Children With HIV are Living Longer But Face a Rising Obesity Risk

New research exposes a critical gap in care for children living with HIV.

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Advances in HIV treatment have transformed what was once a fatal diagnosis into a manageable chronic condition. Today, children living with HIV are surviving — and increasingly thriving — into adolescence and adulthood.

But that success has brought an unexpected and largely overlooked consequence: a rising risk of obesity. This risk is exacerbated by a common treatment for HIV, which prevents further spread of the virus but can also lead to weight gain.

A new study led by Joshua Yudkin with the Texas A&M University School of Public Health at Texas A&M Health highlights a critical gap in global health research and care. There are currently no evidence-based and clinic-based weight management programs designed specifically for children living with HIV.

“We systematically searched more than 1,000 studies spanning nearly two decades,” Yudkin said. “Not a single one addressed how to manage obesity in children receiving HIV care in clinical settings. That’s a major blind spot.”

The findings also push back against publication bias, in which gaps in evidence are often overlooked. Yudkin said that by highlighting what’s missing from the body of research — not just what works — the study makes visible this critical and underfunded area.

Childhood obesity in general has quadrupled in the last three decades to become a global crisis, with 80% of these cases in lower- and middle-income regions like sub-Saharan Africa, where resources are limited and 12 million children live with HIV.

“In settings where resources are already stretched, children face both infectious and chronic disease risks at the same time,” Yudkin said. “This combination can significantly complicate medical care and potentially worsen long-term health outcomes.”

In countries like South Africa, where both HIV and obesity are highly prevalent, this dual burden is emerging as a serious threat to child health.

To bring attention to the critical issue of children living with HIV and obesity, Yudkin and the international research team recommended a three-pronged, teamwork approach:

- Developing and testing tailored interventions;
- Integrating care into existing health systems;
- Prioritizing policy and funding/

“The next frontier in global pediatric care is not just helping children survive, but ensuring they live full, healthy lives with dignity,” he said. “By integrating weight management into HIV care and investing in scalable and tailored programs with cultural humility, we can address this growing double burden.”

Yudkin noted that while implementation science frameworks such as PRISM/RE-AIM offer valuable tools for designing effective interventions and reducing the delay in research translation, they have been used primarily in high-income settings. Adapting these approaches to resource-limited contexts will require sustained investment, local partnerships and meaningful community engagement.

He added that some community- and school-based initiatives like South Africa’s Circle of Life are beginning to address both HIV and obesity among children. However, these efforts have yet to be fully translated into clinical care, where children living with HIV most often receive treatment.

“The fact that we found no research that covered both clinic-based health programs and children living with HIV was a wake-up call,” Yudkin said. “We now have an opportunity — and the responsibility — to develop practices and evidence-based solutions that work in real-world settings.”

As global health efforts continue to evolve, the study underscores a critical next step of ensuring that children living with HIV not only survive but also live a full, healthy life.

The findings were published in the journal Sage Open Pediatrics. Others involved in the study were Christopher Owens with the Texas A&M School of Public Health, James Gilbreath with the University of Alabama at Birmingham, and Charles Martyn-Dickens with the Komfo Anokye Teaching Hospital in Kumasi, Ghana.

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