



“Out of All of this Mess, I Got a Blessing”: Perceptions and Experiences of Reproduction and Motherhood in African American Women Living With HIV

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HIV disproportionately impacts African American women of childbearing age residing in the southern United States. Antiretroviral therapy has increased the quantity and quality of life for people living with HIV and produced viable and safe reproduction possibilities for women living with HIV. However, little is known about reproductive decision-making processes for African American women living with HIV. The overall goal of our study was to qualitatively explore perspectives related to reproduction and motherhood in HIV-infected African American women of childbearing capacity. HIV-infected African American women of childbearing capacity in South Carolina (N = 42) participated in in-depth interviews. Our respondents held positive views about pregnancy and motherhood, despite nonsupportive pregnancy messages from interpersonal influences, including health care providers. Study findings uncovered the need for programs and interventions to support women's reproductive autonomy and focus on reducing conception- and pregnancy-related transmission risks to infants and uninfected sexual partners.

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African American women of childbearing age residing in the southern United States are disproportionately impacted by HIV. Although they constitute only 13% of the U.S. population, African American women have a rate of new HIV infection almost 19 times higher than that of White women, and nearly

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five times that of Hispanic women (Centers for Disease Control and Prevention [CDC], 2013b). Women in the South may be particularly vulnerable to HIV infection as this region has the highest AIDS prevalence in the United States (CDC, 2015b), increased levels of HIV-related stigma, and heightened levels of institutional racism and discrimination (Kerr et al., 2014; National Alliance of State & Territorial AIDS Directors & National Coalition of STD Directors, 2014). National trends have further indicated that the majority of women diagnosed with HIV are of childbearing age (15-44 years; CDC, 2013a, 2013b), which has serious implications for the reproductive desires and health care needs of this population.

Scientific breakthroughs in HIV treatment and care, particularly the availability of antiretroviral therapy, have been instrumental in both delaying the progression of HIV infection and dramatically decreasing the number of deaths in persons with HIV (Murphy et al., 2001; Palella et al., 2003). Further, the successful implementation and promotion of recommendations for universal prenatal HIV testing and counseling, antiretroviral therapy, and combination prophylaxis has reduced mother-to-child transmission (MTCT) to less than 1% in the United States (CDC, 2015a), offering viable and safe reproduction options for women living with HIV.

In spite of their HIV status, numerous research studies have revealed that HIV-infected women continue to express a desire for motherhood (Barnes & Murphy, 2009; Finocchiaro-Kessler, Sweat, et al., 2010; Kennedy et al., 2014). Traditionally, the role of motherhood is a transformative experience for many women, including those with HIV. Motherhood can provide women with love, acceptance, and a legacy for the future. For marginalized women, motherhood can offer the promise of a hopeful future that far exceeds their current circumstances (Collins, 1987; Ingram & Hutchinson, 2000; Levine & Dubler, 1990). Researchers studying HIV-infected women have found that the maternal role can positively impact a woman's self-realization and self-esteem by providing her a sense of normalcy (Barnes & Murphy, 2009; Finocchiaro-Kessler, Sweat, et al., 2010; Kennedy et al., 2014). Further, HIV-infected women have described motherhood as a reason to live and imple-

ment healthy life-sustaining behaviors, such as adhering to HIV treatment (Boehme et al., 2014). Positive attitudes toward the role of motherhood have been associated with increased intentions to become pregnant and increased number of prior pregnancies in women with HIV (Kennedy et al., 2014).

While societal norms and expectations promote motherhood for many women, some HIV-infected women, particularly those who are underserved, are discouraged from becoming pregnant (Ingram & Hutchinson, 2000; Thornton, Romanelli, & Collins, 2004). The dissonance between these conflicting messages ultimately complicates the reproductive decision-making process for HIV-infected women, often leading to personal, internal conflicts (Barnes & Murphy, 2009; Ingram & Hutchinson, 2000; Kirshenbaum et al., 2004). Moreover, advising HIV-infected women not to have children is inconsistent with contemporary models of care that endorse "living with HIV" rather than "dying from" the disease (Watkins-Hayes, Pittman-Gay, & Beaman, 2012).

Current guidelines outlined by the CDC (2013c) and the American College of Obstetricians and Gynecologists (ACOG, 2010) promote reproductive choice and informed decision-making for HIV-infected women. This reflects a shift in the medical community's historic view that HIV posed serious challenges for reproduction, as evidenced by earlier recommendations that advised HIV-infected women to consider alternatives such as adoption, donor insemination, and child-free living (Ethics Committee of the American Fertility Society, 1994; Thornton et al., 2004). Guidelines now emphasize that the reproductive rights and desires of HIV-infected women should be supported by offering women evidence-based preconception counseling before planning and conceiving a pregnancy to achieve optimal maternal-fetal health outcomes and reduce HIV sexual transmission risks to uninfected partners (ACOG, 2010; CDC, 2013c; New York State Department of Health AIDS Institute, 2010). Further, the United Nations has endorsed the principle that all women should have the right to "decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights" (U.N. General Assembly, 1979, p. 19).

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