

The Role of Community-Based Support Programs in Enhancing ART (Antiretroviral Therapy) Adherence among HIV-Positive Young Adults in Low-Resource Settings

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ABSTRACT

Adherence to antiretroviral therapy (ART) is crucial for HIV-positive young adults, particularly in low-resource settings where barriers such as healthcare inaccessibility, stigma, and economic limitations hinder consistent treatment. Community-based support programs, including peer groups and community health worker (CHW) initiatives, provide essential localized, culturally sensitive resources that help address these barriers. These programs offer social support, psychological counseling, and practical assistance, improving ART adherence and fostering self-efficacy. This review synthesized case studies from sub-Saharan Africa, Southeast Asia, and Latin America, highlighting the impact of these programs on ART adherence rates and identifying both successful elements and ongoing challenges, such as funding limitations and logistical constraints. This review integrated findings from existing literature, examining diverse program models to assess their efficacy and sustainability. Key recommendations included enhancing technological solutions, strengthening partnerships with local leaders, and expanding holistic services to address underlying social determinants of health. Findings suggested that community-based support programs significantly enhance ART adherence among young adults by providing culturally relevant care and sustained, multifaceted support within the community context.

Keywords: Antiretroviral Therapy (ART), HIV/AIDS, Community-Based Support Programs, Adherence, Young Adults.

INTRODUCTION

The fight against HIV/AIDS remains one of the most significant public health challenges worldwide, particularly in low-resource settings where healthcare access is limited, and stigma around HIV infection persists [1, 2]. For HIV-positive young adults, adherence to antiretroviral therapy (ART) is vital, as consistent treatment significantly reduces viral load, improves health outcomes, and lowers transmission risks [3]. However, young adults often face unique challenges in maintaining regular ART use, from social pressures and stigma to economic and logistical barriers, which complicate treatment adherence. In low-resource settings, these challenges are further amplified by systemic limitations such as shortages of healthcare personnel, limited transportation infrastructure, and restricted access to education on ART importance.

Community-based support programs have emerged as a promising intervention to improve ART adherence by addressing many of these barriers through localized, culturally sensitive, and accessible means [4, 5]. These programs, which range from peer support groups to community health worker (CHW) initiatives, provide HIV-positive young adults with vital resources and social support systems that are often unavailable through traditional healthcare frameworks. Research indicates that such community-driven approaches offer practical and emotional support, promoting adherence by empowering young adults, reducing stigma, and enhancing self-efficacy in managing HIV. This review aims to explore the role of community-based support programs in enhancing ART adherence among HIV-positive young adults in low-resource settings. By examining various types of community programs, evaluating their effectiveness, and identifying factors that contribute to or inhibit their success, this article highlights the need for comprehensive and culturally tailored community interventions to support ART adherence. Through this examination, we will consider policy and practice implications, offering

recommendations for healthcare providers and policymakers seeking to incorporate community-based support as a critical component of ART adherence strategies in low-resource regions.

background on antiretroviral therapy (art) and adherence challenges

Antiretroviral therapy (ART) is the cornerstone of HIV treatment and plays a crucial role in reducing the viral load, improving immune function, and decreasing HIV-related morbidity and mortality [6]. For HIV-positive individuals, consistent adherence to ART is essential, as even minor lapses can lead to viral resistance, increased viral load, and a higher risk of transmission [7]. This is especially important for young adults, who are often at a transitional life stage where social, psychological, and economic challenges can interfere with regular medication adherence. Young adults, particularly those in low-resource settings, face a unique set of challenges that impact ART adherence. Social factors, such as stigma and discrimination associated with HIV, often lead to isolation, making young individuals reluctant to disclose their HIV status or seek support, which can detract from adherence. In many cases, HIV-positive youth have not yet disclosed their status to friends, partners, or even family members, fearing ostracism. This can create a significant emotional burden, with young adults often lacking the necessary social support to adhere to ART regimens. In addition to social stigma, economic barriers are prominent, especially in low-resource settings where poverty rates are high, and access to consistent healthcare services is limited. Young adults in these environments may struggle to afford transportation to healthcare facilities, medication costs (even when subsidized), or fees associated with regular check-ups. This is further compounded by educational limitations many lack adequate knowledge of HIV and ART, which affects their understanding of the importance of strict adherence. Consequently, the combination of financial constraints and low health literacy contributes significantly to non-adherence. Moreover, logistical challenges are pronounced in low-resource settings. Healthcare facilities are often understaffed, making regular follow-up visits difficult to schedule and maintain. Young adults may also be more mobile, either for education or work opportunities, leading to inconsistent access to the same healthcare provider or facility, which can interrupt ART routines. Psychological challenges, such as depression and anxiety often exacerbated by their HIV status add further strain to adherence. Young adults in these situations are in dire need of community-level support systems that can bridge the gap between clinical care and everyday life.

Types of Community-Based Support Programs

Community-based support programs have shown great promise in addressing ART adherence barriers by integrating social support, health education, and practical resources directly within the community context [8]. Unlike traditional healthcare settings, these programs are rooted within the communities they serve, providing culturally and socially appropriate support that can enhance accessibility and effectiveness for young adults. Below are some prevalent types of community-based support programs that are helping improve ART adherence in low-resource settings.

- i. **Peer Support Groups:** Peer support groups bring together HIV-positive young adults who share similar challenges and experiences, creating a safe and supportive environment for discussion and encouragement. These groups help reduce the stigma associated with HIV by fostering connections with others who understand the psychological and social burdens of the condition. Peer-led discussions provide a platform for members to share strategies for overcoming barriers to adherence, exchange information on ART, and address mental health challenges. Furthermore, evidence suggests that peer support can bolster self-efficacy and confidence, as individuals feel less isolated and more empowered to manage their treatment. In low-resource settings, peer groups may operate informally, in community centers, or through local non-governmental organizations (NGOs). Trained facilitators, often members of the community or fellow young adults living with HIV, play an instrumental role by leading discussions, sharing accurate information about ART, and offering support. By normalizing HIV and adherence challenges, peer support groups can create a ripple effect within communities, gradually eroding stigma and fostering broader acceptance.
- ii. **Family And Caregiver Involvement:** Incorporating family and caregivers into ART adherence support is another effective approach. For many young adults, the family unit serves as the primary social network, making it a valuable support resource. Family and caregiver programs often involve educating family members about HIV, ART, and the importance of adherence. This not only reduces stigma within the household but also encourages a supportive environment where young adults feel comfortable discussing adherence challenges openly. Family-involvement programs may include workshops or counseling sessions that provide practical skills and information for family members, empowering them to offer emotional and logistical support, such as reminders for medication or help with transportation. By fostering an inclusive environment, family-centered support programs enhance the likelihood of sustained ART adherence, as young adults feel less burdened by the disease and more supported by their immediate social network.

- iii. **Community Health Worker Interventions:** Community health workers (CHWs) play a pivotal role in bridging the gap between clinical care and community-based support. CHWs are typically from the communities they serve, allowing them to build trust, provide culturally relevant care, and understand the unique barriers faced by young adults. Trained in ART adherence counseling and HIV-related education, CHWs conduct home visits, provide adherence counseling, and assist young adults in developing personalized adherence plans. In many low-resource settings, CHWs also help coordinate care by facilitating appointments, providing reminders, and offering transportation assistance when necessary. Their community presence and regular follow-ups are valuable in reducing the sense of isolation among young adults, ensuring they remain connected to their treatment regimen. CHWs have been effective in overcoming logistical and geographical barriers, as they bring support directly to individuals' homes, ensuring continuity of care even in areas with limited healthcare infrastructure.
- iv. **Holistic Programs Addressing Social, Psychological, and Economic Challenges:** Holistic community-based programs aim to address the multi-faceted barriers to ART adherence by providing a range of services that go beyond health education. These programs often incorporate components that tackle psychological needs, such as counseling for anxiety and depression, as well as practical supports like transportation vouchers or food assistance. For young adults facing financial and emotional hardships, such holistic support systems can significantly reduce barriers to adherence, making treatment more accessible and manageable. These programs often leverage partnerships with local NGOs, government agencies, and international organizations to provide wrap-around services. By addressing the economic, psychological, and social dimensions of HIV care, holistic community-based support programs offer a comprehensive approach to adherence support. Young adults benefit not only from the practical resources provided but also from the sense that their entire wellbeing not just their HIV status is being considered.

Effectiveness of Community-Based Support Programs in ART Adherence

The effectiveness of community-based support programs in improving ART adherence among young adults has been documented across various low-resource settings [9]. These programs provide multifaceted support that directly addresses the barriers unique to young adults in underserved communities, showing significant promise in improving health outcomes and quality of life for HIV-positive individuals.

- i. **Case Studies and Data from Low-Resource Regions:** A number of case studies from sub-Saharan Africa, Southeast Asia, and Latin America illustrate how community-based programs can significantly impact ART adherence [10]. For example, in Uganda, a community-led peer support program facilitated by local health workers saw a notable increase in ART adherence rates among HIV-positive young adults. Participants in this program not only attended more ART appointments but also reported fewer treatment interruptions. Similar findings have emerged from South Africa, where peer support groups, coupled with family involvement initiatives, have been shown to reduce missed doses and improve viral suppression rates among young adults. Additionally, data from studies in rural India and Brazil support the effectiveness of CHW interventions. In these settings, CHWs provided adherence counseling, conducted home visits, and offered ART education in a culturally relevant context, which led to a sustained increase in medication adherence. In India, where stigma and limited healthcare access are significant barriers, young adults who received regular home visits from CHWs were more likely to remain on ART than those who did not receive this support. This demonstrates the critical role that CHWs can play in reaching marginalized populations in areas with limited healthcare infrastructure.
- ii. **Comparative Analysis of Adherence Rates With and Without Community Support:** Comparative studies that evaluate ART adherence among individuals participating in community-based support programs versus those receiving standard clinical care show a consistent trend: adherence rates are markedly higher among those engaged in community support. Research conducted in Kenya found that HIV-positive young adults enrolled in peer support programs reported adherence rates up to 20% higher than those receiving only clinic-based counseling. These findings suggest that the communal aspect of support groups provides a unique motivational factor that clinics alone may struggle to replicate. Furthermore, a study in rural Malawi demonstrated that community-based support groups facilitated by CHWs led to higher adherence and retention rates than traditional clinical support. Young adults reported feeling a greater sense of accountability and motivation when engaged with others in their community facing similar health challenges. The shared experience of adherence challenges and collective problem-solving within community groups fosters a more supportive and engaging environment than standard care practices, resulting in more sustained ART adherence.
- iii. **Qualitative Insights on Patient Experiences with Community-Based Programs:** In addition to quantitative outcomes, qualitative data reveal that young adults who participate in community-based support programs often feel less isolated and more empowered in managing their health. Participants

frequently report that the social support gained from these programs reduces the psychological burden of living with HIV. For instance, in studies conducted in Zambia and Nigeria, participants noted that peer support programs helped them feel “normal” again, as they could share their experiences with others facing similar challenges. These qualitative insights are critical for understanding why community-based support programs are effective. In low-resource settings, where HIV-related stigma and discrimination are common, the opportunity to connect with others who are HIV-positive fosters a sense of solidarity and acceptance. Additionally, community health workers provide not only medical guidance but also emotional support, which participants describe as invaluable in their journey towards consistent ART adherence. These programs thus play a pivotal role in helping young adults navigate the multifaceted challenges of ART, reinforcing the notion that a holistic, community-centered approach is essential for adherence success.

Factors Influencing the Success of Community-Based Programs

The success of community-based support programs in enhancing ART adherence depends on multiple factors, including cultural sensitivity, program structure, and the degree of community involvement [11, 12]. A thorough understanding of these elements is vital for designing and implementing effective programs that resonate with young adults in low-resource settings.

- i. **Role of Cultural Sensitivity and Community Involvement:** Community-based programs that are culturally sensitive and incorporate local customs, languages, and social norms have shown greater success in ART adherence. In settings where traditional practices and beliefs influence health behaviors, culturally tailored interventions increase acceptance and engagement among young adults. For instance, in many African communities, HIV-related stigma is deeply embedded in cultural narratives, which can deter individuals from seeking treatment or discussing their status openly. Programs that involve community elders or respected figures in health education activities have seen increased participation, as young adults feel more accepted when community leaders endorse HIV care initiatives. Community involvement also strengthens program impact by fostering a sense of ownership and reducing external resistance. When community members, including local healthcare providers and family members, actively participate in program design and execution, young adults are more likely to perceive these programs as legitimate and trustworthy. This communal investment in program success builds a support system that enhances adherence, providing young adults with a network of individuals who understand and encourage their commitment to ART.
- ii. **Importance of Tailoring Programs to Specific Age Groups and Subcultures:** Young adults are not a homogenous group; therefore, community-based programs must be adapted to address the needs of specific age groups and subcultures within this demographic. Adolescents and young adults have different social dynamics, peer influences, and educational backgrounds, which influence their views on HIV and ART adherence. Tailoring programs to align with these distinct needs can make interventions more effective and relatable for the participants. For instance, adolescents may benefit more from programs that use technology or social media platforms, while young adults in their early 20s may respond better to peer-led workshops and one-on-one counseling. In areas with significant cultural diversity, programs should also be adapted to resonate with local subcultures. For example, young adults from indigenous or rural backgrounds may have unique health beliefs that influence their ART adherence behaviors. Incorporating culturally relevant education materials, such as visual aids or storytelling techniques, can enhance the relatability of the program content. This individualized approach ensures that the interventions are not only accessible but also engaging and relevant to the diverse needs of young adults.
- iii. **Challenges in Funding, Scalability, and Program Sustainability:** While community-based support programs are effective, they face challenges related to funding, scalability, and sustainability factors that must be addressed to ensure long-term success. Funding limitations are a primary concern, as many low-resource settings depend on external financial support from NGOs and international organizations. When these funding streams are interrupted or discontinued, community programs often struggle to maintain their operations, which can jeopardize the progress made in ART adherence. Scalability is another challenge, as replicating community-based programs in different settings requires significant adaptation to local contexts, which can be resource-intensive. Programs that work well in one region may not necessarily succeed in another due to differences in culture, language, and health infrastructure. To improve scalability, some organizations have developed adaptable program frameworks that can be customized for various communities, although this requires careful planning and resource allocation. Lastly, sustainability is crucial for the continued impact of community-based programs. Ensuring that local governments and community leaders are committed to these programs can help stabilize funding and resources. Building capacity among local healthcare workers and training

community members to manage program activities increases program resilience and reduces dependency on external actors. Programs that can be gradually integrated into the public health system are more likely to sustain their efforts and continue benefiting young adults over the long term.

Limitations and Challenges of Community-Based Support Programs

While community-based support programs have demonstrated notable success in enhancing ART adherence, several limitations and challenges impact their effectiveness and sustainability [13]. Addressing these issues is essential for refining these programs and ensuring they can reach and support young adults in low-resource settings.

- i. **Resource Constraints and Funding Instability:** One of the most significant challenges for community-based support programs in low-resource settings is funding instability [14]. Many of these programs are reliant on external funding from non-governmental organizations (NGOs), international health agencies, or private donors. This dependence on external sources makes these programs vulnerable to sudden shifts in donor priorities or economic downturns. When funding is reduced or reallocated, programs may be forced to reduce services, cut staffing, or in severe cases, shut down altogether, leaving young adults without crucial adherence support. Resource limitations also constrain the scope of these programs, as inadequate funding can restrict essential services such as transportation assistance, mental health support, and educational materials. Staffing is another issue; community-based programs often rely on a small team of community health workers (CHWs) and volunteers who may be overextended due to high demand and lack of backup personnel. Limited resources can lead to CHW burnout and reduced service quality, affecting the consistency and effectiveness of adherence support.
- ii. **Cultural and Societal Barriers:** Cultural and societal factors can also limit the impact of community-based support programs. In regions where stigma toward HIV remains strong, young adults may be reluctant to participate in these programs out of fear of being recognized by community members or peers. This is particularly true in smaller communities, where privacy is challenging to maintain. Although community-based programs are designed to be inclusive, the societal stigma surrounding HIV can create a barrier that prevents young adults from seeking the support they need. Additionally, cultural beliefs and misconceptions about HIV treatment can interfere with adherence efforts. In certain communities, traditional medicine practices may conflict with ART protocols, leading to confusion and non-compliance among young adults. Community-based programs often work to integrate cultural sensitivity into their frameworks, but deeply ingrained beliefs can still pose a barrier to adherence, particularly if young adults face pressure from family or community members to abandon ART in favor of alternative treatments.
- iii. **Logistical Challenges and Accessibility Issues:** Community-based support programs in rural or remote areas face logistical challenges, including transportation barriers and infrastructure limitations. In regions with limited access to healthcare facilities, young adults may struggle to attend program meetings or access support resources regularly. Programs that depend on consistent in-person interaction can find it challenging to provide continuity in such areas, especially if roads are unmaintained or if transportation options are unaffordable or unreliable. Accessibility issues are further complicated in communities with limited digital infrastructure, where mobile health or telehealth services cannot effectively supplement in-person support. This digital divide prevents programs from implementing virtual components that could otherwise expand their reach, leaving young adults in remote settings without equitable access to adherence support. Programs working under these constraints must often devise creative strategies to mitigate these barriers, such as arranging community pick-up points for ART or conducting home visits, though these methods are typically labor-intensive and may strain limited resources.

Future Directions and Recommendations for Enhancing Community-Based Support Programs

To improve the reach and effectiveness of community-based support programs, several innovative approaches and strategic partnerships can be explored. These initiatives can strengthen the capacity of programs to overcome current limitations, allowing them to provide more comprehensive and resilient support to young adults adhering to ART.

- i. **Embracing Technological Solutions to Expand Reach:** Integrating technology into community-based support programs offers a promising solution to some of the logistical challenges they face. Although mobile health (mHealth) interventions have their limitations, other forms of technology, such as solar-powered devices or offline health education materials, can enhance program reach without requiring high-tech infrastructure. For example, implementing community radio broadcasts or SMS reminders for ART adherence could provide vital educational support in remote or underserved areas, where access to physical health facilities is limited [15]. In areas where smartphone use is feasible, apps

and web-based platforms could provide peer support, health literacy resources, and reminders, creating an additional layer of support for ART adherence. Mobile applications specifically designed for low-data environments can facilitate connections between young adults and community health workers, enabling continuous support even without in-person contact. Although technology cannot fully replace face-to-face interactions, it can serve as a complementary tool, particularly for young adults who face transportation or time constraints.

- ii. **Strengthening Community Partnerships and Local Leadership Involvement:** Building strong partnerships with local leaders and community organizations can enhance the sustainability and cultural relevance of support programs. Collaborating with trusted community leaders such as elders, religious figures, or local educators can help in mitigating the stigma associated with HIV and encourage broader community acceptance of ART adherence programs [16]. When local leaders endorse these programs, it helps normalize HIV care, making young adults feel more supported and accepted within their communities. Additionally, partnerships with local businesses or NGOs can improve resource availability and financial support for community programs. For instance, local businesses might contribute in-kind support, such as transportation vouchers or food assistance, which directly benefits young adults struggling with economic barriers. Training local leaders and health workers in ART adherence counseling also strengthens community ownership of these programs, reducing dependency on external actors and improving sustainability.
- iii. **Expanding Holistic Services to Address Social and Economic Determinants:** To improve ART adherence among young adults, community-based programs must go beyond medication support to address social and economic determinants of health. For example, offering skills training, educational support, or employment assistance can empower young adults, reducing the financial pressures that may detract from their adherence. Programs could also explore collaborations with government agencies or NGOs to provide micro-grants or scholarships to participants, alleviating some of the financial burden associated with healthcare access. Programs that incorporate mental health services, such as counseling or group therapy, are better equipped to support young adults facing the psychological challenges of living with HIV. Expanding access to mental health resources can help address conditions like depression and anxiety, which can contribute to ART non-adherence. Holistic approaches that incorporate mental health, economic support, and social services recognize that adherence challenges are multi-dimensional, and addressing these broader issues enhances the likelihood of long-term success.
- iv. **Prioritizing Monitoring, Evaluation, and Research for Continuous Improvement:** Finally, investing in the continuous monitoring and evaluation (M&E) of community-based support programs is essential for optimizing their impact. Regular data collection on ART adherence rates, program participation, and patient satisfaction can provide valuable insights into program efficacy and areas for improvement. Additionally, feedback from young adults participating in these programs can help ensure that interventions remain relevant, responsive, and adaptable to evolving needs. Conducting research on the long-term outcomes of community-based support programs will also contribute to evidence-based practices, helping to identify which strategies work best in different contexts. This information can then inform future program development, allowing for more targeted and effective interventions. M&E processes not only improve program quality but also strengthen funding proposals, as data-backed results are essential for securing ongoing financial support from donors and stakeholders.

CONCLUSION

In conclusion, community-based support programs play a pivotal role in enhancing ART adherence among HIV-positive young adults in low-resource settings. By addressing the multifaceted challenges that this population faces ranging from social stigma and economic barriers to limited healthcare access these programs foster a supportive environment that promotes sustained engagement with treatment. The integration of peer support, family involvement, and community health workers creates a holistic approach that not only empowers young adults but also cultivates a sense of belonging and acceptance within their communities. Moreover, the success of these programs is contingent upon their cultural sensitivity and adaptability to local contexts, underscoring the importance of community involvement in their design and implementation. As we look to the future, it is essential to prioritize funding stability and resource allocation to ensure the sustainability of these initiatives. Embracing innovative strategies, such as technological solutions and partnerships with local organizations, will further enhance their reach and efficacy. Ultimately, the ongoing evaluation and refinement of community-based support programs will be crucial in achieving lasting improvements in ART adherence and health outcomes for young adults living with HIV, thereby contributing to the broader goal of combating the HIV/AIDS epidemic in resource-limited settings.

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