EUROPEAN HIV NURSING CONFERENCE

PROGRAM & ABSTRACTS

HOSTED BY: IAPAC
IN PARTNERSHIP WITH: EHN, NHIVNA, AHF

18–19 November 2016 • Barcelona
23 Using Visual Narratives to Inform Nursing Practice: A Case Study about the Meaning of Antiretroviral Therapy

Juan Leyna-Moral (presenting), Joan Edwards*, Patrick Palmieri*, María Felipe-Cid*
1 Universitat Autònoma de Barcelona, Spain
2 Texas Woman’s University, Houston, TX, USA
3 Universidad Privada del Norte, Lima, Peru

Background: Adherence to antiretroviral therapy (ART) is strongly influenced by social and cultural issues. Although patient knowledge, beliefs, and experiences directly inform decision-making and treatment adherence strategies, these are understudied and not well understood. For the newly diagnosed person living with HIV, the meaning attributed to ART for shifting HIV from a life-ending to a chronic condition is unknown. To understand the meanings attributed to ART in a newly diagnosed person living with HIV and to explain this connection with ART.

Methodology: Qualitative interpretative phenomenology study. Descriptions of the phenomena were collected from artistic sources: Homemade photographs and narrative accounts from April 2011 through February 2013. The participant was a young Spanish male, openly gay, postgraduate prepared, from an upper-middle-class family. A simple instruction was given: Represent with images or explain with your own words the meaning you attribute to ART. Data were manually analyzed using van Manen’s method and concept of reduction. Monthly online visits were conducted to eliminate researcher subjectivity from the interpretations, finding clear meaning to the whole experience and to its parts.

Results: Twenty-eight pictures were produced, accompanied by narrative accounts. A major theme and two sub-themes were identified. “I can’t live with or without ART” represents the participant’s dual relationship with ART. The primary meaning attributed to ART by the participant was a “personal source of faith” since this represents the continuation of life. However, suffering and feeling different as a result of the ART were responsible for feeling a “loss of identity.”

Conclusion: Dual feelings and meanings were attributed to ART, impacting how ART is viewed as a benefit and a hindrance to daily life. Strategies to help patients engage in self-care and to assist caregivers to individualize care in a relevant and humanized manner need to be developed.

24 The Role of Religious Beliefs in Reproductive Decision-Making among African-American Women Living with HIV

Juan Leyna-Moral (presenting), Joan Edwards*, Patrick Palmieri*, Patricia Piscya Angeles*, Ana Toledo-Chacón*, Sandra Cesario*, Marylin Goffman*, Nataly Membriolo*, María Felipe-Cid*
1 Universitat Autònoma de Barcelona, Spain
2 Texas Woman’s University, Houston, TX, USA
3 Universidad Privada del Norte, Lima, Peru
4 Canary Islands Foundation of Health Research, Tenerife, Spain
5 Universidad María Auxiliadora, Lima, Peru

Background: Women living with HIV are a highly vulnerable population, frequently understudied. Many factors have been identified to explain the higher pregnancy rates among African-American women living with HIV (AWLHIV). Social factors related to AWLHIV are seldomly reported in the research literature. This is the first review of spirituality and religion in AWLHIV. The aim of this study is to describe the impact of religious beliefs and spirituality in the pregnancy decision-making process of AWLHIV.

Methodology: The subset of data regarding AWLHIV was extracted from a larger overarching systematic review regarding the reproductive decisions of women living with HIV. The CINAHL, PubMed, Scopus, ESI Web of Knowledge, Cochrane Library, Embase and Psychinfo, were searched from 1990 through 2016, with the keywords “pregnancy,” “reproductive,” “decision-making,” “HIV,” “AIDS,” “women.” Only articles originally published in English and conducted in the Organization for Economic Cooperation and Development (OECD) were included to maintain the focus on developed countries.

Results: Seven studies were included in this review; all conducted in the United States, with either a qualitative or mixed methods design. Mean age of participants was 34.36 years (SD = 6.55). Spirituality and religion play a central role in the lives of AWLHIV, helping them to improve their reproductive self-management and to develop the hope they need for childbearing. A positive association was noted between private religious practice and success in coping in childbearing. For Christians, God is seen as having control over the women's lives, including offering magical healing powers.

Conclusion: Religious beliefs and spirituality are significant to AWLHIV and their reproductive decision-making. An assessment of the private religious practices and spirituality of AWLHIV is compulsory for excellent nursing care management. A proper link to AWLHIV to religious community services of their preference appears to be relevant to improve and maintain these women health regarding to reproduction.