Psychological and Socio-economic Effects of US AID Freeze on People Living with HIV/AIDS: A Case of Youths in Harare, Zimbabwe

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Abstract

This case study probes the psychological and socio-economic effects of the USA aid freeze on youth living with HIV/AIDS. A qualitative research approach was used and a sample of four boys and four girls was drawn from Harare (n =8). In collecting data, the researcher used in-depth interviews then followed by thematic analysis. It was found that the youth living with HIV/AIDS in Harare have relevant knowledge about the pandemic. However, they were experiencing psychological challenges, depression, anxiety, grief and substance abuse linked to the impact of the US aid freeze. The foreign aid used to support them in collaboration with the Zimbabwean government. The youths living with the disease were now incurring health care costs. As a result of these changes, the youths were exploring other alternative mental health and funding sources, building relationships with peers who shared similar experiences. Some were connecting with local HIV/AIDS organisations. Based on the findings, the study recommends that the government of Zimbabwe ought to increase funding for HIV/AIDS services, have an emergency fund to cater for unplanned changes in the health system, explore alternative funding sources such as the Global Fund or World Health Organisation (WHO) programmes, strengthen health systems to maximise existing resources and review the HIV/AIDS Strategic Plan 2021 – 2025.

Keywords: youths, human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), US aid freeze.

Introduction

Human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) were first identified in Zimbabwe in 1985, reporting started in 1987 when 119 cases were documented (Rembe, 2020). This then led the government of Zimbabwe to declare HIV/AIDS a national emergency in 2002. The pandemic remains a challenge; however, Zimbabwe has made great strides in the prevention of HIV/AIDS, resulting in the decline in its prevalence. Rapid progress must be made during this decade to remain on track to end HIV/AIDS by 2030 and meet the set global targets: 95% of people living with HIV (PLWH) know their status, 95% of PLWH know their status and are on treatment, and 95% of people on treatment are with supressed viral loads (UNICEF Report, 2023). However, youths living with HIV/AIDS are

likely to experience psychological distress following the US aid freeze. Furthermore, there are severe socio-economic implications associated with the aid freeze.

Background of study

Zimbabwe's national HIV incidence has declined by over 50% over the past ten years. In 2022, the incidence was at 0.17% and there was a decline in new infections for all age groups. The number of new HIV infections among adults declined by 7% and 9% among children from 2021 to 2022. In the same period, the number of new HIV infections declined by 6% among people aged 10 – 19 and by 7 % among people aged 15 – 24. Similarly, the prevalence among adults aged 15 – 49 has fallen from its peak of 20.5% in 1997 to 11% in 2021. According to the 2022 spectrum estimates, 1 310 438 people are living with HIV (United Nations Development Programme Fact Sheet, 2022). Considering these statistics, World Health Organisation (WHO), United States Agency for International Development (USAID), President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund support for HIV/AIDS prevention services have continued facilitating testing, prevention, management and procurement of medicines. This has contributed to the decline in HIV prevalence in Zimbabwe.

Since independence, the US government has provided more than 15 billion dollars in humanitarian and development assistance to the Zimbabwean people, including more than 1 billion dollars in the past 3 years alone. The US remains the largest provider of development and humanitarian assistance, including through PEPFAR, to Zimbabwe. Current efforts are focused on increasing food security, improving economic resilience and biodiversity conservation, bolstering the response to HIV /AIDS, maternal and child health, malaria and nutrition outcomes, strengthening youth's inclusion and empowerment and promoting democratic governance (Bilateral Relations Fact Sheet, 2025).

Relating to the above mentioned aid, the US has frozen nearly all foreign assistance worldwide, effective immediately a day after President Donald Trump issued a sweeping executive order to pull the plug on such aid for 90 days. The International AIDS Society warned that halting PEPFAR would place millions of lives in jeopardy. This is a matter of life or death. PEPFAR provides lifesaving antiretroviral for more than 20 million people and stopping funding essentially halts their HIV treatment. If that happens, people are going to die and HIV will resurge (Hansler, 2025). Furthermore, the aid freeze was followed by a "stop-work-order". Foreign aid has historically been a pillar of Zimbabwe's economic framework, supporting

health care, food security, infrastructure and social programmes (Chronicle NEWS Paper, 2025). The US aid freeze affects people living with HIV/AIDS psychologically and socio-economically. These factors highlight the complex impact of the aid freeze on youths also living with the disease, underscoring the need for comprehensive solutions to address their unique needs.

Zimbabwe National HIV and AIDS Strategic Plan (ZNASP) 2021 – 2026

The Zimbabwe national HIV plan is outlined in the Zimbabwe National HIV and AIDS Strategic Plan 2021 – 2025. The Strategic Plan aims to guide HIV programming, resource allocation and implementation of HIV/AIDS response in Zimbabwe. Its key objectives include the following: a combination and integration of HIV prevention programmes with sexually transmitted infection prevention and management, prevention of non-communicable diseases and assisting mother to child nutrition programmes. Assisting vulnerable and key populations by implementing programmes targeting vulnerable and key populations such as adolescence girls and young women, children and adolescence with disabilities. Helping social enablers by strengthening social enablers including through legislation, policies and community engagement. Assisting health and community by strengthening health and community systems to support HIV prevention, treatment and care services.

ZNASP is highly relevant to youth living with HIV/AIDS as it includes strategies to address their specific needs such as increasing access to health care services. It also emphasises the importance of providing youth with accurate information about the disease. It further aims to empower them to take control of their health and well-being. Furthermore, the plan seeks to reduce stigma and discrimination against youth living with HIV/AIDS, promoting supportive and inclusive environment.

Aim of the study

The purpose of the study was to probe the psychological and socio -economic effects of the US aid freeze on people living with HIV/AIDS, with special reference to youth in Harare, Zimbabwe.

Objectives

a) Finding out if the youth living with HIV/AIDS have relevant information about the disease.
b) Exploring the reaction of youth living with HIV/AIDS to the US aid freeze.

c) Identifying psychological challenges being experienced by youth living with HIV/AIDS after the US aid freeze.
d) Ascertain the socio-economic challenges affecting the youth living with HIV/AIDS after the US aid freeze.
e) Recommending effective ways to improve HIV/AIDS management for the youth living with the disease considering the suspension of the US aid.

Research questions

a) Does the youth living with HIV/AIDS have relevant information about the disease?
b) How did HIV/AIDS positive youths react to the US aid freeze?
c) What are the psychological challenges being experienced by youth living with HIV/AIDS after the US aid freeze?
d) What are the socio-economic challenges affecting youth living with HIV/AIDS after the US aid freeze?
e) What ways can be adopted to improve HIV/AIDS management in youths living with the disease considering the suspension of the US aid?

Significance of the study

The study ought to help in identifying and understanding specific mental health challenges faced by youths living with HIV/AIDS. This thus lays the foundation for informing the development of targeted support services such as counselling /therapy and peer support groups. Understanding the psychological effects could help identify factors that promote resilience among youth living with HIV/AIDS. On the socio-economic side, the study could help assessing the economic vulnerability of youth living with HIV/AIDS including the impact on education, employment and access to health care. Studying socio-economic effects could inform policy and programming aimed at mitigating the negative impacts of the US aid freeze. To add on that, understanding socio-economic effects could help identify sustainable solutions that address the root causes of vulnerability. The study has enormous practical and theoretical significance, thereby complementing other fields in exploring the topical issues.

Study delimitations

The study focuses only on youth living with HIV/AIDS and based in Harare. The United Nations Educational, Scientific and Cultural Organisation (UNESCO) (2020) defines youths as those persons between the ages of 15 and 24. It is best understood as a period of transition from the dependence of childhood to the independence of adulthood. Psychological and socio-

economic factors linked to the US aid freeze were taken into account. The researcher appreciates that HIV/AIDS is not prevalent in Harare only, but for the purpose of this study only Harare was taken into consideration.

Methodology

The researcher adopted a qualitative research approach, which is concerned with feelings, ideas or experiences. Finding insights that could result in testable hypothesis was the main goal of data collection, which was done in a narrative form (Udoka Eze, 2023). The qualitative approach was chosen because of its benefits such as capturing changing attitudes within a target group. It also provides a much more flexible approach such that, if useful insights are not being captured, researchers can quickly adapt questions, change settings or any other variable to improve responses (Vaughan, 2021). Qualitative research is effective in obtaining specific information about behaviours, values, opinions and social contexts of particular populations. It provides information about the "human" side of an opinion, emotions and relationships of individuals (Tschol et al., 2019). Similarly, Corner et al. (2019) states that qualitative research explores and provides deeper insights into real-world issues and problems by gathering a participant's perceptions, experiences and behaviour. Its limitations are based on potential bias in data interpretation, time consuming data collection and analysis, and challenges replicating the study (Vaughan, 2021).

A narrative research design was also adopted as it pays attention to the ways a story is constructed, for who and why, as well as the cultural discourses it draws from a research inquiry (Bochener, 2007). The foundation of narrative research is the idea that people gain understanding of and meaning from their lives through the stories they tell (Andrew et al., 2013).

Participants and sampling

Participants who took part in the study were youths who were living with HIV/AIDS and also benefiting from the US aid. The sample frame included youths and this frame then became the basis for selecting a small number of the main target population to represent the interests of the overall target population. Having a well-defined and appropriate sampling frame is crucial in research because it ensures that the selected group of participants accurately reflects the actual population being targeted in the study, reduce sampling bias, its cost-effective and have access to contact information of participants (Kayode-Sanni, 2023). As a result, a combination of list-based sampling frame and location –based sampling frame was used.

Eight participants, 4 males and 4 females, were selected and these were based in Harare. The participants gave verbal consent. Their selection was purposely as they were supposed to provide in-depth information linked to the psychological and socio-economic effects of the US aid freeze on them considering that they were living with HIV/AIDS. This would pave way for informed based decisions. It was confirmed that they were HIV positive and on anti-retroviral treatment (ART) through their respective hospitals/clinics where they were being treated. On the other hand, they also confirmed that position and the researcher also checked their medical records. A small sample of 8 was chosen by the researcher due to time constraints and limited funding. The researcher also wanted to gather in-depth insights relating to the matter. Furthermore, the researcher selected a specific group of participants who shared similar characteristics or experience, which means fewer participants were needed to gather meaningful insights.

Convenience sampling was used to identify the participants through the assistance of psychologists, counsellors and social workers in public, private institutions and non-governmental organisations (NGOs). This method, convenience sampling, was chosen because of the geographical proximity of participants, their availability at a given time, and their willingness to participate in the study (Nikolopoulou, 2023).

Educational backgrounds of the participants varied from 'O' levels to university. With 2 males and 2 females doing degree programmes, 1 male doing a higher diploma programme and the other 1 male and 2 females confirming sitting for the 'O' levels examinations, but did not attain at least 5 subjects. On family status, 2 males and 2 females were from average families whereas the rest came from below average families.

Data collection procedure and instruments

In-depth interviews were conducted at a local clinic and lasted about an hour for each participant. Data collection took one week, this depended on the availability of targeted participants. During the interviews, the researcher let the conversations flow naturally asking spontaneous questions based on issues raised by interviewees. The in-depth interviews are useful when you need the full story. They are rich with personal context about complex issues or brand new-topics where you are not just after what people think, but why they think so. With their minimal structure and high adaptability, in-depth interviews are also great for delving into sensitive depth of personal insights (Delve & Limpaecher, (2024).

The in-depth interview instrument was based on a structured interview guide which was translated to Shona in order to get in-depth data without losing meaning. Structured interviews brings with them standardised questions which enable objective comparisons. They allow the relevance/usefulness of questions to be continually assessed. To add on that, they reduce the potential for bias and can be used to pick a new line of questioning if required, thus moving slightly into a semi–structured format (Beaumount, 2024).

Furthermore, recordings were done and a note book was used to write themes that came during the interviews and note observations during the interviews. To compliment these, follow up telephone calls, with the consent of the participants, were made to gather data that might have been missed during the face to face interviews.

Data cleansing

Data cleansing is described by Bandari (2021) as a process which involves spotting and resolving potential data inconstancies or errors to improve data quality. In this research, the following steps were observed: removing duplicate and incomplete information, removing unreadable data, identifying and reviewing outliers, coding open ended data, checking data consistency and performing final quality assurance (Banardokasi, 2021). Missing responses were also identified and participants were contacted by telephone for clarifications.

Data analysis

Thematic analysis is a method of analysing qualitative data and is usually applied to a set of texts such as interviews or transcripts. The researcher followed the most common six step process: familiarisation, coding, generating themes, reviewing themes, defining and naming themes and writing up. Following this process helped to avoid confirmation bias when formulating the analysis (Clarke & Braun, 2022). To add on that, thematic analysis fits well with any qualitative study which attempts to explore complex research issues. Indeed, it is so flexible that it can be incorporated into an epistemology approach (Chamberlian, 2015). Norris and Moules (2017) further state that a rigorous thematic analysis approach can produce insightful and trustworthy findings.

Ethical considerations

Participation in the study was voluntary; and the aim of the study was explained to each and every participant before the interviews. Informed consent was obtained from all participants who signed consent forms to take part in the study. Confidentiality was observed throughout

the study. The right to withdraw from the study was explained and debriefing was done to provide closure and ensure participants well-being.

Findings of the study

Thematic analysis resulted in the following themes:

Knowledge about HIV/AIDS

The youths in Harare living with HIV/AIDS have knowledge about the pandemic; They hold scientific views about it and are also in a position to understand how it is spread, prevented and managed. The participants acknowledged that they get the information from health care providers, community organisations, advocacy groups, support networks and online plate forms and specialised websites on a continuous basis. They appreciated the US aid funding used to supporting them in their treatment programmes.

Psychological problems experienced by the youth living with HIV/AIDS after the US aid freeze

The youths confirmed that they were experiencing persistent sadness, hopelessness, fatigue, low energy, difficulty in concentrating and making decisions. Furthermore, they were also experiencing feelings of danger, racing thoughts and worries, physical symptoms like rapid heartbeat and sweating. They were experiencing grief and loss related to the diagnosis, illness or death of loved ones due to the disease.

Some were venturing into drug or substance abuse as a way to find relief from the effects of the disease. Others also highlighted the issue of fear of disclosing their status to their family, friends or romantic partners.

Socio-economic problems faced by the youth living with HIV/AIDS after US aid freeze

The youths reported that they were already facing health care costs. Without access to free or subsidised HIV/AIDS services, individuals were required to pay out of pocket for health care leading to increased financial burden. They confirmed that, before the US aid freeze, it was easy to get medication and related services such as counselling /therapy free of charge. However, they now had to pay for such services to private institutions. Government institutions are mostly overwhelmed. Social isolation due to stigma and discrimination based on their medical condition was also highlighted.

Support from responsible authorities after the US aid freeze

The youths living with HIV/AIDS felt that the government should increase funding to facilitate the provision of HIV/AIDS services. They expected the government to be always alert and have plan B options in the event of such related issues. They expressed that existing HIV/AIDS programmes should continue under the government sponsorship and other non-governmental organisations.

Solutions to psychological and socioeconomic challenges being faced by youth living with HIV/AIDS after US aid freeze

The youths suggested that the government should continue with all projects linked to HIV/AIDS programmes which were previously sponsored by various agents of the USAID. They wanted policies to be reviewed to suit the current situation and that all stake holders ought to be consulted.

They also expressed that the government ought to encourage all industries to implement corporate social responsibility to reduce governmental burden.

Coping strategies adopted by youths living with HIV/AIDS after US aid freeze

The youths were accessing mental health services, counselling or therapy to manage depression, stress or anxiety. They were also exploring alternative funding sources such as local non-governmental organisations or community based organisations to access HIV/AIDS services. In addition, they were building relationships with peers who shared similar experiences. Some were connecting with local HIV/AIDS organisations such as the National AIDS Council of Zimbabwe (NAC).

Discussion

The findings suggest that youths had relevant knowledge about HIV/AIDS. It is from this background that continuous education could be conducted in schools, colleges, universities, churches, public and private organisations and community at large. HIV positive and negative people of all age groups to be involved in such educational outreaches. Social, economic and technological changes are always taking place the world over, hence we are witnessing improvements in medications and treatment procedures. So, it is very crucial to continue updating people; thus, continuous education.

Social constructivism states that people construct their own understanding and knowledge of the world through experiencing things and by reflecting on those experiences (Olorode & Jimoh, 2016). Language and culture are the frameworks through which humans experience,

communicate and understand reality (Vera Idaresit Akpan et al., 2020). Wine (2004) explains that, when we encounter something new, we have to reconcile it with our previous ideas and experiences, perhaps by changing what we believe or by disregarding the new information as irrelevant. In any case, we are active creators of our own knowledge. To do this, we must ask questions, explore and assess what we know. This explains that learning is an active process which is based on the assumption that knowledge is constructed by learners as they attempt to make sense out of their experiences. This point of view maintains that people actively construct new knowledge as they interact with their environment (Adesanya, 2009).

Youth living with HIV/AIDS are at risk of experiencing depression and anxiety. Symptoms such as persistent sadness, hopelessness, fatigue and low energy, difficulty concentrating and making decisions are linked to depression (DSM -5). Furthermore, feelings of danger, racing thoughts and worries, physical symptoms like rapid heartbeat and sweating are linked to anxiety (DSM -5). Managing depression and anxiety involves a multifaceted approach including seeking professional help, practising self-care, engaging in regular exercise, maintaining a healthy lifestyle and developing coping mechanisms. To some extent, if appropriate, medical options can be considered with the guidance of a doctor.

Being diagnosed with HIV/AIDS brings with it experiences of grief and multiple losses. According to Kubler Rose Model (as cited by Tomasic, 2022), grief stages are as follows: denial, anger, bargaining, depression, and acceptance. This abbreviated as DABDA. Managing grief and loss can be a challenging and individualised process. Strategies include emotional support, self-care, creating meaning and professional help.

HIV/AIDS youths living with HIV/AIDS are renowned for abusing drugs/substances to cope with underlying mental health issues or trauma. The self-medication hypothesis (SMH) maintains that, suffering and not pleasure seeking, is at the heart of addictive disorders such that addictive drugs have an appeal because they relieve painful feelings and psychological distress in the short term. There is also a considerable degree of preference in a person's drug of choice, but it is not as though a person "chooses" a drug; rather, while experimenting with various drugs, he/she discovers that the effects of a particular drug is a welcome is experience because it changes or relieves feelings of stress that are especially painful or unwanted for reasons special to that person (Khantzian, 2017). Managing drug/substance abuse in youth living with HIV/AIDS requires a comprehensive and integrated approach. Key strategies

include early identification, integrated care, family based interventions, counselling/therapy and medication-assisted treatment.

Fear of disclosure of HIV/AIDS status is a significant concern for youths. The fear can steam from stigma and discrimination as well as emotional and psychological factors. Cherry (2023) explains that self-disclosure refers to a concept that emphasise sharing of personal details about one's life. If a person tends to share a lot right away, that person is likely to have a high level of self-disclosure. On the other hand, if a person is more reserved, that person has lower self-disclosure levels. Self-disclosure therefore entails more than how much a person is willing to tell others about himself/herself. It is also a crucial building block of intimacy and absolutely vital to a variety of social relationships.

The current US aid freeze is likely to increase poverty and economic strain. HIV/AIDS exacerbates poverty by causing illnesses and death, leading to lost income and increase health care costs. Humanist theorist Abraham Maslow states that human behaviour is shaped by numerous needs (Heise & Garcia, 2002). Considering the US aid freeze, youth living with HIV/AIDS are the most affected psychologically, socially and economically, thereby automatically compromising their well-being.

In Maslow's hierarchy of needs, human needs are classified into five levels: physiological, safety, love and belonging, esteem and self-actualisation (King, 2024). Maslow's theory states that human actions are motivated by certain physiological and psychological needs that progress from basic to complex (Cherry, 2024). Higher up the hierarchy of needs, the more difficult it is to satisfy the needs associated with that stage because of interpersonal and environmental barriers that inevitably frustrate people. Higher needs become increasingly psychological and long-term rather than physiological and short-term as in the survival related needs (McLeod, 2024).

A patient's physiological needs refer to their physical health and well-being. Patients need to function effectively and recover from illnesses. The foundation for any health care plan is addressing physiological needs, which plays a crucial role in overall patient care. An example of this will be the management of diseases, access to essential medications and treatment of acute or chronic conditions that relate to patients' health (Santhosh, 2023). Health care providers can help by using evidence-based practices, diagnose and treat patients' medical conditions accurately, adjust medications or therapies as needed to achieve optimal patients' response. On the other side, drug manufactures can help by developing and producing effective

medicines, providing financial assistance or discounted medication to patients who cannot afford, develop new treatments for unmet medical needs or improve existing ones.

Patients have a right to feel safe, that is, safety needs, both in terms of the environment they are in and the care they receive. The scope of this includes control of diseases, prevention, medication administration, diagnosis and treatment. Furthermore, patients need to feel a sense of emotional safety (Santhosh, 2023). Health care providers can help by communicating clearly and transparently with patients about their medical conditions, treatment options and risks, support and reassure patients, addressing their fears and concerns about their health. To complement that, drug manufactures could help by assisting health care providers with understanding the proper use, dosage and administration of their products by providing comprehensive information or training.

Patients have love and belonging needs. These refer to the psychological and social aspects of their well-being as well as their emotional well-being. This is about feeling connected, supported and cared for by their health care providers, family and friends. Mental health and emotional well-being are important for fostering a positive healing environment; and, love and belonging can make a huge difference (Santhosh, 2023). Health care providers could help by actively listening, empathising and showing compassion to patients, encourage family involvement and support patients care, facilitating visits and providing resources to help family to cope. To complement, drug manufactures can develop and distribute education materials that help patients better understand their medical conditions in collaboration with health care providers, organise and support advocacy groups, online communities and support networks that connect patients with similar conditions so they could share experiences.

Patients have esteem needs too. It is possible that patients lose self-esteem due to medical conditions or treatment limitations. Patients may also experience feelings of vulnerability, frustration or helplessness (Santhosh, 2023). In such related situations, health care providers can help by providing education on medical conditions and self-management strategies to empower patients. They may also encourage and motivate patients to strive for better health outcomes by celebrating progress. To complement this, drug manufactures can educate patients on how to manage their medications effectively. They could do this by providing them with knowledge and tools, inform patients about possible benefits and side effects of the medications by providing accessible easy to understand information.

Some patients have self-actualisation needs. It is common for patients to seek opportunities for personal growth and self-actualisation as they progress through their treatment and recovery process. Patients' self-actualisation needs refer to their pursuit of personal growth, fulfilment and realising their potential. Taking care of patients' self-actualisation needs can significantly affect their well-being, motivation and recovery (Santhosh, 2023). Health care providers can help by establishing realistic treatment and recovery goals, considering the patients unique circumstances, refer patients to rehabilitation services, support groups or counselling to help them overcome challenges. Drug manufactures can come into play by offering resources and services to help patients overcome challenges and achieve their full potential with their help of health care providers or sponsors. They may also partner with organisations that promote overall well-being such as wellness programmes, mental health resources or initiatives focused on improving patients' social, emotional or physical well-being.

When it comes to government support, Zimbabwe ought to scale up its own contributions. The most critical parts of the HIV/AIDS programmes are to ensure that everyone who wishes to be tested as part of other medical arrangements can be tested at an affordable cost and everyone who needs to be on anti-retroviral treatment (ART) can get this promptly so their viral load can be suppressed.

It is important that access to testing and ART is never rationed indirectly through shortages or cost to patients. So, whatever happens, the government ought to find replacement funds. The government therefore has an opportunity, regardless of whether the US maintains PEPFAR or not, to accelerate the administrative processes that are scheduled within a few years to see HIV/AIDS being treated as a normal chronic illness such as diabetics, hypertension and some psychiatric illnesses which require life time treatment as well as preventive measures. This should allow a cutback in administrative costs and some of the special logistics and other programmes as well as in education programmes that can be absorbed in health education work. There is also an argument that ART patients ought to pay the full cost or access the treatment for free depending on economic status. The government would then provide partial support to some patients who have a modest income and full support to those who do not afford.

The growing density of clinic network, upgrading of medical staff and other improvements in health infrastructure seem to allow HIV/AIDS work to be fully absorbed into the general health system. This would allow funds earmarked for HIV/AIDS treatment to be fully assigned to testing and ART supplies and mark an end to the special HIV/AIDS industry that absorbs

critical funding. Other programmes already in place, such as the growing enforcement of ban on child marriages whether registered or not, and the growing practical protection for teenagers from sexual exploitation also work to push back HIV/AIDS infections. So, extra special work is needed to be part of expanding ordinary programmes (*The Herald*, 2025).

Corporate social responsibility (CSR) initiatives can play a significant role in supporting youth living with HIV/AIDS. This can be done through providing financial support, resources and services to organisations that cater for youth living with the disease. In addition, this promotes awareness and education about HIV/AIDS among employees, customers and the wider community. Stobierski (2021) highlights that businesses have a responsibility to societies that exists around them. In addition to acting ethically and environmentally friendly, organisations driven by philanthropic responsibility often dedicate a portion of their earning to the community. While some firms donate to charities and non-profit that align with their missions, others donate to worthy causes unrelate to their business. Others go far as to create their own charitable trust or organisation to give back and have a positive impact on society.

The US aid freeze was unexpected and automatically brought change related to coping strategies previously adopted by youths living with HIV/AIDS. To facilitate change, the youths living with HIV/AIDS should identify what they want to change and set specific goals, seek support, take care of physical and mental well-being and celebrate progress along the way.

The protection motivation theory (PMT) explains how people respond to fear-arousing health threat communications or fear appeals. It is usually defined operationally as the intention to adopt the recommended action of the determinants of the intention specified by the model area: vulnerability and severity (equivalent to perceived susceptibility and severity), response efficacy (the belief that the recommended action is effective in reducing the threat) and perceived self-efficacy (the belief that one can successfully perform the recommended action (Soutton, 2001).

A person is motivated to protect himself/ herself, thus having a stronger intention to adopt the recommended action to the extent that he/ she believes that the current threat is likely if the current course of action is continued. The consequences would be serious if the threat occurs, and that the recommended action would be effective in reducing the likelihood of the severity of the threat if he/ she is able to carry out the recommendation (Soutton, 2001).

Carrying out the recommendations is done in stages. Identifying the stage an individual is in helps health professionals to provide targeted interventions. Celestine (2021) states the six stages of change as follows:

i) Pre-contemplation: In this stage, the individual is not intending to change their behaviour, they may be uninformed about the consequences of that behaviour or lack confidence in the ability to change sometimes because of previous failed attempts.
ii) Contemplation: The individual in this stage is intending to change their behaviour and can see the benefits of making change. However, the individual is also aware of the challenges that can keep one stuck in this stage.
iii) Preparation: In this stage, the individual is planning to change their behaviour. He/ she has taken some steps already, such as joining support groups of choice.
iv) Action: The individual in this stage has made significant changes to their behaviour that has led to different outcomes in their health and or well-being.
v) Maintenance: In this stage, the individual continues to change behaviour enough to prevent relapse, but is not putting as much time and effort into this as in the action stage. Relapse could occur at any stage up to and including this one, going back to any of the earlier stages in the model.
vi) Termination: The individual in this stage is no longer tempted to use their old behaviour, but feels confident in their ability to keep this stage.

Recommendations

- Other non-governmental organisations, stakeholders and the government ought to increase funding for HIV/AIDS services.
- All stakeholders ought to have an emergency fund to cater for such related unplanned changes in the health system.
- Stakeholders ought to craft policies that emphasise on cooperate responsibility on companies, both local and foreign.
- Stakeholders ought to explore alternative funding sources such as the Global Fund, World Health Organisation (WHO) or private sector and government partnership to support health programmes.
- Government ought to strengthen health systems, reduce waste and improve service delivery to maximise existing resources.
- Stakeholders and the government ought to put in place well defined healthy insurance systems.

- Non-governmental organisations and the government ought to review their 2021 - 2025 HIV/AIDS strategic plans to suite the current situation.

Future research recommendations

This research case study focused on youths in Harare only; therefore, a broader scope in future could be useful in addressing the psychological and socio - economic effects of the US aid freeze on both the youths and adults. Rural areas should be taken into consideration.

Conclusions

Youths living with HIV/AIDS had knowledge about the pandemic; however, the US aid freeze brought with it psychological and socio-economic problems. The youths felt that the government ought to take full responsibility of HIV/AIDS programmes by facilitating funding and continue with the programmes. Various coping strategies have been adopted by the youths to also counter the effects of the US aid freeze. These include counselling/ therapy, exploring other funding sources and networking with other peers and organisations that specialise in the treatment and management of the disease.

This research emphasises that delaying to act is more likely to start reversing the gains achieved in treatment and management; hence, destroying the future of youths living with the disease in Zimbabwe. Youth are the leaders of tomorrow, and have the power to shape the future and create positive change. By supporting and empowering them, we can unlock their full potential and create a brighter future for the country as a whole.

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