

“We are not different from others”: A Qualitative Study of Career Aspirations, Relationships and Childbearing among Hispanic/Latino adolescents with Perinatally-Acquired HIV

Maria Santana-Garcés, Dr. Cindy Fair

Department of Public Health Studies, College of Arts and Sciences, Elon University

INTRODUCTION

Perinatally-acquired HIV (PHIV)

also known as mother-to-child transmission, occurs when the mother-to-be carries HIV and transmits the virus to her child during childbirth or when breastfeeding.

- PHIV disproportionately affects Hispanic/Latinos living in the US, who account for 26% of those living with HIV, and 17% of new PHIV diagnoses .

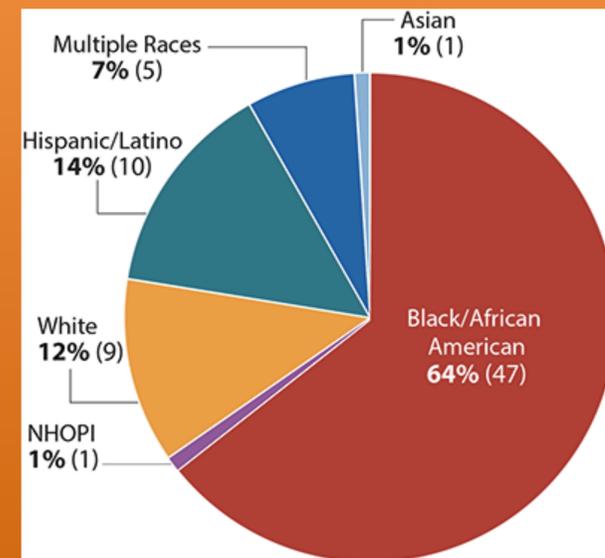
Life with HIV

- Those with PHIV are surviving into adulthood and can maintain a low-viral load when adhering to a strict regimen of anti-retroviral therapy (ART).
- Though HIV is not a “death sentence” those with HIV still struggle with stigma from peers and family members, rejection from potential partners, and frequent visits with their medical provider

Hispanic/Latinos living in the United States

- Comprise 18% of the total U.S population, and experience discrimination, poverty, and difficulty affording and acquiring healthcare.
- 19% are living in poverty. 27% of those living in poverty are under the age of 18.
- Among Hispanic/Latinos who are 25 and older, 59% have attained some or completed their high school education.

Diagnoses of Perinatal HIV Infections in the US and Dependent Areas by Race/Ethnicity, 2017



CDC. Diagnosis of HIV infection in the US and dependent areas by race/ethnicity. HIV surveillance report, 2017.

AIMS

Little research has exclusively studied Hispanic/Latino adolescents living with PHIV. This study aims to:

1. Further understand the complexities of life with HIV among this population.
2. Identify areas for potential interventions.



Unicef. Mothers, Children and HIV/AIDS. 2018

METHODS

Participants:

- This study consisted of semi-structured interviews of **n=18** participants (12 females and 6 males, mean **age 20.8** years, range 15-29).
- Participants were recruited from 2 pediatric clinics

Interviews:

Each ~40 minute interview composed of a series of questions regarding:

- career aspirations
- family and intimate relationships
- views on childbearing

Analysis:

After the interviews were conducted, responses were analyzed for emergent themes using qualitative data analysis software, Dedoose.

CONCLUSIONS

- This population clearly has struggles that are unrelated to their HIV status. Within this sample, more pertinent issues within their lives **were finishing education, raising healthy children, finding employment, and finding an accepting partner.**
- This coincides with many participants also **struggling through childhood.** This additive trauma hinders healthy development and could result in difficulty forming meaningful committed relationships.
- Though few participants were raised by their biological parents, most **participants had positive views on parenthood** and expected to have one or more children in the future. Often, parents felt that it was important to better their own life on behalf of their children.
- **Open discussion of sex and sexual education was rarely reported.** Male participants had **little knowledge** of birth control and rates of transmission of PHIV. Though participants themselves had an understanding of sex through providers and education, **disclosure** to partners was **facilitated by accurate information** regarding HIV transmission and prevention.

FUTURE CONSIDERATIONS

Interventions for this population should focus on:

- **Building supportive relationships**
Those who had set career aspirations had a strong support system. Support systems could include family, healthcare providers, peers, and teachers/mentors.
- **Having open conversations about sex and sexuality**
Open conversations about sex and sexuality may lessen the negative stigma surrounding HIV and positively impact adolescents struggling to accept themselves and find a sexual partner. Moreover open discussion of sexual practices could make disclosure to a partner easier and reduce the risk of future HIV transmission.
- **Improving access to finishing and furthering education**
HIV did not affect career aspirations, however several participants did not finish their high school education. This population would benefit from expanding access to quality education and providing resources for pursuing secondary schooling and career advice.

RESULTS

Future Career Aspirations

“Growing up with [HIV] and having a great support system, whether it was camp or social workers, just knowing that I could go and talk to somebody when I needed it- I want to be that person for a child- cause it’s really hard.”

- 8 participants were unemployed
- 7 had not completed high school
- Participants had career aspirations in various industries such as **health, education, food /food service, cinema and TV**
- Career aspirations were most often supported by **teachers** and **close family** occasionally participants received career support from health providers

Living with HIV:

“You’re not different from other people. You are a person. You’re the same as anybody else, so why be scared of HIV?”

- Each participant **emphasized the importance of adhering to ART**
- Most participants **did not feel that HIV negatively affected their career or family aspirations**
- Reported that stigma and misinformation surrounding HIV negatively impacted their relationships with peers, and in some cases, family members
- Many participants, **struggled through childhood** and reported different adverse experiences such as: death of one or both parents, verbal abuse, sexual abuse
- 2 female participants reporting instances of rape

Relationships:

“It’s hard to just tell somebody. They might beat you up... tell the whole neighborhood. Then no one likes you because people have so many stigmas about it.”

- **5 participants had never disclosed** their HIV status to a partner before
- Participants expressed that their HIV status **did affect their relationships**, especially when disclosing one’s HIV status to a potential sexual partner
- 2 participants were married, and 17 expressed a desire for marriage
- 8 participants had discussed sexual practices with their provider, and 7 recalled having a formal sexual education course as part of a school curriculum

Childbearing:

“I want to be there for [my daughter] so she can complete high school and then go to college. So she’s not like me, sitting at home all day”

- 7 participants (6 females and 1 male) reported that they **had at least 1 child, none were HIV-positive.**
- Of these 7 with children , 6 were above the age of 20
- Parents felt that it was most important to **give their children a sufficient education and be supportive of them throughout their lives**
- 15 participants were raised by either a single parent or other family members
- 2 participants were adopted