

# The Psychosocial and Clinical Well-Being of Women Living with Human Immunodeficiency Virus/AIDS



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## KEYWORDS

• HIV/AIDS • Religion • Spirituality • Depression • Social support • Mental health

## KEY POINTS

- Depression in women living with human immunodeficiency virus/AIDS is associated with poor adherence to treatment, and it negatively impacts quality of life.
- Spirituality/religiosity is important for many women living with human immunodeficiency virus/AIDS and is positively associated with coping, health practices, and health outcomes.
- In the present study, women living with human immunodeficiency virus/AIDS who reported depression had poorer health outcomes, greater perceived stress, and more negative religious coping behaviors.
- Religious attendance and religious coping significantly predicted depressive symptoms in women living with human immunodeficiency virus/AIDS.
- The role of religiosity in improving health outcomes in women living with human immunodeficiency virus/AIDS is highlighted.

## INTRODUCTION

Owing to the success of highly active antiretroviral therapy (ART), human immunodeficiency virus (HIV) infection is now widely considered a chronic illness. Of the 1.2

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million people living with HIV/AIDS (PLWH) in the United States at the end of 2015, approximately one-quarter of these were women.<sup>1</sup> Despite the decrease in HIV diagnoses among women in recent years, more than 7000 received an HIV diagnosis in 2015.<sup>2</sup> Black/African American women are disproportionately affected by HIV, compared with women of other races/ethnicities, and account for more than 60% of women living with HIV/AIDS (WLWHA; compared with 17% each for white/Caucasian and Hispanic/Latina women).<sup>2</sup> WLWHA experience several challenges that may negatively impact psychosocial and clinical well-being.<sup>3–12</sup>

## REVIEW OF THE LITERATURE

### *Depression and Human Immunodeficiency Virus*

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Depression is a major public health problem among people is duplicate of PLWH—particularly women and African Americans.<sup>9,13–25</sup> Depression rates are as high as 67% among WLWHA<sup>19,24</sup> and up to 64% among African American women with HIV.<sup>26–28</sup> Studies identified high rates of depression in HIV-positive African American women (43%) and in predominantly African American samples of PLWH (57%).<sup>9–11,29,30</sup> Yet, there are no known interventions that target major depression specifically in African American women with HIV.<sup>26,27,31,32</sup> African Americans have more difficulty accessing standard mental health care and may benefit less from it.<sup>33–39</sup> African American and Latina women living with HIV are less likely to receive adequate treatment for depression compared with Caucasian non-Hispanic women.<sup>39–41</sup> African Americans face the most severe burden of HIV and African American women represent 62% of HIV infections in women.<sup>42</sup> Depression in PLWH adversely affects adherence to ART,<sup>17,43–47</sup> immune function,<sup>22</sup> disease progression, comorbidity, mortality,<sup>17,22,48–52</sup> and quality of life.<sup>10,20,21,40</sup> Depression's negative effect on adherence is important because suboptimal adherence (<90%–95%) contributes to antiretroviral resistance and worse medical outcomes.<sup>53–58</sup>

### *Spirituality/Religion*

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Spirituality/religion is an important part of daily life for many African Americans (79%), Americans in the Southeast (69%–75%),<sup>30,59,60</sup> and PLWH (85%),<sup>61</sup> including African American WLWHA.<sup>23</sup> Among 2266 PLWH, 72% relied on their religious/spiritual resources when facing problems/difficulties, 86% identified as “religious” and 95% as “spiritual”; furthermore, African Americans reported significantly more religiosity than Caucasians.<sup>61</sup> Religiosity/spirituality may play a critical protective role in the mental well-being of Southern WLWHA<sup>8–10,21,23</sup> and may have an effect on mental health comparable with that of formal psychotherapy.<sup>23</sup> Our previous research<sup>29</sup> with WLWHA revealed that spirituality/religion is important in supporting their coping, health practices and health outcomes, fostering better mental health, treatment adherence, and CD4 T-cell count (an important marker of immune function). Findings of previous studies highlighted the role of spirituality and religious coping in improving depressive symptoms, ART adherence, CD4 cell count, and health-related quality of life (HRQOL) among HIV-positive women<sup>9,10,29</sup> and PLWH.<sup>11,62</sup> In research among WLWHA, including HIV-positive African American women, greater spirituality was significantly associated with fewer depressive symptoms,<sup>9,11,21,23</sup> better ART adherence, and improved immune function.<sup>9,20,63</sup> Despite this finding, few or no religious interventions exist to improve depression, adherence, and immune function in WLWHA.<sup>17</sup>

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