A holistic care model to facilitate quality of life for pregnant women living with HIV

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Presentation Outline

- Introduction and Background
- Purpose of the study
- Methodology
- Overview of study findings
- Assumptions of the model
- Illustration of the model to provide holistic care
- Implications
- Significance of the model.
The study was carried out in Zimbabwe

Zimbabwe is a landlocked country

About 390 757 square kilometres

One of the countries in sub-Saharan Africa

85% is agricultural land.

The population is estimated at about 13 million.
Background

- Twenty-one per cent (20.1%) of the adult population is living with HIV.
- About 60,000 pregnant women are living with HIV.
- Pregnant women who do not know their HIV status are expected to test for HIV during the initial antenatal care visit through the “Provider initiated counselling and testing opt in opt out approach”
The women who test HIV positive are encouraged and counselled to start on HIV prophylaxis for the benefit of baby or lifelong ART.

The women are initially counselled as a group then as individuals during post test counselling and getting their results.

Following that they are encouraged to disclose their HIV status to a person of their choice: negative or positive.
Problem statement

• Pregnant women are expected to know their HIV status during pregnancy through initiation from the midwife
• Little is known about the experiences of these women following a positive result
• Stigma and discrimination is still high among people living with HIV
• Hence the need to explore their experiences and develop a model to provide care and support to these women.
The purpose of the study was to develop a holistic care model that will serve as a framework for midwives to facilitate the quality of life of pregnant women who become aware of their HIV positive status as a result of pregnancy.
The research objectives were:

- To explore and describe the experiences of pregnant women who know their HIV positive status in pregnancy.
- To develop and evaluate a model to facilitate the provision of holistic care by midwives to pregnant women living with HIV.
Methodology

- The study site was a hospital in Masvingo Province
- The study was carried out in three phases
  - Phase 1 Explored the experiences of pregnant women living with HIV
  - Phase 2 Identification of the central concept and classification of concepts
  - Phase 3 Description and evaluation of the model
Research design

The study design was:

- Qualitative, exploratory, descriptive and contextual
- Theory generative
Data collection

- Data was collected from a purposive sample of 20 pregnant women who tested positive for HIV in the current pregnancy.
- Data was collected through individual face to face interviews
Data Collection

• Sample size was determined by data saturation
• One central question was asked followed by probing:
  o "How has it been for you since the time you were informed that you are living with HIV"
Data Analysis

- Phase 1: Data was analysed according to Tesch’ in Cresswell, (2009).
Trustworthiness

- Trustworthiness was according to the framework by Lincoln and Guba 1985 (credibility; dependability; transferability and confirmability).
Study findings

- Phase 1: Participants were all married
- Aged 20–41 years
- 7 had disclosed to their husbands
- 4 had disclosed to other relatives
- 9 had not yet disclosed to anybody.
Six themes emerged:
Theme 1: A need for quality life
Theme 2: Realities of disclosure
Theme 3: Perceived stigmatisation
Theme 4: Knowledge deficit related to HIV progression in pregnancy
Theme 5: Knowledge deficit related to continuity of care and support
Theme 6: Empowerment by midwives.
Phase 2: Identification, defining of the central and related concepts

- Identification of the central concept was according to Walker and Avant (2005), Chinn and Kramer (2011) and Dickhoff’s et al. (1968) survey list was used for mapping.

- The concepts were described based on the dictionary and related literature definitions.

- Essential and related criteria were presented.
The theory which guided this study were:

- Theory for Health Promotion in Nursing, University of Johannesburg, Department of Nursing Science (2009),
- WHO’s definition of health
- Some aspects of the revised Pender’s Health Belief system model (Pender, et al. (2011)
- Some aspects of Maslow’s Hierarchy of needs.
Three aspects of the revised Pender’s Health belief system model used were:

- Perceived susceptibility to disease
- Perceived severity of the disease
- Benefits of action to remedy and Perceived benefits of health promoting behaviors.
The central concept

“Facilitating the quality of life through empowerment and support.” emerged from the study findings.

- A model case was used
- Concepts defined include:
  - Facilitating
  - Support and
  - Empowerment and
  - Quality of life.
Map of the major and associated concepts (Dickhoff, et. al. (1968))

- The Agent – the midwife providing care
- The recipient – the woman living with HIV
- The Procedure – Facilitating quality of life through empowerment and support
- Dynamics – The activities performed by the midwife
- Context – The PMTCT site
- The terminus/outcome – Quality of life
The model
The colours of the model

- The context is green illustrating vegetation to signify life
- Phases 1 and 2 are red to signify the critical aspect of effective engagement of the pregnant woman living with HIV by the midwife and the woman’s self-care
- The orange signifies balance and energy
The colours of the model

- The colour blue signifies tranquility, peace, confidence and security indicating self realisation.
- The colour purple signifies enlightenment and transformation indicating empowerment.
- Hence the central, concept “Facilitating quality of life through empowerment and support.”
Implications for implementation

- Need for resources
- Need for policy change
- Need for a decision making tool for use by midwives
- Training of midwives on use of the decision making tool.
- Varied media to be used on dissemination of information
Significance of the model

- Women’s health is reinforced by self-care activities
- Utilizes a multidisciplinary approach
- Defines linkages and support systems
- Encourages male involvement
- Uses peer support for continuity
Thank you
References