Title: The Emerging Adults’ Lived Experience of Perinatally Acquired Human Immunodeficiency Virus (PAHIV)

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Session Title: Research Poster Session 1
Slot (superslotted): RSC PST 1: Friday, 28 July 2017: 10:00 AM-10:45 AM
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Keywords: Emerging adulthood, HIV/AIDS and Perinatally acquired HIV (PAHIV)

References:


Abstract Summary: Perinatally acquired human immunodeficiency virus (PAHIV) infants are surviving into emerging adulthood and not much is known about this group. This study explores the emerging adult’s lived experience of PAHIV, utilizing a phenomenological approach. Nursing should be engaged in efforts to understand their perceptions and improving their quality of life.

Learning Activity:

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<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<td>Identify the Perinatally Acquired HIV emerging adult</td>
<td>Informational</td>
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<td>Discuss the global status of HIV/AIDS</td>
<td>Current statistics on the status of HIV</td>
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<tr>
<td>Explain the global and national state of PAHIV infection</td>
<td>Current statistics on the status of HIV</td>
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<td>Identify three barriers to achieving the benchmarks of the emerging adulthood</td>
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Abstract Text:

Background:

Globally, Human Immunodeficiency Virus (HIV) continues to be a serious health issue. In 2015 there were 2.1 million new cases; an estimated 36.7 million people were living with the disease; and 1.1 million people died from the disease around the world. Of these amounts, 25.6 million people were living with the disease in Sub-Saharan Africa which also accounted for two thirds of new HIV infections globally in 2015. Between 2000 and 2015, new HIV infections fell by 35% and AIDS related deaths fell by 28% globally. There is an estimated 150,000 new infections in children globally in 2015, a significant decrease from 2008 where 430,000 children were born with HIV. In 2012, approximately 2.1 million adolescents were living with HIV worldwide. Between 2005 and 2012, HIV-related death among adolescents increased by 50% whiles the global number of HIV-related deaths decreased by 30%.

Since the first cases of HIV infections in the United States were diagnosed in 1980, an estimated, 1.8 million people in the U.S. have been diagnosed with the disease and 658,992 have died from the virus or other related diseases. Although the incidence of HIV in the U.S. has decreased, it has remained steady at approximately 50,000 new cases each year. Presently, more than 1.2 million people in the United States are living with HIV infection. In 2009, an estimated 10,834 persons who were diagnosed with HIV when they were under the age of 13 were living within 46 of the U.S. territories. Of this amount 9,522 (88%) were infected perinatally. There has been a 90% decline in the number of children perinatally infected with the HIV virus in the United States since the 1990s; however, in 2010, 162 or 75% of children under the age of 13 who were diagnosed with HIV were infected perinatally; and at the end of 2012, an estimated 7,300 adolescents and 33,334 young adults were living with HIV in the U.S.

Advancement in drug therapy, research, development and healthcare workers preparation has decreased the incidence of HIV infections and seroconversions among infants in high resourced countries drastically. This has changed the face of HIV and acquired immune deficiency syndrome (AIDS) from being a terminal disease to a chronic one. It has been difficult to track long-term complications and survival of the Perinatally Acquired HIV (PAHIV)-infected or seroconvert infants through global and national data systems because they are not reported on or accounted for as a sub-category. In the United States there are approximately 10,000 PAHIV emerging adults who have emerged as a growing population of whom very little knowledge exist.

This growing population of survivors is faced with the same challenges as their HIV negative peers; however, there is a paucity of information on the population, the developmental stage and the barriers to achieving the benchmarks of this developmental stage that they may encounter. Further studies are needed in resource poor regions; where success in the fight against HIV/AIDS are not as evident as in North America and Europe; utilizing the resources that are available in those regions, to provide evidence based appropriate programs and services to meet the needs of the PAHIV emerging adults in those regions.

Purpose:

The purpose of this qualitative study is to explore the emerging adult’s lived experience of perinatal acquired HIV.
Research Question:

What is the emerging adult's lived experience of perinatally acquired HIV?

Methods:

A phenomenological process will guide the proposed study. A purposive sample of 20 PAHIV emerging adults receiving care in a major Metropolitan city will be used to explore their lived experience of PAHIV. Study data will be collected via demographic questionnaire; individual conversational audio-taped interviews and follow-up interviews (45-60 minute); participant’s journal; and researcher’s reflexive journal. The data will be analyzed into themes; composite depictions of common qualities experienced by the individual participants; and the narrating or drawing of unique combinations of all data from all co-researchers. The results of the proposed study may inform nursing education, nursing practice, further research and public health policy.

Results: Pending

Conclusion: Pending