Title:
The Influence of Partners on Reproductive Decision-Making of Women Living With HIV: A Conceptual Framework

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4:05 PM

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Keywords:
HIV/AIDS, Partners and Reproductive decisions

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Abstract Summary:
A conceptual framework was developed to explicate the role of partners in the reproductive decision-making of women living with HIV. The framework was developed following a systematic review of the literature. The partner and family are the primary influence for reproductive decision-making, ranging from supportive to not supportive.

Learning Activity:
Abstract Text:

Introduction

Within the last decade, clinical and pharmacological advances have resulted in excellent pregnancy outcomes for women living with HIV (WLHIV). The study of social factors influencing reproductive decision-making in WLHIV have not kept pace, however. Among the multiple factors identified as barriers and facilitators of reproductive decision-making among WLHIV include partners, or significant Others (SO). The SO is acknowledged as an influential, possibly dominant, participant in reproductive decision-making.

Aim

To identify the role, impact, and perceptions of the SO in actively participating in the reproductive decision-making of WLHIV.

Methods

The subset of data regarding WLHIV was extracted from a larger systematic review regarding the reproductive decisions of WLHIV. Articles published from 1990 through 2016 were retrieved from eight databases searching with the keywords “pregnancy”, “reproductive”, “decision-making”, “HIV”, “AIDS”, “women”. Only articles originally published in English and conducted in the Organization for Economic Co-operation and Development (OECD) countries were included.

Results

A total of nine studies were included for this review; all conducted in the United States, Canada and Australia with either a qualitative, quantitative or review designs. Mean age of participants: 33.76 years (SD=6.62). The SO and family were identified as the primary influence with impact for the reproductive decision-making process in WLHIV. To a lesser extent, society and group support appear as slightly influential, but the mechanisms were not clearly described in the literature. The WLHIV indicated the SO support ranged from positive and constructive to negative and destructive, with varied impact on the ultimate decision-making.
Conclusions

When caring for WLHIV, nurses need to identify the SO realizing this person will impact the reproductive decision making process. Furthermore, nurses need to be prepared to engage both the WLHIV and the SO in conversations about reproductive decision-making, providing realistic strategies for a potential pregnancy. The WLHIV, and their SO, are often concerned about "giving" their virus to their baby during pregnancy. As such, nurses need to develop strategies to help WLHIV to make collaborative and well informed decisions with their SO, referencing the current and changing evidence. The goal is to bring the decision-making process from an individual concern in the background, to a group concern in the foreground.