

PhD Abstract

Globally, an estimated 36.9 million people are living with HIV that may cause AIDS. Women are more likely than men to contract HIV. HIV prevalence is exceptionally high among sub-Saharan African women (SSA). This pattern is mirrored among SSA migrant women living in Western Europe. Until now, there has been little research on the lived experiences of SSA women with HIV/AIDS in Belgium, despite the number of women in care (about 3,300). The aim of our study was to explore the experiences of SSA women living with HIV/AIDS. Coping strategies employed by these women to live and age well with HIV/AIDS were also examined. This qualitative ethnographic study collected data through interviews, observations and hospital records of HIV/AIDS positive SSA women in Belgium. Patients were purposively recruited from consultation lists by HIV care providers. Snowball sampling of self-identified women with HIV/AIDS was also used for recruitment. Forty four women and eight healthcare providers participated. Data collected for this study were analyzed using thematic analysis and rooted in the basic principles of grounded theory. The main themes that emerged were: disclosure concerns, stigma, self-stigma, discrimination, access to healthcare based on migrant status, intimate partner violence and centrality of motherhood/caregiver role. Active coping strategies included: access to treatment and care, support and empathy, spirituality/religion and selective disclosure. Passive coping included denial, social distancing, non-disclosure and avoidance. Gender-responsive care and grassroots efforts to drive inequality and stigma out of healthcare should be addressed. The need to go beyond the continuum of care and develop specific stigma-reduction and behavioural programs is more urgent.