The Context and Experience of Becoming HIV Infected for Zimbabwean Women: Unheard Voices Revealed

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Zimbabwean women are at high risk for HIV infection but often are not the focus of inquiry unless they are participants in controlled trials. In this phenomenological study, we interviewed 17 women living with advanced HIV infection to better understand their experiences and the aftermath of being diagnosed with HIV. Open-ended interviews were audiotaped, transcribed, translated into English, and analyzed. Two themes (living with suspicion of HIV infection and sensing the engulfing anguish of being HIV infected) emerged and were found to reflect the essence of the phenomena. Even though the women had suspected being HIV infected from internal and external cues, a confirmed diagnosis threw them into a state of anguish prompted by the possibility of dying from a disease they "did not deserve." When designing prevention and treatment interventions, for the interventions to be effective, clinicians working with this population should consider the complexity of issues involved.

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The HIV pandemic has had a devastating impact on Zimbabwe; HIV infection became the leading cause of death in the 1990s and caused 1.7 million deaths by 2003 (Ministry of Health and Child Welfare, & National AIDS Council, 2004). The prevalence rate peaked at 23.7% in 2001, before falling significantly to 13.1% in 2011. While the HIV prevalence rate has stabilized, HIV infection remains a major health care crisis in Zimbabwe, with about 1.16 million people (out of 12.7 million) estimated to have been living with HIV in 2011 (Ministry of Health & Child Welfare, 2010).

While HIV infection in Zimbabwe is predominantly sexually transmitted, the infection has increasingly become a woman's disease, with 60% of those living with HIV in 2011 reported to be women (Joint United Nations Programme on HIV/AIDS, 2012). Paradoxically, committed sexual relationships are emerging as a major risk factor for HIV infection, with more infections occurring among women in committed relationships than in any other demographic group (Ministry of Health and Child Welfare, 2010). Prevention strategies such as use of condoms, reductions in concurrent sexual relationships, and medical male circumcision have been effective in reducing HIV infection among commercial sex workers and men (Joint United Nations Programme on HIV/AIDS, 2012), but these strategies might not be as effective in preventing infections in women in committed relationships who might not be in a position to make decisions about sexual

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behavior due to cultural norms and related marital dynamics in Zimbabwe.

Zimbabwe is a largely patrilineal society, with significant gender inequality characterized by a large majority of women of low social status expected to defer to men at all stages of their lives. Culturally, women are expected to be virgins when they first marry (Kambarami, 2006). After marriage, women are expected to obey their husbands and cannot challenge their husbands' sexual behaviors, nor can they suggest or negotiate condom use, thus leaving women with little or no control over their sexual health (Bassett & Mhloyi, 1991; Kambarami, 2006). HIV studies in patrilineal Zimbabwe have predictably focused on female prostitutes as dangerous vectors of HIV (Bassett & Mhloyi, 1991), women and the potential to infect children (Humphrey et al., 2010), and women as caregivers for orphans or people with HIV (Howard et al., 2006). Notably missing from the HIV scientific literature are studies on women's experiences outside of pregnancy and caregiving, documented through their own explanations, understandings, and meanings. Understanding women's experiences will enable nurses to design culturally appropriate care interventions that can improve the quality of life for women affected by HIV infection. The purpose of our study, therefore, was to investigate the context and experience of being diagnosed with HIV infection among Zimbabwean women.

Background

There are a paucity of referent and rigorous studies addressing Zimbabwean women's experiences before and immediately after being diagnosed with HIV infection. Preliminary review of the existing literature on African women living with HIV infection in England, the Congo, and Uganda revealed a cascade of difficulties women faced following testing positive for HIV infection. African women living in England were immensely shocked at testing positive, as they had not considered themselves as being at risk for HIV infection. A diagnosis of HIV caused grief, fear, anxiety, and hopelessness (Doyal & Anderson, 2005; Flowers et al., 2006; Ndirangu & Evans, 2009). Studies conducted in Uganda and the Congo also documented the difficulties women encountered immediately after they were diagnosed. Ugandan women were in denial, afraid, and felt isolated upon receiving an HIV diagnosis (Russell & Seely, 2010), whilst Congolese women were devastated and anguished over potentially dying and leaving their children orphaned; they wondered why the infection had happened to them (Maman, Cathcart, Omba, & Behets, 2009). A few Zimbabwean studies have reported that HIV-infected Zimbabwean women were abandoned by their friends and family, and lived secret lives characterized by constant fear of disclosure (Feldman, Manchester, & Maposhere, 2002; Meursing, 1997; Van Woudenberg, 1998). Not much is known about the contextual elements and lived experiences of Zimbabwean women leading to an HIV diagnosis. Our study aimed to provide a better understanding of Zimbabwean women's lives before they were diagnosed, what it was like to be diagnosed, what that diagnosis meant to the women, and how they responded to the news that they had HIV infection.

Methods

Because we were interested in women's lived experiences, we based our study on interpretive phenomenology as described by van Manen (1997). Phenomenology is a philosophy concerned with the lived experiences and everyday lives of humans with roots in sociology and psychology. Descriptive and interpretive are two main phenomenological approaches. Husserl developed the descriptive approach from his philosophical ideas about how science should be conducted (Cohen, 1987). Husserl believed the lived experience was the foundation for philosophic understanding from which other human actions, as well as natural sciences, take their beginnings and orientation. He conceptualized lived experience as representing the everyday world to which and through which we derive meaning (van Manen, 1997). Heidegger (1962) synthesized Husserl's concept of phenomenology with existentialism, thereby creating existential (interpretive) phenomenology. The central focus of Heidegger's thought was the belief that phenomenological inquiry should focus on the relationship of the individual to his/her lived experience and that people's realities are always

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