Psychosocial Perspectives on Motherhood Among Black Women Living With HIV: A Multi-Country Analysis

Josephine B. Etowa
School of Nursing, Fac, University of Ottawa, Nepean, ON, Canada

Purpose:

Motherhood is often defined by the bond that is created between a child and a woman. Breastfeeding is often seen as the foundation for this bond in Black African culture. Thus, many women of African descent view breastfeeding as a symbol of “good motherhood” and ‘the natural’ way of feeding a baby. They may choose to breastfeed despite their knowledge of the high HIV transmission risk through breast milk, and to avoid being labelled a “bad mother” and the speculation about their HIV status.

Motherhood is further complicated by the diagnosis of HIV as breastfeeding is contraindicated for women living with HIV. This is a measure to reduce risk of vertical transmission through breast milk. Diagnosis of HIV have been described by mothers as being stripped of one’s sense of humanity, and being mandated not to breastfeed one’s child is seen as being stripped of ‘motherhood. No studies have specifically examined how psychosocial factors related to infant feeding practices may influence the motherhood experiences of HIV+ Black women, especially those living in the western world. This paper will present the quantitative results of a recent study that examined the sociocultural contexts of infant feeding among Black women living with HIV in Canada, USA, and Nigeria. The study sought not only to understand the motherhood experiences of Black women in the western world where breastfeeding is not permitted for this population, but also to examine the motherhood experiences of indigenous Black women in Nigeria where exclusive breastfeeding is supported by national guidelines.

Methods:

Data was collected using a cross-sectional multi-country survey based on venue-based convenience sample of HIV+ Black mothers. The sample size were of 89, 201 and 400 in Ottawa, Canada, Miami, USA, and Port Harcourt, Nigeria respectively, for a total of 690 participants. Software such as SPSS and Excel were critical in providing descriptive and inferential analyses. The Being a Mother Scale (BaM-13) developed by Matthew (2011) was used to measure motherhood among the HIV+ Black women. The scale consists of 13 psychometric statements to rate the feelings of motherhood, each with 4 rating options ranked from 1 to 4 points plus a choice of not providing an answer. Three step Hierarchical Linear Regression Models (HLMs) were used to analyse the influence of socio-cultural and psychosocial variables on Motherhood. The HLM diagnostics tests were done to check violation of the assumption of normality, linearity, multicollinearity and homoscedasticity. Also, listwise deletion of observations with missing data points were done to enhance the stability of the correlation matrix. Within the HLM, the contributory effects of 3 blocks of variables on the motherhood scores of the HIV+ mothers in each site were determined. The blocks include socio-demographic, sociocultural and psychosocial, variables.

Results:

Majority of the HIV+ mothers in Ottawa (n= 57, 66.5%) had no spouses whereas in Miami (n=121, 60.8%) and Port Harcourt (n= 240, 85.2%), most of them were married. Across the three sites, all women had at least an infant since being diagnosed HIV+. Average number of years since being HIV+ were 12.7, 10.9 and 6.3 years in Ottawa, Miami and Port Harcourt, respectively. Majority of the women in all sites had at least some high school, technical or vocational education. Most of the HIV+ women in Ottawa (n=51, n=57.3%) and Nigeria (n= 320, 87.9%) were on either on part time or full time employment whereas in Miami (n=134, 67.3%), the majority were unemployed but on government insurance schemes.
On the scale of 52 points scale these represented 82.7%, 70.5% and 55.0% motherhood scores in Ottawa, Miami and Port Harcourt respectively. Although these reflect high motherhood feelings, Miami with relatively high standard deviations (10.69) would experience 20.6% variability of motherhood feelings among the HIV+ women.

Diagnostics of the Hierarchical linear regression models (HLMs) proved the model to be accurate and stable. The F-statistics: Ottawa (F=6.641), Maimi (F=6.220) and Port Harcourt(F=19.643) were significant (P<0.05) in the three models. Based on the R-squared values of the HLMs at their final steps, 68.9%, 53.1% and 43.3% of the variations of motherhood scores were accounted for by the joint effects of all the explanatory variables in Ottawa, Miami and Port Harcourt HLMs, respectively. After controlling for socioeconomic variables, it was found that at P<0.05 HLMs results showed that contributed psychosocial attributes 48.7%(Ottawa), 33.0%(Miami) and 35.0% (Port Harcourt) of the variation in motherhood scores in these sites. The following provides decompositions of the results of each HLM based on individual significant (P< 0.05) variables that conformed to the apriori expectations. Each result is based on the assumption that all other variables are held constant.

Ottawa: i) Adherence to infant feeding guideline (1) instead of not adhering (0) was associated with 0.26 units increase in the standard deviation of motherhood score; ii) A unit increase in the standard deviation of Iowa infant feeding attitude score was associated with 0.291 unit increase in the standard deviation of motherhood score; iii) A unit increase in functional social support score was associated with 0.51 unit increase in the standard deviation of motherhood score; iv) A unit increase in the standard deviation of perceived stress score led to 0.313 unit decrease in standard deviation of motherhood score.

Miami: i) A unit increase in the ratings of the influence of cultural beliefs on infant feeding practice was associated with 0.26 unit decrease in the standard deviation of motherhood score; ii) A unit increase in the standard deviation of functional social support score was associated with 0.286 unit increase in the standard deviation of motherhood score; iii) A unit increase in the standard deviation of heightened vigilance score was associated with 0.214 unit decrease in the standard deviation of motherhood score; iv) A unit increase in the standard deviation of discrimination score was associated with 0.389 unit reduction in the standard deviation of motherhood score.

Port Harcourt: i) One person (one-unit standard deviation) increase in household size led to decline in motherhood score by 0.121 unit standard deviation; ii) Adherence to infant feeding guideline (1) instead of not adhering (0) was associated with 0.156 unit increase in the standard deviation of motherhood score; iii) A unit increase in the standard deviation of functional social support score was associated with 0.320 unit increase in the standard deviation of motherhood score iv) A unit increase in the standard deviation of discrimination score was associated with 0.435 unit decrease in the standard deviation of motherhood score; v) A unit increase in the standard deviation of perceived stress score led to 0.136 unit decrease in standard deviation of motherhood score.

Conclusion:

Motherhood among HIV+ B Black mothers is a psychosocial problem that requires targeted interventions. Effective program development needs to include enabling environment for functional social supports and knowledge sharing with regards to infant feeding and national guidelines. As treatment for HIV evolves, national guidelines and related policies for infant feeding practices in this population may need to be revisited.

Title:
Psychosocial Perspectives on Motherhood Among Black Women Living With HIV: A Multi-Country Analysis
Abstract Summary:
The paper provides analysis of motherhood among HIV+ black women of African Descent in three Countries. It measured Motherhood on the “Being a Mother Scale” and analysed the socio-cultural and psychosocial determinants of motherhood in the study populations. Infant feeding practice was one significant factor.

Content Outline:
1. Introduction
2. Methods
3. Results
4. Conclusion and implications

First Primary Presenting Author
Primary Presenting Author
Josephine B. Etowa
University of Ottawa
School of Nursing, Fac
Full Professor
Nepean ON
Canada
Author Summary: Josephine B. Etowa, PhD MN BScN RM RN FWACN, FAAN, is a Professor and Loyer-DaSilva Research Chair in Public Health Nursing in the Faculty of Health Sciences at the University of Ottawa. Her program of research which is grounded in over twenty-five years of clinical practice in the areas of maternal-newborn and child health (MNCH), and in public health nursing include studies that examine the worklife experiences of nurses from various social locations (72 words)