Life With HIV: Insights from HIV-infected Women in Cameroon, Central Africa

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Women in Cameroon are disproportionately burdened by HIV illness. Understanding the impact HIV has on women is essential for developing interventions to enhance their quality of life. Our aim was to explore and provide an in-depth understanding of the daily experiences of a sample of women living with HIV in Cameroon. Qualitative semi-structured in-depth interviews were conducted with women (N = 30) from the northwest region of Cameroon who self-reported being infected with HIV. Participants shared that they had multiple challenges in their daily experiences living with HIV. The themes that emerged included: (a) receiving an HIV diagnosis is traumatic, (b) living with HIV is a constant struggle, (c) limited resources and support cause problems, and (d) stigma and powerlessness exacerbate the impact of HIV. We provide insight into the daily experiences of HIV-infected women in Cameroon. Implications for improving health care and social services to women living with HIV in Cameroon are suggested.

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Virtually no country is immune to the HIV pandemic that has impacted global health for more than 30 years. Countries in sub-Saharan Africa are severely affected, with nearly 1 in every 20 adults living with HIV and accounting for 71% of the people

living with HIV worldwide (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2013). In developing countries, women have been disproportionately affected by HIV infection (Dugassa, 2009), which has impacted their abilities to perform a core role of taking care of their families. How HIV has impacted these women's core roles and productivity are important factors when trying to understand the complexities of HIV prevention and care in developing countries. Thus, there is a need to understand the experiences of women living with HIV from the perspectives of those suffering from the disease. HIV disrupts social, cultural, economic, and environmental components of infected persons' daily lives (Kleinman, 1988), especially in the resourceconstrained countries of sub-Saharan (UNAIDS, 2013).

In 2010, women in Cameroon comprised 52% of the population with an HIV prevalence rate of 6.8%,

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compared to a 4.1% prevalence rate for men (National AIDS Control Committee/Central Technical Group, 2010). Young Cameroonian women ages 15 to 24 years have been particularly vulnerable to HIV infection, accounting for 70% of all HIV infections and 60% of Cameroonians living with HIV (Cameroonian National AIDS Control Committee/Central Technical Group, 2010). Despite the increasing number of women living with HIV in Cameroon, little research has been conducted on their HIV illness experiences related to function and daily life.

Cameroon's society is patriarchal, and societal norms about masculinity and gender give men control over women (Awuba & Macassa, 2007); gender inequalities are pervasive within Cameroonian culture. Gender norms in households and communities reflect values and attitudes about the limited worth or importance of girls versus boys and women versus men. Men are the heads of household, making decisions on financial matters, as well as sexual and reproductive issues (Awuba & Macassa, 2007). Women in Cameroon are caregivers for their families and communities, but HIV-infected women must also deal with living with the virus, and HIV limits strength and energy, impacting the ability to work and perform daily activities.

Gaining a deeper understanding of how HIV has impacted women's lives is essential in a pluralistic society such as Cameroon where women are disadvantaged by gender, their roles in society, and poverty. Understanding the daily experiences of HIV-infected women, and how HIV has impacted their abilities to function effectively would enable the development of interventions to enhance their quality of life. Thus, the purpose of our study was to explore and provide an in-depth understanding of the daily experiences of a sample of women living with HIV in Cameroon, Central Africa.

Method

Research Design

A qualitative, semi-structured in-depth interview design was used to capture Cameroon women's daily experiences as they lived with HIV infection. A qualitative approach provided an opportunity for the women to talk about experiences of living with the disease in their own words (Denzin & Lincoln 2007; Ritchie & Lewis 2005). As women tell stories of their experiences with HIV infection, their symptoms and functional impairments transform into personally meaningful experiences (Bury, 2001) and help us understand how HIV has impacted their daily lives. Understanding women's subjective illness experiences is necessary in order to engage in treatment and optimal provision of women's health care. Prior to beginning the in-depth interviews, each participant completed a brief participant characteristic questionnaire to gather sociodemographic and health-related information.

Research Setting

Our study was carried out in the northwest region of rural Cameroon, Central Africa. The estimated total life expectancy reported in 2015 was 57.93 years (Central Intelligence Agency, 2016). Cameroon is one of the poorest countries in sub-Saharan Africa, with more than 70% of the population earning less than \$1 USD per day (Muko, Ngwa, et al., 2004). Apart from the issue of poverty, most of the population of Cameroon lives in rural areas with bad roads and rugged terrain (Central Intelligence Agency, 2016).

People in the northwest region of Cameroon depend primarily on subsistence agricultural activities, which include generating small-scale crops to sell along the roadside or in markets to feed and support their families. Besides HIV, tropical diseases such as malaria, schistosomiasis, and lymphatic filariasis are widespread and endemic, causing disabilities and disfiguring conditions in poor rural populations in Cameroon (Hotez & Kamath, 2009). The northwest region of Cameroon has a 100-bed public hospital in the town of Bamenda where people seek health care. Many nongovernmental organizations also operate in this region of Cameroon, providing limited health and social services to the general population. However, there is a lack of trained health care personnel to manage and care for patients living with HIV. Inadequate access to care, including lack of medications and lack of laboratories, prevent large-scale implementation of treatment and prevention programs in rural areas of Cameroon. Modern health care in this region of

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