The Maternal Experiences of HIV-positive Women

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Abstract

The United States maternal care system is one that is in charge of providing comprehensive knowledge and preparation for expecting mothers. The U.S. is also a nation where the largest percentage of new infections of HIV among women in 2010 occurred in those between the ages of 25-34 years old, the prime childbearing ages (CDC, 2012). Little research has focused on the provision of specialized maternal care for these women. The purpose of this study was to explore the physical, psychological, and social needs during the maternal experiences of HIV-positive women. A strategic meta-analysis was used to evaluate eligible studies identified for inclusion. The effect of stigma and social messages on the mother’s health and perception of her own experience, barriers and fears about parenting, attitudes towards healthcare and specific parenting issues that emerge during parenthood were all themes related to the maternal experience.

Background Information

The percentage of HIV/AIDS diagnoses among women in the United States has continued to rise significantly in the last few decades. When women in the childbearing ages are diagnosed with HIV, they are faced with the decision of whether or not to have children. This can be a multifaceted issue for these women as this decision may affect their physical, mental, and emotional wellbeing. The social roles and maternal expectations of women may conflict with the stigmas associated with HIV. HIV stigma, in addition to other related fears and barriers not only have an impact on the decision making process, but also affects the mother during and after pregnancy.

Methodology

A strategic meta-analysis was conducted to address this research inquiry. A search was conducted to explore HIV-positive women’s personal experiences during and after pregnancy. In order to be considered for inclusion, all articles had to be studies from samples of HIV-positive women. Articles were excluded if they solely focused on the transmission of the virus from mother to child from a medical standpoint, and not from the personal experiences of the mother.

Results

<table>
<thead>
<tr>
<th>STUDY</th>
<th>PARTICIPANTS</th>
<th>PURPOSE</th>
<th>FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Napranek et al. (2000)</td>
<td>3 women who participated in 3 quantitative and qualitative interviews in central North Carolina</td>
<td>To understand issues affecting prenatal care access and its utilization by women who do not receive adequate care</td>
<td>Unplanned pregnancy, transmission of HIV to child, psychological conditions, and distrust of the healthcare system all affected utilization</td>
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<td>Taylor, B. (2001)</td>
<td>A compilation of literature which demonstrated the lived experiences of individuals with HIV</td>
<td>To explore individual concepts of health and the effect of stigma on individuals’ experiences</td>
<td>Stigmatization of those with HIV has a large effect on their behavior towards their illness and their perceptions on the provision of the health care they need</td>
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<td>Faithfull, J. (1997)</td>
<td>12 HIV-positive mothers who were undergoing treatment and completed a 2 hour interview</td>
<td>To explore how HIV/AIDS impacts the ability of mothers to raise their child</td>
<td>Three key challenges: difficulty of disclosure to children, fears of infecting children, and the impact of loss on ability to raise kids</td>
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<tr>
<td>Sanders, L. (2008)</td>
<td>5 women who were currently pregnant or got pregnant after diagnoses and attended 2 interviews</td>
<td>To explore the meaning of pregnancy after being diagnosed with HIV</td>
<td>The experience of pregnancy results in feelings of isolation, anxiety, and distrust, but hope for normality of parenthood</td>
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<td>Ingram, D. &amp; Hutchinson, S. (2000)</td>
<td>20 women who completed 31 in-depth interviews</td>
<td>To describe the reproductive experiences of HIV-positive women</td>
<td>Double blind patterns had a large psycho-social effect on the women’s reproductive and maternity experiences</td>
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<td>Kelly et al. (2012)</td>
<td>10 women at different stages of their reproductive journeys who completed 22 interviews</td>
<td>To explore the maternity experiences, while focusing on the use of midwives</td>
<td>Preferred prenatal staff who were knowledgeable about the illness and understood its unique needs</td>
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<td>Seroczich, Kimberly, Moore, &amp; Lewis (2001)</td>
<td>24 women who completed a 20 minute paper questionnaire and a 20:40 minute interview</td>
<td>To examine HIV-positive women’s perceptions of family and friend social support in relation to mental health outcomes</td>
<td>Perceived family support was predictive of reduced loneliness and reduced presence of depressive symptoms</td>
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Discussion

The analysis of these studies yielded four main themes related to the maternity experiences of HIV-positive women:

- The effect of stigma and social messages on mother’s health and perception
- Barriers and fears about parenting
- Attitudes towards health care
- Specific parenting issues that emerge during parenthood

Limitations of the research included:

- A lack of research conducted about HIV and maternity care
- Studies were outdated and lacked relevance
- More recent studies have been conducted internationally (2000), while studies in the USA are not as extensive.
- Studies have not been conducted about how specifically maternal care practices for HIV-positive women needs to be conducted in the United States exploring maternal health care practices for HIV-positive women.

Implications

The implications of the study suggest that more research needs to be conducted in the United States exploring maternal health care practices for HIV-positive women. Childbirth curricula could be created to inform HIV-positive women about effective ways to deal with the psychological highs and lows of their pregnancies. It could also inform them about how the delivery and postnatal care of their child may differ from a woman without HIV, as well as inform yet ease them of the fear of passing down the virus to their children. The teaching of curricula should be one free of discrimination and stigmatization, one that is supportive, and one that builds trust in the health care system, all things that would work to enhance the maternal experiences of HIV-positive women.

Statement of Purpose

The purpose of this study was to explore the maternal experiences of HIV-positive women. Given the unique medical needs of HIV-positive women who are pregnant, it is imperative that we understand how to better assist them in the prenatal, intrapartum, and postpartum phases of their pregnancies.

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