaires. This method will be used flexibly according to situation or the state of the respondents. The study observed the situation of children, the environmental wise, and their physical appearance. This helped the researcher to determine the magnitude of the problem, and plan solution to the problem (Peter,(2011)).

3.7 Data Collection Sources

The study used both secondary and primary data .primary data were mainly collected by using questionnaire and direct observation .Secondary data collected from published and unpublished documents such as books, journals, articles, and pamphlets, various report and newsletters. Documentation method used because of the nature of the research whereby there was a need to obtain qualitative and documentary evidence so as to make the study empirically observable; also enable d the researcher to understand what others have done in the area of ART adherence concerning the social worker roles played to the HIV infected children.

Through the documentation the researcher got the background of the problem and the magnitude of adherence. Also the secondary data helped in understanding the perception and position of social work in our country.

3.8 Ethical Issues and Consideration

The study considered all ethical issues from data collection, analysis to final report writings. Cohen et al (2000) argue that ethical principles in conducting research includes acquiring research clearance permit, the informed consent of participants as well as maintain confidentiality. All these were taken on board with strictly confidentiality of information from respondents. Respondents were well informed on the purpose of the study and the way in which their information will be used hence eased the process of data collection.

3.9 Data Analysis and Presentation

Kothari (2000) defines analysis as computation of indices or measures along with searching for relationship or pattern that exist among the data group. The data were collected organized and analyzed so as make the researcher to meet objectives of the study. Miles & Huberman (1994) consider data analysis to be a process of inspecting, cleaning, transferring and modeling data with the goal of highlighting useful information, suggesting conclusion and supporting decision-making. For the purpose of this research Statistical Packages for Social Science (SPSS) version 22.00 was used. SPSS was used because of its capacity of analyzing large amount of data with different presentation of the findings. SPSS was used solely for generating different graphs, frequency tables, cross tabulations and charts.

3.10 Limitation of the Study

In undertaking this study the researcher encountered the following constrains:

Time; Time set for data collection was not enough because some of the respondents were busy with their office duties. The researcher overcome this through making several follow ups to them.

Finance; The amount of money that was available to the researcher to carry out the study was not adequate to cover the all expenses like transport, secretarial services, stationary, paying the respondents for their time spending with researcher. This eliminated by selecting only 152 respondents to be participating in the study.

Limited Literature; Very limited information is available in relation to problems of Social work role in ART adherence to children living with HIV/SIDS. Social work as a professional is not seen as important to many people in our community. This has caused inadequate information on Social worker in relation to ART adherence to children affected with HIV/AIDS.

Respondents; Some respondents were too busy which limited their cooperation with researcher. Also due to the nature of the study, some respondents fear to provide proper information to the researcher because they think that she is spying their working environment. This was overcome through the provision of clear information concerning the purpose and significance of the study.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

The chapter presents results and discussion. It has the following sections. The first part presents the demographic characteristics of respondents followed by presentation of the findings in each objective. The presentation, analysis and discussion of the findings are made into four sub sections, which correspond to the research objectives set in chapter one.

4.2 Social Demographic Factors Of Respondents

This section aims at gathering basic information concerning respondents' characteristics. The information sought are based on gender of children and guardians or parents, age, monthly income relationship between the between a child and caregiver as well as family size. The essence behind collecting this descriptive information was to observe the relationship between them and how they can be related to the key study objectives as identified in the proceeding sections. Respondents' basic background information is presented on the following sections.

4.2.1 Age of Children

Parents or guardians were asked to indicated age level of the child(ren) they are taken care off from below three years,3-5 years,6 -8 years as well as above 8 years. The rationale behind grouping ages into different interval was to allow the respondent to feel free to indicate age level since majority of respondent do not prefer to mention exactly their age (Census report, 2002). The Intention was to ensure relevant children are included in the study as per the law of child act (URT, 2009) Findings from this are shown on Table 4.1.

Table 4.1: Age of Children

Age	Frequency	Percentages	Cumulative Frequency
Below 3 years	3	10%	10%
3-5 years	4	13%	23%
6-8 years	10	33%	57%
Above 8 years	13	43%	100%
	30	100%	

Source: Field Data, (2014)

Table 4.1 shows that the composition of children by age comprised of those with below 3 years were 3, 3 to 5 years 4, 6 to 8 years 10, and above 8 years were 13. The finding indicates that the composition of respondents by age has included different age groups hence make it reasonable to understand role played by social workers in children of different age groups adheres with ART. Out of the above data Male children were 17 fifty seven percent and female were 13 forty three percent indicating that the composition of respondents with regards to age was also involved both male and female.

4.2.2 Guardians/Parents or Caregivers Age and Gender Distribution

The study included the cross tabulation to show age and gender distributions of the respondents. The intention was to ensure relevant parents or guardians are included in the study, findings revealed are shown on the Table 4.3.

Table 4.2: Parents/ Guardians or Caregivers Age and Gender Distributions

Gender	Age			Total	
	18-34 Years	35-49 Years	50-64 Years	65+	
Male	1	8	2	1	12

Female	4	12	1	1	18
Total	5	20	3	28	30

Source: Field Data, (2014)

Table 4.2 shows that for the case of parents or guardian the study used 12 forty percent males and 18 sixty percent were female, Moreover the distribution of respondents by gender showed that 18 to 34 years were 5 respondents, 35 to 49 years were 20 respondents, 50 to 64 were 3 and above 65 were 2. Thus the finding indicates that the composition of guardian comprised of those with age above 18 to 65 and above hence respondents who have attained age of majority were given chance to represent minors who lacks capacity to appreciate the impact of their action hence cannot tell exactly whether there is adherence or not.

4.2.3 Relationship between a Child and Guardian

Respondents on behalf of children were asked to tell their relationship with the child they are taken care off. The intention was to identify who is actually taken care of the child for the purpose of identifying their relationship. Findings are shown Table 4.2.

Findings from Figure 4.1 revealed that seventy three percent of all respondents were biological parents who were taken care of the affected children; twenty seven percent were not biological parents. The findings indicates that large proportional of respondents who are taken care of children being biological parents hence much of the findings reflects the true views from parents on the adherence of social workers on ensuring children with HIV complies with ART requirements.

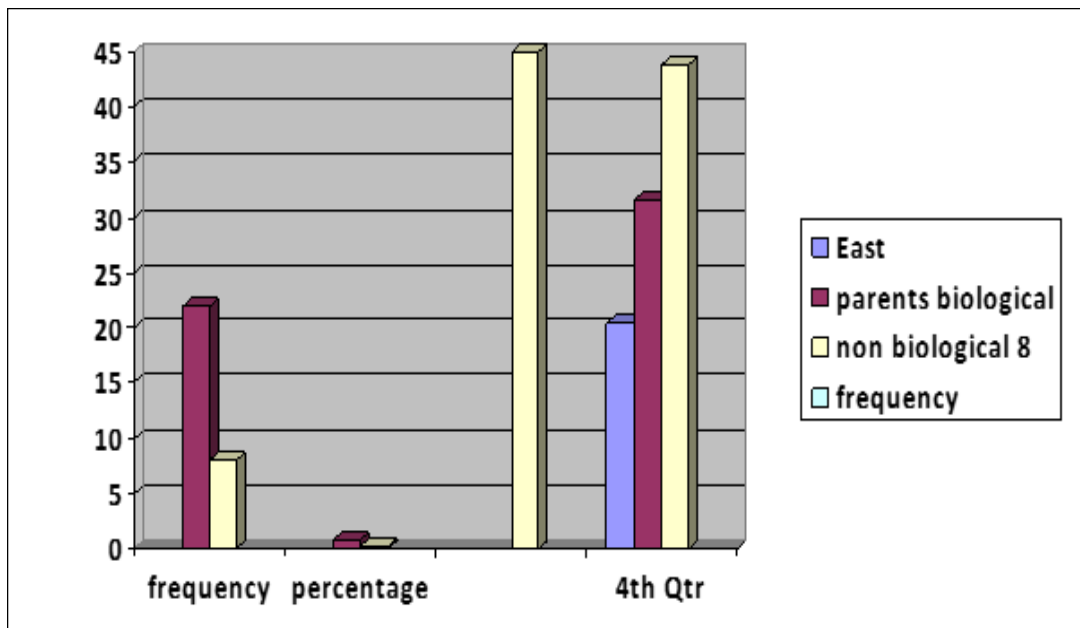


Figure 4.1: Relationship between a Child and Guardian

Source: Field Data, (2014)

4.2.4 Family Size

Moreover respondents were also asked to indicate their family size and finding are shown on Table 4.3.

Table 4.3: Family Size

	Frequency	Percentages	
Below 3 family members	8	27%	27%
4 to 6 family members	12	40%	67%
Above 6 family members	10	33%	100%
	30	100%	

Source: Field Data (2014)

Table 4.3 shows that majority of family has at list 4-6 family members 8 twenty seven percent, followed by those above six members 10 thirty three percent reflecting the nature of African extended family style as well as below 3 were 8(27%).Thus

respondents with both large family size as well as small family size are included in the study.

4.2.5 Guardians /Parents Income Size in Tanzania Shillings

The study was also interested in understanding the size of monthly income earned by parents or guardian; findings are shown on Table 4.4.

Table 4.4: Guardian/Parents Income Size in Tanzania Shillings

	Frequency	Percent	Cumulative Frequency
< 500,000	19	63%	63%
500,000-100,000	7	23%	87%
Above 1000,000	4	13%	100%
	30	100%	

Source: Field Data, (2014)

Table 4.4 shows that majority of respondents earn income less than 500,000 19 sixty three percent, 7 twenty three percent earn income of between 500,000 to 1000,000 and 4 thirteen percent above 1000,000. The finding indicate that majority of respondents who are taken care of these children earn income of less than 500,000 per month reflecting the fact that Tanzania is one of the most impoverished country of the world with large portion of its population depending on agriculture i.e. about 80% which grow at a very small rate of less than 3 percent over the last decade (Kiratu,2011). With this limited income it is clearly reflected that they face so many difficulties in taken care of these children.

4.2.5 Duration Since when a Child Started using ARV

The study asked parents/guardians to indicate the timeframe since when they started giving ART to their children, the intention was to ensure relevant respondent who have been using ARV over last ten years to date are included in the study. Findings are shown on Table 4.5.

Table 4.5: Duration Since when a Child Started using ARV

	Frequency	Percentage	Cumulative Frequency
Before 2005	8	27%	27%
Between 2006 to 2010	14	47%	73%
From 2011 to date	8	27%	100%
	30	100%	

Source: Field Data, (2014)

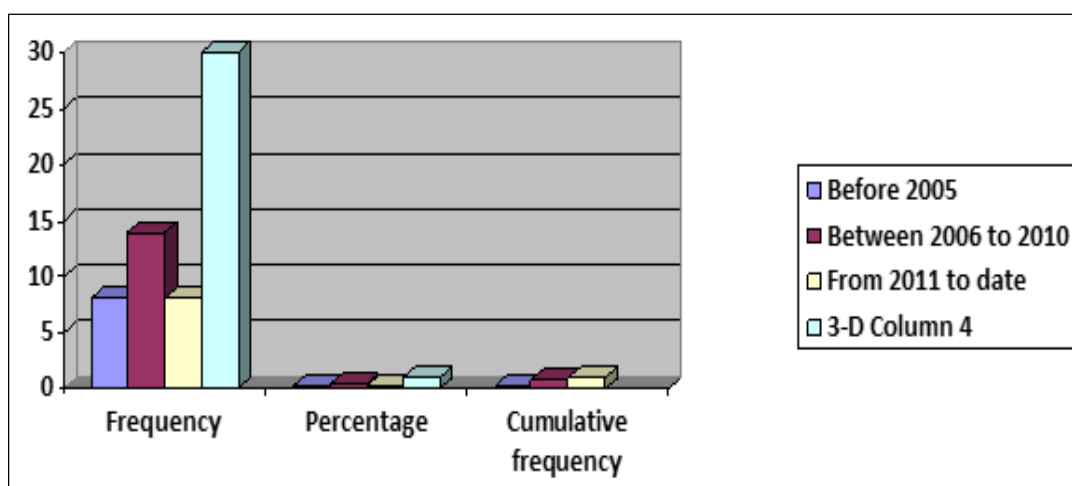


Figure 4.2: Duration Since when a Child Started using ARV

Source: Field Data (2014)

Table 4.5 shows that, the composition of respondents with regards to usage time comprises of 8 twenty seven percent who have being using before 2005, 14 forty seven percent who were majority of all respondents having being using from 2006 to 2010

and 8 twenty seven percent from 2011 to date. The findings reflects the full inclusion of recent ARV users as well as those who have being using before 2006 hence findings will reflect the actual situation of roles of social workers practioners on ensuring children adherence with ART as one of the core duty they are expected to do.

4.2.6 Travelling Time from Home to the Clinic

Respondents were asked to indicate the time taken in travelling from theirs residents to the clinic for collecting ARV and other medical advices or checkups, the intention was to identify difficulties or otherwise faced by guardians or parents in accessing their medical services. Findings are shown on Figure 4.3.

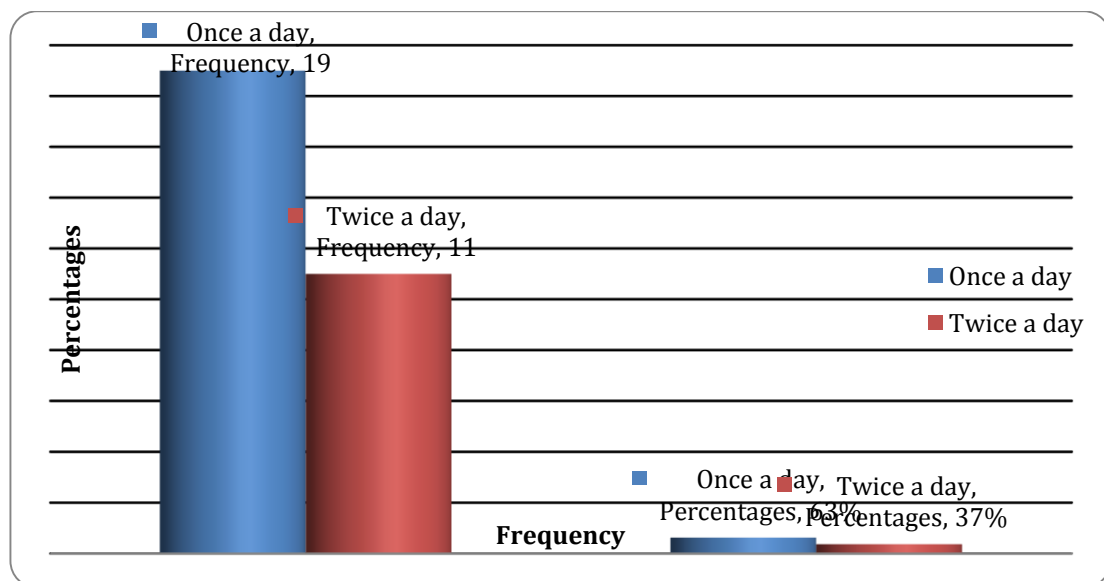


Figure 4.3: Travelling Time from Home to Clinic

Source: Field Data (2014)

Figure 4.3 shows that 8 twenty seven percent of all respondent use at list one hour for travelling to the clinic while 22 seventy three percent use between 1 to 5 years and no any respondent has ever used more than five hours reflecting the fact that the study was

specifically conducted at Temeke municipal despite of traffic jam yet the area is so small for one to take more than five years. The implication we can drive from this is that it take some times for the respondents to be reach the medical health centre due to the nature transport system of Dar es Salaam characterized by traffic jams.²⁴ eighty percent of all respondents used public transport and only 6 twenty percent of all respondents used other means of transport.

4.3 Findings per Research Objectives

This part shows respondents' views as guided by specific research objectives. Recall the study was guided by four key research objectives that intended to assess the extent of ART adherence among children living with HIV, to look on key impending factors towards ART adherence. Assessing social workers contributions and challenges in helping children to adhere with ART as well looking on the best modality social worker could be placed to further intervene or influence children living with HIV/AIDs adherence to ART. Thus to summarize finding per the stated research objectives consider the following four parts in which every part covers one research objective as guided by the key research questions.

4.3.1 ART Adherence among Children Living with HIV

The first research objective intended to assess the extent to which children affected with HIV AIDS complies with the requirement. Due to the fact that the study included children of below three years to above 8 years but with age limit of not more than 15 years hence targeted respondents were minors who could not be in position to appreciate the impact of their action or what they say hence parents, guardians or caregivers were

given set of interview questions to fill instead, Findings from this part are summarized on the following sub sections.

4.3.1.1 Frequency of Taking Medication Per Day

Respondents were asked to indicate how many times they give dosage to their children per day; the intention was to see how difficult it is to comply with all this times. Findings are shown on Figure 4.4.

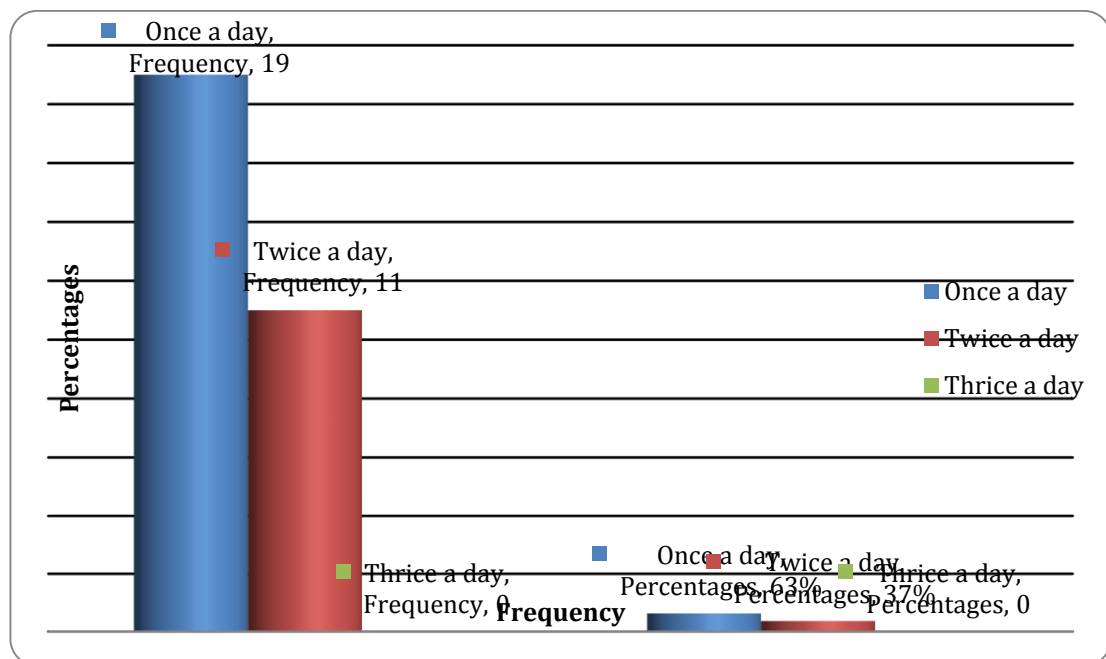


Figure 4.4: Frequency of Taking Medication Per Day

Source: Field Data (2014)

Findings from Figure 4.4 shows that about sixty three percent of all respondents takes ART once per day while thirty seven take twice a day. Moreover all respondents showed that they usually take this medication in every week (once a week).

4.3.1.2 Extent of Children Adherence with ART

Parents, guardians or caregivers were asked to indicate the compliance or adherence with ART medications, thus they were given set of question to range their degree of agreement or disagreement from strongly agree to strongly disagree, Findings are shown on the Figure 4.5.

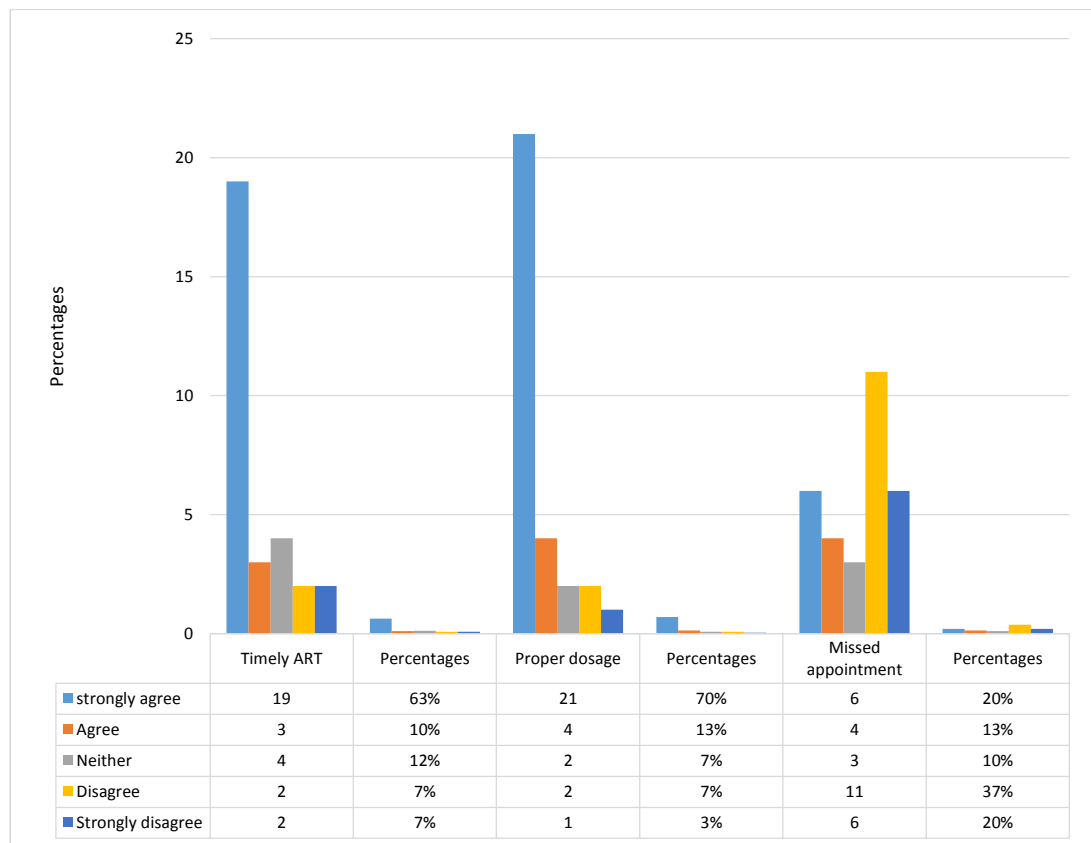


Figure 4.5: Extent of Children Adherence with ART

Source: Field Data (2014)

Findings from Figure 4.5 findings from four major adherence factors, Findings from each of them is shown below:

Adherence with time requirement

Respondents were asked to indicate the extent to which they ensure timely ART is given to the respective child, findings revealed that seventy three percent of all respondents

agreed to adhere with time, thirteen percent were neutral meaning that sometimes they are not sure on their adherence levels, fourteen showed that they don't comply with time requirement, once asked to account for this their said that

You know am very busy with work sometimes I give instruction to my child but do not do what is required as per my instructions, hence sometimes if I forget to make follow-up on daily basis things never work as per the requirement of ART.

Thus the implication we can drive from this findings is that majority of respondents adheres with time requirements but few of them fails to do so due to many factors as explained by respondents. Thus Strict adherence to antiretroviral therapy (ART) is key to sustained HIV suppression, reduced risk of drug resistance, improved overall health, quality of life, and survival, as well as decreased risk of HIV transmission (Chesney2006). Thus failure to adhere is a major cause of therapeutic failure.

Dosage adherence

On the case of ensuring all dosage are taken as per the description of the doctor respondents showed that 25 eighty three percent of all respondents agreed, 2seven percent were neutral and 3 ten percent disagreed. Respondents further explained that in most cases they forget to give ART to children due to long time taken in travelling as well as forgetting. Failure to adhere with dosage means reducing the possibility of realizing the likely positive impact of the ART.

Missed appointments

Findings from respondents reflected that 10 forty three percent of all respondents agreed to have never missed any ART appointments, ten percent were silent meaning

that sometimes they do miss and sometimes not and fifty seven percent do miss appointments with specialist. Thus having large number of respondents who misses appointments reflects the low seriousness of parents, guardian or caregivers in adherence with visiting clinics as directed which in turn reflects the low importance attached by them to ART hence reduce the possibility of child recoverable rate.

4.3.1.2 General Adherence Levels

Respondent were asked to rate their general adherence with right dosage, right time and right drugs from full adherence to non adherence, finding are shown on Figure 4.5 below

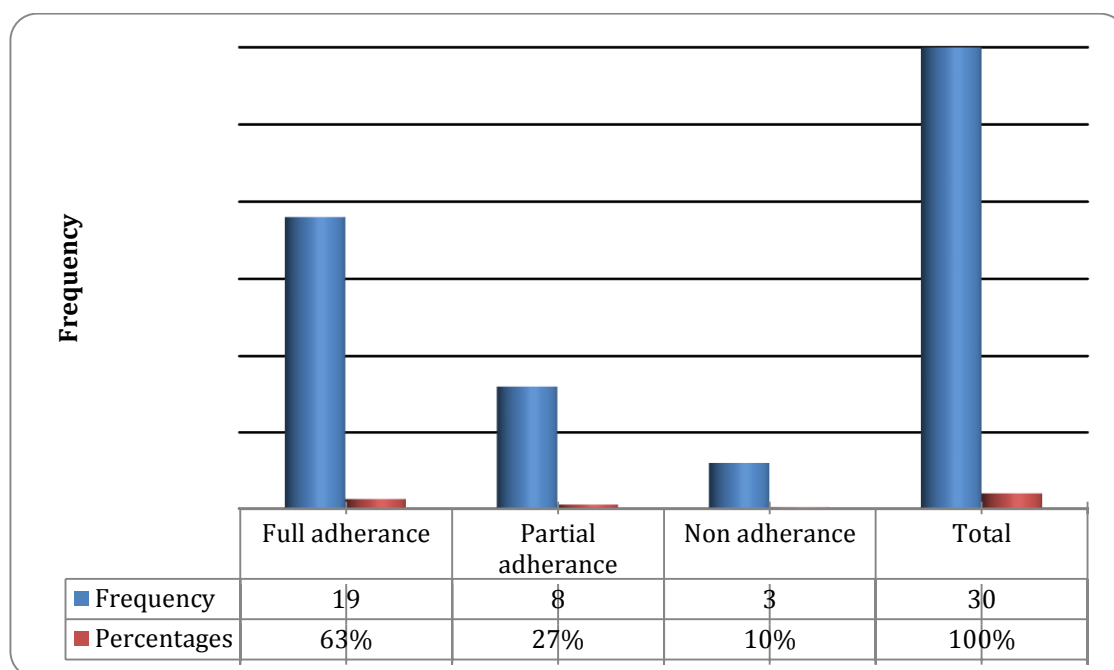


Figure 4.6: General Adherence Levels

Source: Field Data (2014)

Figure 4.6 shows that in terms of general adherence with ART findings revealed that sixty three percent of all respondents agreed to full adhere with the ART requirements

while twenty seven percent were partially and ten percent were non adherence. Thus the implication we can drive from the above findings is that almost thirty seven percent of all respondents do not adhere with ART dosage, timing as well as drugs. Numerically this is very low but once one choose to extend it to real life and its detrimental impacts to life of children will realize the likely impact it has the life condition of children.

Impending factors towards ART adherence

The second 4.3.2 Key study objective intended to find out key impending factors toward non-adherence with ART. To arrive into these all respondent were required to list out factors they think hinders them to adhere to the antiretroviral therapy. Findings are shown on the Figure 4.7.

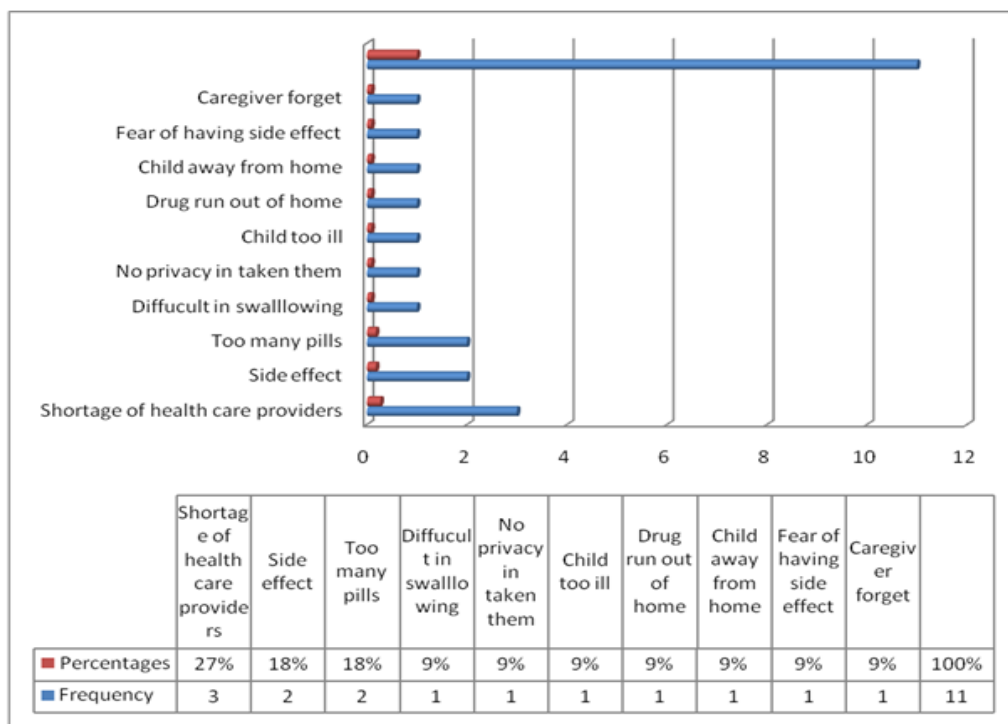


Figure 4.7: Impending Factors Towards ART Adherence

Source: Field Data (2014)

Figure 4.7 shows that various reasons for non-adherence to antiretroviral medications to be shortage of health care providers twenty seven percent, Side effects eighteen percent too many pills eighteen percent, Difficult in swallowing especially for children with age below 2 years were nine percent, No privacy in taken ARV pills eighteen percent, child too ill eighteen percent, drugs run out at home 11nine percent, Child away from home nine percent, Fear of having side effects nine percent, and nine care givers forgets. Thus the findings reflects the presence of so many challenges that need to be addressed by social welfares and other medical practices for the ART to be effective implemented and hence realize the positive impact of it rather than giving a loophole for everyone to mislead users.

4.3.3 Contribution and Challenges Faced by Social Workers in Helping

Children to Adhere with ART

The third study objective intended to assess the contribution or roles of social workers in ensuring children adherence with ART as well as key challenges they face in executing their task. Findings are shown on the sub sections below

4.3.3.1 Social Workers' Views on Children Adherence with ART

Social workers and other medical practioners were asked to indicate their views on their general observation about children adherence with ART. The intention was to see there is any problem with adherence. Findings are shown on Figure 4.8.

Figure 4.8 shows that according to Social workers and other medical health practioners they observed that children adherence with Art is good seventeen percent Somehow good twenty seven percent very good thirty three percent and unsatisfactory thirty three.

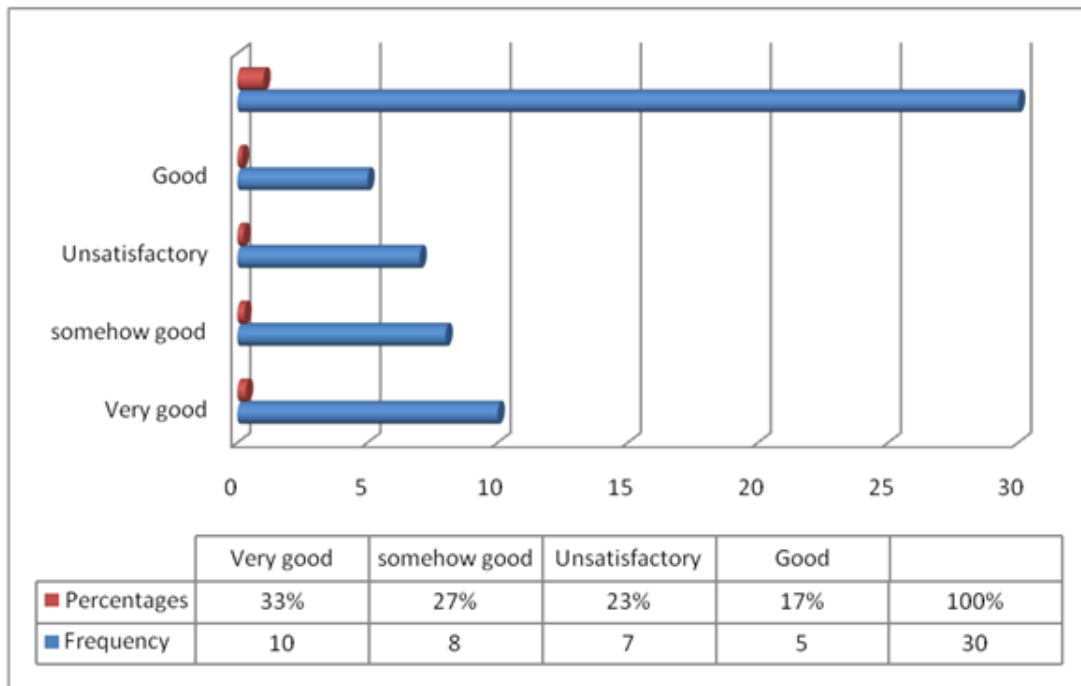


Figure 4.8: Social Workers' Views on Children Adherence with ART

Source: Field Data, (2014)

The implication we can drive from these findings is that only thirty three percent of all medical and social workers seems to agree that there is no problem with adherence with Art however the other sixty seven percent have problem with adherence levels. One nurse commented that:

The adherence level is negative due to so many miss appointments resulting from among other factors difficult life condition of the parents or guardians and some of them are not serious with the medical prescription given the fact that no one has the right to punish them for such delays.

The findings shows that parents never keep appointment as a result the impact of their negligence or recklessness leads to bad health condition of children which at last lead to much blames on the government and treatment offered without looking on the other side.

4.3.3.2 Effectiveness of Social Workers in Ensuring Children Adherence with ART

The study also intended to indentify effectiveness of social workers in ensuring ART adherence among children using ART, since their role is well know the study asked respondents on to their satisfaction levels with various roles undertaken by Social workers from not satisfied at all to very satisfied. Findings are shown on the Table 4.6.

Table 4.6: Effectiveness of Social Workers in Ensuring Children Adherence with ART

	Satisfied	%	Average	%	Dissatisfied	%
Help in psychological and emotional advice	2	7%	5	17%	23	77%
Monitoring adherences	1	3%	3	10%	26	87%
Assessing strength and weakness of children	4	13%	4	13%	22	73%
Participating in solving problem facing children	1	3%	2	7%	27	90%
Making psychological assessment	2	7%	1	3%	27	90%

Source: Field data, (2014)

Findings from Table 4.6 shows different satisfaction and dissatisfaction levels with various roles that is expected to be done by social workers. It is revealed that:

Psychological and emotion advice

On the question on whether guardians or parents get enough psychological and emotion advice on how to take care of the affected children revealed that seven percent out of 30 respondents were satisfied, seventeen percent were in average and seventy seven percent were dissatisfied. Thus the implication we can drive from these findings is that

largely respondents are not satisfied with the psychological and emotion role played by social workers. In the course of data collection some respondent commented that:

‘Hivi hawa ndio kina nani na wanafanyaje’, meaning that who are these social workers and what do they do,

Thus the findings shows that these social workers are not well known to the public which reflects either limited number of them or they are not doing what is required for them to do in order to assist the public. Some efforts are needed to address this.

Monitoring adherence

One of the key tasks that is expected for social workers to perform is to ensure all children using ARV adhere with ART requirements by monitoring and producing progressive reports. Findings on these revealed that three percent is satisfied, ten percent were in average and majority of them eighty seven percent were dissatisfied with the extent of monitoring done by social workers. In the course of data collecting respondent commented that

We are not sure on whether this is been done or not because no one has ever done such monitoring to us.

Thus non adherence with ART is reflected in this since no any monitoring is done to ensure full adherence with ART among HIV affected children hence using or not using them as per the medical instruction lays on the parents’ wishes on whether to adhere or not.

Assessing strength and weakness of children

Respondents were also asked to tell their satisfaction or dissatisfaction levels with the way social workers assessed the strength and weakness of children, findings revealed that thirteen percent were satisfied, thirteen percent were average and seventy three

percent were dissatisfied. Findings from this part reflects low involvement rates of the social workers in assessing the progressive conditions of children. Thus this assessment gap gives signal of low involvement of these social workers in assessing the use adherence with ART prescriptions.

Participating in solving problem facing children

Respondents showed that only seven percent of all respondents was satisfied with the level of social workers participating in solving problem facing children seven percent were in average and ninety percent were dissatisfied. A finding from this reflects low interaction between social workers and the community they are serving. Thus with this minimal participating in solving problem facing children give signal that they also play very minimal role in ensuring children adherences with ART.

Psychological assessment

Respondents were asked to rate their satisfaction levels with the way social workers assess their psychological needs or problems. Findings revealed that majority of them are dissatisfied with this ninety percent and only seven percent was satisfied and three percent was in average reflecting low level of social workers participating in resolving problems facing children.

4.3.3.3 Social Workers Views on their Low Participating in Ensure Adherence with ART

Social workers were asked what hinders them from executing their roles in ensuring from ART adherence among children living with HIV. Findings revealed that: Figure 4.7.

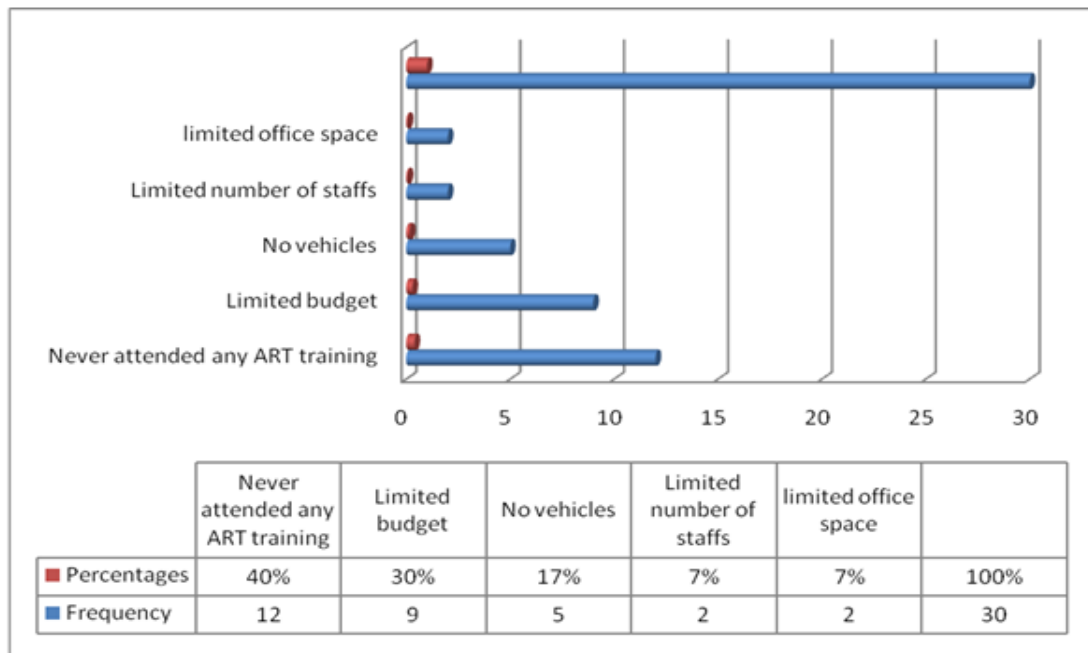


Figure 4.9: Social Workers Views on their Low Participating in Ensure Adherence with ART

Source: Field Data (2014)

Figure 4.9 shows that social workers face number of challenges in the due process of executing their duties that is expected for them to do in order to ensure full children adherence with ART. Major setback identified was no special training need especially on job training is given to these social workers 12(40%) of all respondents showed that they never get an opportunity to attend trainings, Moreover about 30(9%) of all respondents showed that limited budget is an one of key impending factors, other drawbacks were no vehicles seventeen percent, seven percent limited number of staffs and seven percent limited office spaces.

4.3.4 Best Modality Social Worker could be Placed to Further Intervene or Influence Children Living with HIV/AIDs Adherence to ART

The fourth study objective intended to look on the best modality social workers could be placed to further intervene of influence children living with HIV/AIDS adherence

with ART. To arrive into better modality the study prepared a question for third social workers and other health practioners who are responsible for ensure children adherence with ART. Finding on these are shown on Figure 4.10.

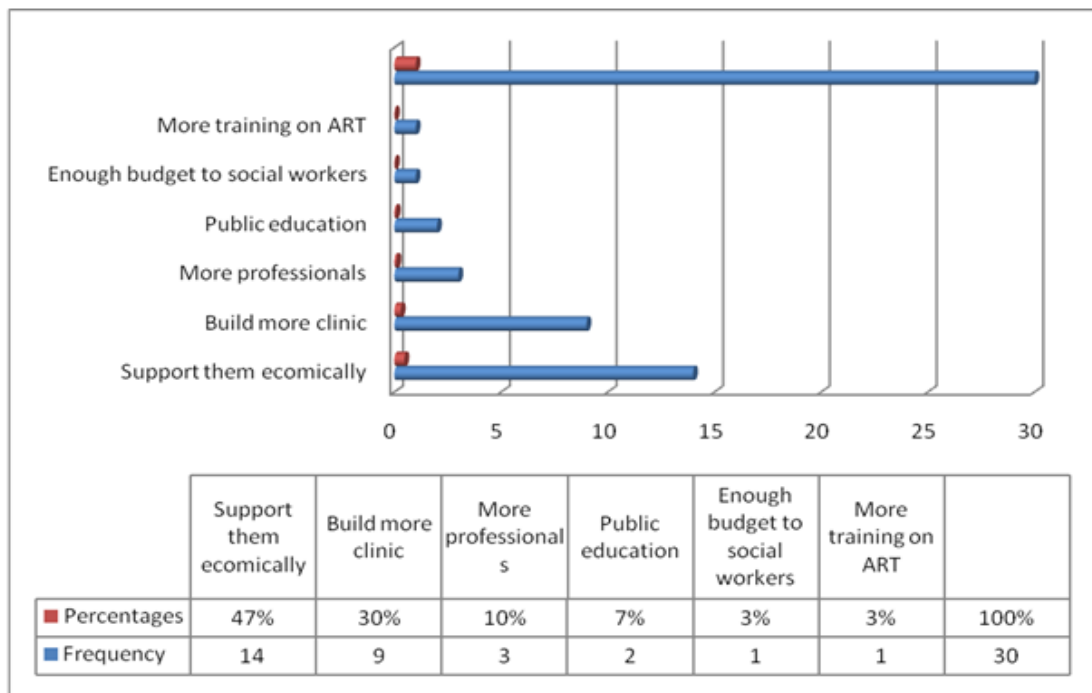


Figure 4.10: Suggestive Modalities on what can be Done

Source: Field Data (2014)

Findings from Figure 4.10 shows that according to social workers and other medical practices the following need to be done for their role in enhancing ART adherence among children living with HIV to be realized.

Support their families economically

According to them they perceive economic hardship to be the main barrier towards full adherence with the ART. This was well explained by different social workers as follows:

You know they cannot afford to have enough food; they also fail to afford paying for transport cost hence misses so many appointments.

Thus the difficult life condition was identified to be major setback that the government needs to address by first developing national economies as well as provide ART together with some economic support to low income families, though close supervision is needed to avoid misuse of the fund.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents Summary; Conclusions and Recommendations. Lastly, areas for future study of the study are covered.

5.2 Summary of the Study

The study assessed the role of social workers in ART adherence to children living with HIV/AIDs using Temeke Municipal (PASADA) as the areas of study, To arrive into this the study I used four key research objectives that intended to assess the extent of ART adherence among children living with HIV, to look on key impending factors towards ART adherence.

Assessing social workers contributions and challenges in helping children to adhere with ART as well looking on the best modality social worker could be placed to further intervene or influence children living with HIV/AIDs adherence to ART.

The study was conducted in Temeke municipal, Dar es Salaam using 30 guardians/parents and 30 social workers and other health practioners. The study used case study research design; Data collection was done by using questionnaire and direct observations.

Findings was categorized into two parts, the first part covered general respondents information from social and demographic part. The other part covers findings per each study objectives. Consider the findings below:

In the general respondent information it was observed that about seventy three point three percent(73.3%) of all children where involved under the study were living with their biological parents and only twenty six point seven percent(26.7%) were not, Moreover majority of children were coming from family with more than 3 children reflecting nature of African extended family life style. Majority of respondents (63%) were also earned income of less than 500,000/=.

The distribution of respondents by duration since when started using ARV revealed that (27%) stated before 2005,(47%) started since 2006 to 2010 and (27%) started after 2011 to date. (27%) of all respondent use at list one hour for travelling to the clinic while (73%) use between 1 to 5 hour and no any respondent has ever used more than five hours reflecting the fact that the study was specifically conducted at Temeke municipal despite of traffic jam yet the area is so small for one to take more than five hour.

Basing on the four key research objectives and questions, this study revealed the following findings. In the first objective, which intended to assess the extent of ART adherence among children living with HIV, findings revealed that (63%) of all respondents agreed to full adhere with the ART requirements while (27%) were partially and (10%) were non-adherence. Thus the implication we can drive from the above findings is that almost (37%) of all respondents do not adhere with ART dosage, timing as well as drugs. Numerically this is very low but once one choose to extend it to real life and its detrimental impacts to life of children will realize the likely impact it has the life condition of children.

The second study objective intended to assess Key impending factors towards ART adherence. Various reasons for non-adherence to antiretroviral medications was identified to be to be shortage of health care providers (27%), Side effects (18%), too many pills (18%), Difficult in swallowing especially for children with age below 2 years were (9%), No privacy in taken ARV pills (18%), child too ill 1(18%), drugs run out at home (9%), Child away from home(9%), Fear of having side effects 1(9%), and (9%) care givers forgets.

The third study objective was intended to social workers contributions and challenges in helping children adhering ART medications, to understand their contribution respondents were asked to rate their degree of satisfaction or dissatisfaction with number of task performed by social workers, finding revealed that largely respondents were dissatisfied with the way they execute different tasks where by psychological and emotion advice (76.7%) were dissatisfied, monitoring adherence (86.7%) were dissatisfied, assessing strength and weakness of children (73.3%) were dissatisfied, participating in solving problem facing children (90%) were dissatisfied as well as making psychological assessment (90%) were dissatisfied.

On the fourth study objective the study intended to look on the best modalities for social workers intervene/influence adherence of children with HIV/AIDS issues The following were listed by social workers as issues that needed for social worker to effective ensure ART among children living with HIV, more economic support to affected children, More clinics are needed, More professional are needed, Increase in public education ,more budget allocation as well as more training to social workers.

Build more clinics

Findings from Figure 4.10 show that there is problem with long distance and sometime short distance but with so many traffic jams which necessitate the need for more clinics nearby every ward.

More public education

Moreover, social workers recommended for more health education in order to raise public consciousness on the best ART practices that is needed to be adhered by different users. Some people refrain from accepting ARV not because they can but because of wrong perception that can only be eliminated with the help of public awareness campaigns. People need to know the consequences of missing their medication. This happens all the time they take easy missing it assuming will be okay because they still using. They need to know what will happen if they miss and the good about adhere them to their health

Enough budget to social workers

It is also recommended for more budget allocation to enable them to cover travelling expenses, and all other tasks since execution of different social works task need not only knowledge but also budget to take that knowledge to the public.

More training on ART

Moreover social workers suggested for more on job training on ART and other issues pertaining to public health. Knowledge on social work is sufficient but not adequate for social workers to perform all field activities hence much need to be done to increase knowledge and skill.

5.3 Conclusions

It is generally observed that only (63%) of all respondents agreed to have full adherence with ART while the rest are not. This is a very low adherence rate compared the recommended optimal adherence levels for ART to be effective is about 95% (African AIDs report 2004). Thus failure to ART adherence means increase HIV suppression, increase in risk of drug resistance, decline in overall health and quality of life, and bad enough reduction in survival rates of children, as well as increase risk of HIV transmission.

Moreover poor adherence is the major cause of therapeutic failure. Achieving adherence to ART is a critical determinant of long-term outcome in HIV infected patients. For many chronic diseases, such as diabetes or hypertension, drug regimens remain effective even after treatment is resumed following a period of interruption. In the case of HIV infection, however, loss of record control as a consequence of non-adherence to ART may lead to emergence of drug resistance and loss of future treatment options. Many patients initiating ART or already on therapy are able to maintain consistent levels of adherence with resultant viral suppression, CD4+ T-lymphocyte (CD4) count recovery, and improved clinical outcomes.

Adherence to ART is central to therapeutic success. Given the many available assessment strategies and interventions, the challenge for the treatment team is to select the techniques that best fit each patient and patient population, and, according to available resources, the treatment setting. In addition to maintaining high levels of medication adherence, attention to effective linkage to care, engagement in care, and retention in care is critical for successful treatment outcomes. To foster treatment

success, there are interventions to support each step in the cascade of care, as well as guidance on systematic monitoring of each step in the cascade.

5.4 Recommendations

It covers general measures as related to the problem and recommendation for further studies:

5.4.1 General Recommendations

To the government and non government organization as observed in the findings and respondents' views on what can be done the following are key issues that need to be addressed in order to ensure social workers play their role in enhancing ART adherence. There are need to involve stakeholders in the formulation of policy. It is hard for stakeholders to implement the policy simply because were not involved in the implementation. If this will be considered it is easy for them to suggest the best way on how to make the policy work due to the fact that are the one which will practice it.

More budget allocation to social workers

The ministry of work and employment is needed to recognize and understanding working position of social worker in the society. It is observed that ART adherence is to a large extent limited by low involvement of social workers in assessing and controlling the whole process with the reason of limited budget. Thus it is true that without reasonable and timely budget nothing can be done and at last the presence of social workers cannot change anything. With sufficient budget it will be easy for them to meet various training needs, afford transport issues as well as improving their working condition. Allocating budget without timely delivery may also act as the key

impending factors towards realization of the roles that need to be performed by social workers.

Build more clinics

Ministry of health should consider building more clinic as I have observed that majority of guardians and parents face difficult time in travelling from their residents to the clinic i.e. traffic jams as well as long queues at the hospital. Thus with limited number of government owned clinic Increase in level of privacy.

The study observed that majority of people tend to delay clinics due to fear of being discriminated by the society. Thus some privacy is needed for at list affected people to not afraid to visit clinics. Some privacy and confidentiality of patient information is one of the most ethical issue that need to be adhered by all social workers as well as other medical practioners.

More HIV/AIDs educations to the public

It is recommended for ART adherence education to affected community instead of just giving their drugs. Majority of parents and guardians are unaware with the likely negative impact of failure to adhere with ART. Thus they will appreciate the needful to adhere with the ART only if they know what will happen if they can't adhere.

5.4.2 Recommendation for Further Study

By considering, conclusion and recommendation of this study it is observed that more studies are needed to uncover more findings that will give more light on the current ART adherences, the following are key recommendations

A country wise study need to be done for proper generalization of the findings on the role played by social workers on the ART adherence among children living with HIV. The current study was conducted at Temeke municipal only where a very small number of children living with HIV AIDs hence for a wider generalization it is better for similar study to be done to at list one region from each zone hence country wide picture on the adherence with ARR will be identified.

Moreover a wide study can also be done to look on the best procedural practice for fastening availability of all prerequisites for serving people living with HIV AIDs. It is observed that majority of respondents failed to comply with ART requirements which give signal to only difficult social workers encounters in serving the public but also procedure and system that is been used may have a limitation that need to be addressed.

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APPENDICES

Appendix I: Questionnaire for Children

A. Introduction

Dear respondent

The purpose of this interview questions is to collect data on the role of social workers in ART adherence to child living with HIV using Temeke municipal. It is part of research being conducted by a student from Open University of Tanzania in fulfillment of Masters Degree. I assure you that the data collected will be used solely for education purpose only and will be strictly confidential.

- | | | | |
|---|-----------------------------------------|----------------------------|-----|
| 1 | Age of the child | (a) Below 3 years | () |
| | | (b) Within 3-5 years | () |
| | | (c) 6 – 8 years | () |
| | | (d) Above 8 years | () |
| 2 | Gender of child | (a) Male | () |
| | | (b) Female | () |
| 3 | Age of child | (a) below 3 years | () |
| | | (b) Between 3 -5 years | () |
| | | (c) 6 to 8 years | () |
| | | (d) Above 8 years | () |
| 4 | Gender of parents/guardian or caregiver | | |
| | | (a) Male | () |
| | | (b) Female | () |
| 5 | Age of parents/guardians | | |
| | | (a) 18-34 years | () |
| | | (b) 35-44 | () |
| | | (c) 50-64 | () |
| | | (d) 65+ | () |
| 6 | Monthly income | (a) Below 500,000 | () |
| | | (b) 500,000-100,000 | () |
| | | (c) Above 100,000 | () |
| 7 | Relationship with a child | (a) Biological parents | () |
| | | (b) Non biological parents | () |
| 8 | Family size | (a) Below 3 children | () |
| | | (b) 4 to 6 children | () |

(c) Above +6 children ()

9 How many times do you give ART to your children

- (a) Once per day ()
 (b) Twice per day ()
 (c) Thrice per day ()
 (d) Others..... ()

10 How many times do you usually collect ART from the selected medical centre

- a. Below 7 days ()
 b. 7 to 14 days ()
 c. Above 14 days ()

11 Please rate your degree of agreement or disagreement with the following questions regarding with children adherence with ART, where by marking each number as follows 1= strongly disagree, 2=disagree, 3=Neutral, 4=Agree and 5=strongly agree

	1	2	3	4	5
Timely ART					
Proper dosage					
Missed appointments					
Close checkups					

12. In general how can you rate your adherence with regards to right drugs, right dosage and right time from Full adherence to not at all?

- (a) Full adherence ()
 (b) Partial adherence ()
 (a) Completely non adherence ()

13. Can you accounts for low adherences with ART

.....

.....

.....

.....

14. What do you think are the key impending factors toward full adherence with ART?

.....

.....

.....

.....

.....

15. If you will be given a chance on what can be done to ensure full adherence with ART by all children living with HIV. What can you suggest?

.....

.....

.....

.....

.....

.....

14. Please rate your degree of satisfaction or dissatisfaction with the way social workers execute their tasks in assisting you from satisfied, Average to Dissatisfied

	Satisfied	Average	Dissatisfied
Help in psychological and emotional advice			

Monitoring adherences			
Assessing strength and weakness of children			
Participating in solving problem facing children			
Making psychological assessment			

Appendix II: PART A: Information about Participant (Children/Guardian)

Address of participant _____

Date of starting using ARV...../...../.....

Gender male Female
 ☐ ☐

1. What is your age? _____

2. Do you attend school?

Yes

No

3. What is the distance from your home to the clinic?.....

1. Do you take a

Public transport

Private transport

Taxi

Walking

Other explain.....

2. What is the relationship with your guardian?

Father

Mother

Granny

Other specify

5. Is the guardian working?

Yes

No

If yes mention type of work.....

**PART B: INFORMATION ABOUT THE TREATMENT SERVICE
PROVIDED**

3. Are you taking medication

Yes

No

4. When did you start to taking/giving his/ your

medication.....

5. How many times do you take or give his/your medication per day?

.....

.....

6. Can you explain to me why are you taking/giving this medication?

.....

.....

7. Does any other member of your family knows your/his status and that

he/you're taking medication? YES ☐

NO

☐

8. Do you think the help you receive from social work/counselor helps you to
adhere your medication? YES

NO

Explain.....

.....

9. Do you/does he face any problem when trying to take medication according to prescription? YES

NO

Explain.....
.....

10. How many doses did you/he missed in past month?

.....

11. What is the reason for missing the dose?

.....
.....

12. What do you do to ensure he is/you're taking medication as indicated?

.....
.....

13. Who managed to ensure you give/you take medication as prescribed in the past month

Mother

Father

☐

Brother

Sister

Social worker/counselor

Other Specify.....

14. What kind of help/support do you receive from him/her

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

.....

15. Do you think the help you receive from social work/counselor helps you in adhering your medication? ☐

NO

Explain.....

16. Do you receive any other kind of help/service apart from medication in the clinic?

Yes ☐

No

If yes

explain.....

17. Do you think the help/service you receiving helps you to adhere your medication?

YES ☐

NO

18. Tell me the level of satisfaction that you receive from the clinic and health workers

Satisfied..... somehow satisfies..... Not
 satisfies.....

Appendix III: Part B: Questionnaires to the Management, Nurses, Counselors, Health Workers

INFORMATION ABOUT PARTICIPANT

1. Address of participant _____
2. Gender Male Female.....
3. Position in the clinic.....
4. Level of education.....
5. How long have you been working with clinic.....
6. What specific training have you received for this job in relation to ART?
.....
7. How do you think your patients do, generally speaking in terms of adherence?
.....
.....
8. Generally speaking do your patients keep their appointment?
YES ☐
NO
9. What are the main challenges that you face in supporting children living with
HIV/AIDS to adhere ART?
.....
10. What do you think could be done to improve the ART adherence among
children?
.....
.....

11. Is there anything would you like to see done differently in this clinic so as you will perform well you duties?

YES ☐

NO

If yes

explain.....

.....