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People living with HIV, social capital and health related quality of life**Tolbert Mucheri and Johannes John-Langba**
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People Living with HIV (PLHIV) face unique challenges depending on their location, gender and age group. Despite recognized advancements made in suppressive medication and remarkable achievements by governments to ensure universal access to HIV-related medication mortalities remain high. Optimal usage of medication and adherence remain sub optimal especially in rural communities. To what extent is social capital as an endogenous enabling factor explains disparities in healthcare utilization?. Previous scholars have explored diverse economic benefits of social capital but limited empirical evidence exist to support the role of social capital in healthcare utilization especially amongst marginalized groups of people such as PLHIV. Grounded on the Andersen and Newman model of healthcare utilization and social capital theory, the study employed a mixed method research design. A total of 399 adult PLHIV were reached through time-location sampling and interviewed using a survey questionnaire in rural Zimbabwe. Semi-structured in-depth interviews were also conducted with 40 purposively selected key informants that included healthcare workers, HIV/AIDS service providers and community leaders. A statistically significant association was found between social capital and healthcare utilization. The binary logistic regression model was statistically significant, $\chi^2(11)=129.362$, ($p<0.005$), it correctly classified 80.20% of cases and explained 59.3% of the variance in healthcare utilization (Nagelkerke R-Square=59.30%). Social capital was a significant predictor of HIV/AIDS-related healthcare utilization ($p<0.001$). The results indicated that strong social capital increased the odds of utilization of HIV/AIDS-related healthcare a factor of 59.84. Gender ($p<0.05$, odds ratio=3.4), discrimination ($p<0.05$, odds ratio=7.7) and household headship ($p<0.001$, odds ratio=4.3) were other significant predictors of healthcare utilization. Recommendations are made to integrate social capital in designing interventions and policies to improve HIV-related healthcare utilization in rural context.

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