Suffering and Hope, the Lived Experiences of Thai HIV Positive Pregnant Women: A Phenomenological Approach

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Objective: *To understand the meaning and interpret descriptions about the lived experiences of Thai pregnant women with HIV positive and to discover essential themes in the context of Thai socio-economic and health care service system.*
Material and Method: *A phenomenological approach was used. Sixteen HIV positive pregnant women volunteered to participate from June 2005 to June 2006. Data were collected through unstructured multiple in-depth individual interviews, observation, field-note, tape recorded and transcribed, and analyzed thematically.*
Results: *Two patterns emerged: first was a pattern of suffering, secondly, was a pattern of hope. Suffering was caused by fear of condemnation from their spouses, and by fear of disappointing their larger families. Moreover, the suffering was exacerbated by feelings of uncertainty for the sickness in the future, worry about the discrimination and stigmatization of their children, self-blaming and a feeling desperation. Within the pattern of hope, these women hoped for their unborn babies to be healthy and free from HIV infection. Furthermore, they hoped to live as long as possible in order to care for their children, and they hoped that someday they would be accepted by the community and be able to live in harmony.*
Conclusion: *This study formed 2 patterns of the lived experiences among Thai HIV positive pregnant women. Interventions through health promotion programs to encourage the development of skills for positive coping and therapeutic self-care to help them endure suffering and support women's hopes to live longer for their children by changing to healthy patterns of behavior.*

Keywords: *Suffering and hope, Thai HIV positive pregnancy, Lived experiences*

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HIV prevalence among pregnant women in Thailand, undetectable in 1989, rose to 2.3% in 1995 before falling to 1.5% in 1998. The rate increased again to 1.8% in 1999 and then gradually stabilized from 1.4%-1.5% in 2002-2005. Most women who currently become infected are housewives who acquire HIV from their husbands who practice unsafe recreational sex with commercial sex workers (CSWs)[1,2].

HIV positive pregnant women are in a unique and vulnerable position because of the impact on both themselves and the fetus. According to the nature of the disease itself and to the issue of the social stigmatization and discrimination that the AIDS victims confront[1,3,4].

HIV infection is affected by, and also influences, the individual thinking processes and behavioral patterns of infected women. The concerns of these women include worry about disease transmission to their developing fetuses and anxieties over the possible appearance of physical symptoms that would make their condition evident. Within the social sphere, when these women become ill, they have feelings of conflict about becoming a burden to others. They frequently lose self-esteem and have difficulty accepting themselves. Some women may ignore their

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illnesses, avoid seeking treatment, and stoically accept the tortures of chronic illness in order to carry on the socially prescribed role of wife and mother. This stoical acquiescence persists until they can no longer ignore the symptoms of their illness[4-7]. The disease also influences interpersonal relationships at a family level and within their community, causing long-term psychosocial effects HIV infection among pregnant women and new mothers in both social and cultural contexts, and in relationship to the health care system. Therefore, a most frightening occurrence for these women is the ever-expanding intrusion of health care services into their personal lives, threatening public disclosure of their HIV condition. The consequences of such disclosure are quite significant in mental, social and economical aspects that would likely be the provocation for women to be rejected and shunned by their families, abandoned by husbands, isolated from friends and society, and even dismissed from work[7-9]. Moreover, after the delivery, the worries of these women shifts to strategies for dealing with questions about reluctance to provide breast-feeding to their infants, still the social norm of Thai society. In addition to the anxieties of this post birth period, HIV positive women worry about the maintenance of their own health as well as that of their husbands, and the mounting financial burden to the family of treatment costs, and the uncertainty of their life expectancy[4,8,10-12]. All these worries weigh heavily on the shoulders of HIV positive pregnant women. The present study explores the lived experiences of HIV positive Thai pregnant women. The author stress the broader contexts and various aspects of the individual experiences of afflicted women that threaten the ways of life and viability of their families.

Material and Method

An interpretive phenomenological approach was used to study the 16 HIV infected pregnant women who participated in the research from June 2005 to June 2006. Study settings were four government health facilities in the Bangkok area. The research protocol was approved by the Ethical Review Committee for Human Research, Faculty of Public Health, Mahidol University, Bangkok Proof No. 37/2005.

The aim of the study was to explore the lived experiences of HIV positive pregnant women. Lived experience refer to the living of a person through an event, situation, or circumstance[13]. The lived experience in this study is the lived experience of the informants of the study who were pregnant and were infected with HIV enduring distress and suffering while attempting to manage their lives in the contexts of the health care system, economics, and Thai society and culture.

Each informant was purposively selected, and all were enrolled as informants on a voluntary basis in agreement with provisions stated in the informed consent forms. Assurances of anonymity and confidentiality were explained in an initial meeting with prospective informants, who were given time to consider participation and make a decision prior to the next appointment. Data was collected through multiple in-depth individual interviews that were tape recorded; the field notes were also took from the observations during the interviews. 16 HIV infected pregnant women enrolled in the study, and the total number of interviews with each informant ranged from 5-8 sessions.

In order to understand informants' perceptions accurately, so no methods were employed for external validation of information or facts. Informants were given the opportunity to review interview notes and verify the correctness of data. They were encouraged to add more information if they wished, and were allowed to remove statements from the notes and interview transcripts.

During the data collecting period, some informants had problems that affected the research process and signaled potential risk, *e.g.*, expressing suicidal ideation or relating extreme and unbearable distress originating from family conflicts. When such situations seemed potentially dangerous or threatening to the women's physical or mental health or lives, the author coordinated with a counseling nurse to make an evaluation for further care. In order to maintain confidentiality, only essential data would be provided to the counseling nurse.

The data were analyzed by using thematic analysis according to the procedure proposed by Diekelmann[14] and Love[15]. Data sources were the written notes and transcriptions of tapes from the interviews. The researcher simultaneously assigned data codes, categorized the data, and identified individual and composite themes in an iterative process.

Results

The informants came from a variety of socio-economic backgrounds, thirteen are Buddhist, two are Islamic, and one is Catholic. The ranged in age were from 18 to 31 years old. Half of them were married and living with their spouses, six were cohabited, and

two were separated. Concerning the number of their partners: twelve are in their first marriage, two were in second marriages, and another two had made third marriages. Four of them were from upper socio-economic class, and held a bachelor degree; five had finished high school, while seven had a lower level of both education and socio-economic status.

In general when they first learned of their HIV infection, they were frightened, sad, confused and unable to accept it because they had never anticipated it or even imagined that they had any risk for this. The findings obtained through in-depth interviews with informants revealed that their coping mechanisms and responses were comprised of three components: emotion, thought and responses expressed through both behavior and within their thoughts and feelings. These three components were related to each other in a process beginning with the first revelation of the positive test results when their reaction was primarily an emotional response. Following that initial phase, these informants gradually adjusted their emotions by striving to understand the events that had occurred. The findings of this research elucidates a clear and magnified image of these HIV positive pregnant women as "women who were in the condition that they had to surrender themselves to what happened to them in order to sustain their family life". There were two patterns of experiences found in this study; a pattern of suffering and a pattern of hope.

Pattern of suffering

Immediately after being informed about "HIV positive" result of the repeated blood test, most informants were in a state of grief, confusion and denial. They showed symptoms of extreme shock and then all cried with a non-stop shedding of tears. Their faces and eyes conveyed extreme depression. They did not believe that what had happened to them was real. Some of them were speechless, wanting to cry but unable to do so. They felt all confused. There were questions raised in their mind that "It shouldn't happen to me, how did it happen?" They never anticipated that this thing would actually happen. These informants viewed themselves as having no risky behaviors, for example, not being promiscuous, despite possibly having been through several marriage lives. They developed fears, as they learned from different media that AIDS was a severe disease for which curative treatments had not been made available. They sighed periodically, indicative of being overwhelmed by grief in their minds.

The suffering endured by HIV pregnant women in Thailand takes many forms: exceeding physical infirmities and extending into socio-psychological realm. There were 4 themes of the substantial parts of this pattern

Theme 1: Keep it in secret

The informants suffered from keeping to themselves the secret of their HIV infection. Because they were afraid that their husbands might not be able to accept this and would blame them, they often felt that confessing would create conflicts with rather than elicit sympathy from their husbands. In addition, they were worried that they were bringing shame to their families and condemnation from the community on their families, and consequently, their parents would be very sad. These informants all had high level of stress because they had to be very careful, not to disclose themselves. They felt so isolated because they could not tell anybody. They felt panic all the time fearing that their husband would discover their predicament. The followings are samples of their stories.

"…I will not tell my husband. He could never accept it. If I told him, he would blame me since it was my third marriage, the disease must have come from me. …Usually, when we have quarrels, he will tell people everything, he can not keep secret."

"I will not let my family know that I will die from AIDS. I pity my child and my parents, it will bring heart-break and shame to them that their daughter died from AIDS…. I will be looking for some place to hide away…I want to disappear. I want to die alone..."

"…But now, it seems that I must keep it as a secret and must never let anybody know. I must be very careful. I must hide the antiviral drugs, and I must throw away the instruction paper and the label because someone might come across them and read them."

Theme 2: Feeling uncertainty, worry and guilty

They have suffered from feeling uncertainty since HIV/AIDS is incurable, infected persons must anticipate and confront deat in this regard.

"…I fear to think about the future or make a long-term plan for my life. I don't feel that I can think clearly. I have no confidence. I am not brave enough to think that I will live long." (She talked with a trembling voice and shed many tears).

"I have a fear, a fear of death. It makes me feel very concerned I know that this disease is severe. No treatments can cure it. All infected persons must

die.... It makes me feel like I don't know how long I can live in the future and it makes me feel worried."

"I don't know whether living this kind of life is better than being dead, because I have to live with everything so distressful. Each day, I live with uncertain hopes trying to comfort myself that the baby might stay for a long time with me or that I might live long enough to see the baby grow up, but I don't know whether we can have such days."

They have suffered from worrying about the psychological impact on their children. They worried about the mental state of the children upon learning that their parents were HIV positive. Several informants kept crying and sobbing while telling stories because they were so sorry that their babies would inevitably have to face these impacts. These responses were based on the information they had received. The background of respective informants evidenced by what they told as below.

"I worry about my baby. When I'm gone, what will happen to him (her)? What will we do if he (she) is born infected? After I deliver the baby and either have symptoms or die, who will take care of my child? Will my child be able to cope with the fact that his (her) parents have AIDS? I only worry about the baby its because of me, I feel guilty." (She spoke sobbingly and wiped away constant tears with her hand).

Theme 3: Self-blaming

The informants have suffered from feeling like a sinner for being a cause of HIV transmission, and the cause of social stigma towards their babies and family. These perspectives were based on their different backgrounds, influencing their thoughts and feelings about what was happening to them. Some informants viewed it as their Karma (retributions) or the matter of virtue and vice, according to Buddhist belief. Some of them viewed it as the worst thing that had ever happened in life to utterly change their whole lives. There were some examples that the informants told about this as below:

"It might be the Karma, I would think. I might do only few virtues in my last life, so it happened to me this way. I try to think like this just to have a clam mind to accept it." (She shed her tears).

"It must be my Krama I think that it is the Krama I had made in my past life. I probably have only little amount of virtues from my previous life."

"I feared that the baby might get the disease transmission from me. I didn't want to create this sin, I would rather die than endure watching my child die because of me."

"I cry every day from feeling that my Krama might cause my baby to get HIV infection from me. The one and only wish I'd like to make is that my baby will not be infected. Everyday I do the merit and pray to Lord Buddha please don't let my baby pays the price for the Krama I did".

Theme 4: Desperation

Several informants viewed what had happened to them as the worst catastrophe in their entire lives, preventing them from having the perfect families for which they had hoped. Some of them viewed the affliction as "a pack of sorrows" with which they had to live. Some admitted that what had happened to them had changed their lives. One of them said, "My life was changed. …It is not the same as before." Some of them viewed what had happened to them as a curse that most threatened them. They voiced such meaningful conclusions as, "the end of all hopes", "the great loss" and "like being in hell". They were occupied with the thought about death and the physical manifestation of ugly rashes or lesions. Consequently, they felt depressed and distressed and wanted to isolate themselves from other people, as they thought that they were different from others.

"…I feel that I have changed quite a lot. After I learned about this (infection), when I am with my friends I feel that I am not the same as before. I feels that they and I are living in different worlds. I felt that I had to separate myself. My life will never be the same again. It is a feeling of wanting to isolate myself because I fear telling anyone. So it seems that I live in another corner of the world."

"I have to console myself by not thinking too much. I am not always successful in avoiding worry about my situation. As time passes by, the more I feel that I don't want to talk to anybody. It's hard to explain, but I don't want to be involved with anybody. I just want to stay alone in my room and occupy myself thinking of what to do with myself."

"I just want to isolate myself from everybody because I feel that what I have inside is a bad thing. Sometimes I have some thoughts deep inside but I cannot tell anybody because, in my mind, I keep thinking that I am afraid I have tried to make myself think that I am fine, that I have nothing to worry about, but all in vain. I keep thinking constantly that I have a shorter period to live, and when I think like this, I feel discouraged and have no motivation I feel like

there is a fire from hell burning inside of me and I am dying."

Pattern of hope

Most of the informants learned about their HIV positive pregnancy and decided to continue their pregnancy when they were at 16-24 weeks of gestation. Most of them had adjusted their psychological conditions and were able to accept what happened to them at a certain level. This was an important transitional period for them. The fetuses grew up quite rapidly and each mother realized that there was another life conceived inside her. They developed the feeling of attachment to it as natural maternal instincts prevailed. The mothers would take care of their health so well that the baby inside would be healthy, not only to maintain the self-value of the mothers but also to meet societal expectation. Data were obtained through stories told in regard to their thoughts and feelings towards phenomenon happening to them, and their actions in response to such thoughts and feelings. The analysis of these data concluded that there were 3 themes of experiences in this pattern as follows.

Theme 1: Live for their baby

All informants hope to live long in order to take care of their baby The maternal instinct to take care of the babies as best they can has typically served as the motivation to change their behaviors for taking better care of themselves. They also set their new hopes and new goals for the remaining period of their lives to focus on maintaining their health to live as long as they could so that they could spend the remainder of their lives for babies.

"I must live. No matter what might happen, I must live for my baby, to take care of my baby. I will avoid all bad influences because I pity my baby. What will the child think? When mum and dad are no longer living, how can the child survive? I will live my life for the longest period I can for my baby. I mean that."

"I will live my life for as a long period as I can for my baby, until I can not hold on any longer. I mean that I will try everything to make myself stay alive as long as I can I will take care of myself very well, so that I can keep caring for my baby for a long time." (Up to this point, she wiped her tears and sobbed quite strongly).

"I think that the baby is my encouragement. It would make me feel like wanting to take good care of myself to become strong and so I could live longer." (She cried and sobbed again).

Theme 2: Hope for the baby to be healthy and free from HIV infection

These HIV positive and pregnant mothers had to face complicated aspects of life, which did not end in a short time. There were a lot of consequences after that. Knowing that the HIV infection could be transmitted to the babies was more suffering for them than to know about that their own infection. They talked sobbingly and in tears that, if it were possible that they could make a wish that would be come true, they would like to make a wish that, "The one and only wish I'd like to make is that my baby will not be infected. Please don't let the baby pay the price for what mum and dad did." Besides, these informants kept trying to cherish the babies inside. They tried to take care of themselves well so the babies would be strong. They set up their hope and goal in fighting with the disease for their babies. Hope for the baby to be healthy and free from HIV infection encouraged them to change behaviors to take care of one's self for the baby.

"Since the time I knew about my infection, I have been quite distressed and I usually don't feel hungry. But when it comes to meal time, I try to eat as much as I can I eat a little but try to eat often, a small amount at a time as I think of my unborn baby inside I hope for he (she) to be healthy and free from the disease."

"Now, I know the kind of foods that are beneficial to my baby, how these foods will help. So I try to eat them, even if I don't like them. I hope that what I eat will help my baby strong enough to fight with the virus inside so it could help him (her) free from HIV."

"I have to force myself to eat something that I don't like so I will be strong and I can live on. I try to keep up with news about HIV/AIDS, mostly from newspapers and television. I try to find the book to read about how to make myself healthy and about the progress of the treatments for this disease. I hope that it would help me and my baby."

Theme 3: Hope to live in community without stigmatization and discrimination

Hope that society will come to understand, accept, give support and be willing to live in harmony with HIV infected persons among them was expressed: "At my workplaces, sometimes my younger colleagues speak negatively and scornfully about persons living with AIDS, while I know myself that I am infected. Indeed, if I have a chance, I would like people in upcountry to understand the truth about this disease.

I want them to have the same understanding as mine that the victims of this disease should not be detested by society because the transmissions are not limited to only the promiscuous. Also, that, when the disease is transmitted to people by their spouses, not all of these people are necessarily bad people. They might have made a mistake only once. I would like to ask my colleagues to try to understand it this way too."

"I felt uncomfortable when I heard such negative comments. It hurt me that they despised these people so much. Sometime I had to walk away. I didn't want to hear such talk. The more I heard, the more I became distressed. Because, even I got HIV infected, I am not as bad as their descriptions. I want them to know that not every person who lives with this disease is bad, or promiscuous. It can happen to any normal person like me. I was a virgin when I got married but I became infected from my husband I don't want to be like this, but it happened without the remotest expectation that it could ever happen to me."

Discussion

Being infected with HIV created many pressures on several aspects of the lives of the informants. Their lives were tossed in a sea of distress from the moment of their diagnosis. HIV became the condition that most threatened their lives and peaceful living. The disease affected directly not only their lives and health but also their place in society and had tremendous psychological and emotional impact on these HIV positive pregnant women.

Once the health personnel notified them to take the repeat blood tests, these informants felt worried and shaken about what would happen to them. Therefore, when they learned that their blood test results were positive for HIV, almost all of them lapsed into a state of emotional crisis. They were very shocked, confused and sad. They were disbeliving and confused about what had happened. They could not make up their minds to accept it. The informants who decided not to reveal their HIV positive test results to their husbands but, rather, to keep it only to themselves, they had usually been married before and thought that they might have been infected by their previous husbands. Therefore, confessing HIV infection would create additional conflicts with rather than eliciting sympathy from them. Some informants selected to tell only their siblings at their terminal stage of illness after they would have exhibited severe symptoms. They planned to keep their secret to themselves as long as they did not have obvious symptoms. They did not want to let their parents know about their infection because their parents would be sad and shamed in the eyes of their neighbors. There was one informant who decided not to tell anybody at all about her predicament. Her husband was a very good person. She did not want to lose the good relationship that she had with him. She also worried that if his parents discovered her status, they would not take care of her baby as well as she expected them to do. At this point, they often decided to conceal it from their husbands, causing them more distress and pressure. All of these reactions reflected the period of great distress and suffering for these informants. The patterns of suffering of persons in Thailand and other countries about their HIV positive status were found to be similar[3,6-8,16,17].

These informants were also found to view their future with uncertainty and little confidence. This perspective was based on the pervasive social stigma associating the disease of AIDS with bad persons and death. Therefore, these women were well aware of the threat the disease represented to their lives. Consequently, they typically developed anxiety, worries, sadness, discouragement and hopelessness. They experienced a lack of confidence and became afraid to contemplate their future, likely halting any progress to achieve their hopes and goals in life as normal people would do. Moreover, some informants astutely foresaw that the progression of the disease would lead ultimately to total deterioration of their health. They realized that they could not avoid facing death and the stage close to death. Therefore, they planned and prepared for their final stages of life by finding a place where they could spend this terminal period. Usually, the place they would select would be unknown by their parents or other close friends or relatives. They did not want their parents to be sad or to feel shameful about them. Several informants talked very softly and with very saddened expressions when they thought that their remaining time was becoming shorter and shorter.

The informants variously apprehended events that happened to them and assigned different meanings to such events. This is consistent with the concept of Heidegger that "The person gives the meanings to experiences or events according to his own thoughts and feelings, which may be different from the interpreting by other persons or different from the facts of other theories[18,19]. From the results of this study, some informants interpreted their HIV infection, the most severe disease of their lives, by applying

Buddhist concepts in bolstering themselves to accept what had happened to them. Religious beliefs and practices can be a source of great comfort to people who suffer from fetal illness. However, it can also add to suffering if a person believes that her illness is a result of not having lived in congruence with her religious principle or did not believe that her past behaviors were not worthy of forgiveness or can be forgive.

In Thai culture, our Buddhist beliefs teach us that our lives follow the path of "Karma", which mean that good karma happens when we do good behaviors and thinking for others and ourselves a consequently create a life of happiness, In contrast, bad karma occur when we do unacceptable or inappropriate behaviors that bring about bad life and suffering. Buddhism encourages us to be a good person and to make merit (doing good for others) in order to have a better life. Sometime when people suffer, they consider the bad karma (things that they did in the past in their lives) that may be causing they suffering. In so doing, it might help people to accept the suffering, and let them live with it. Therefore, what has been concluded from this study is consistent with the findings of several other studies, for examples, the studies of Chaiprasit B[4], Saengchart B[8], Saengchart B, Nantaboot K and Rujakornkarn D[10] and Pongpis S[20].

From the data analysis in the pattern of hope which was relevant to the thoughts and feelings that informants had towards the events happening to them and their behaviors in responsive to such events, it was revealed that they had hope to live for their babies. They changed behaviors to take care of themselves for their babies. Because these informants realized that, according to the nature of the AIDS syndrome, they had limited time left and had high risks of being ill. These worries led them to cherish and maintain a good course of pregnancy despite of their mental distress. They tried to change their daily regimen of behavior to better concentrate on taking care of their health. They chose to eat healthy foods, avoided half-cooked foods harmful to health. They practiced safe sex in order not to acquire an additional amount of the virus. This way, they would not acquire more HIV and would be healthier. They would like to live for the longest period as they could, to stay and take care of their babies. These behaviors indicated that informants had tried to maintain their self-values as being a mother and, at the same time, tried to meet the expectations of society. In spite of that, they also tried to continue their daily lives normally. They did all this with the hope of living longer to care for their babies for as long as possible. This behavior is consistent with the studies of Kongsakorn K[11] Pongpis S[20] and Unipan J[21].

What has been found about the hope in Thai women who were pregnant with HIV positive from this study is consistent with the concept of hope explained by Farran C, Herth K, and Popovich J[22] throughout this text:

"Hope constitutes a essential experience of the human condition. It function as a way of feeling, a way of thinking, a way of behaving, and a way relating to oneself and one's world. Hope has the ability to be fluid in its expectations, and in the event that the desired object or outcome does not occur, hope can still be present."

Recommendations from the study would include programs to help the women to endure their suffering by changing to healthy patterns of behavior in order to live longer for their children. Such interventions through health promotion projects would encourage the development of skills for positive coping and therapeutic self-care to help them endure suffering and support women's hopes to live longer for their children by changing to healthy patterns of behavior. Furthermore, these pregnant women should be treated with respect as a person, with sympathy and care from all health care staff. A long-term follow up study for this group of women should be implemented.

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ความทุกข์และความหวัง ประสบการณ์ชีวิตของหญิงไทยที่ตั้งครรภ์และติดเชื้อเอชไอวี: การศึกษาเชิงปรากฏการณ์วิทยา

วีณา เที่ยงธรรม, *Trude Bennett*

วัตถุประสงค์: *เพื่อทำความเข้าใจถึงการให้ความหมาย การแปลความ ตีความ และค้นหาสาระที่สำคัญของประสบการณ์ชีวิตของหญิงไทยที่ตั้งครรภ์และติดเชื้อเอชไอวี ภายใต้ระบบบริการสุขภาพในบริบทของสภาวะเศรษฐกิจและสังคมไทย*

วัสดุและวิธีการ: *เป็นการศึกษาเชิงปรากฏการณ์วิทยา ผู้ให้ข้อมูลคือหญิงตั้งครรภ์ที่ติดเชื้อเอชไอวี และสมัครใจเข้าร่วมการศึกษา 16 คน ซึ่งเก็บข้อมูลในช่วงเดือนมิถุนายน พ.ศ. 2548 ถึง มิถุนายน พ.ศ. 2549 โดยวิธีการสัมภาษณ์แบบเจาะลึกแบบไม่มีโครงสร้าง ด้วยการบันทึกเทปการสนทนา การสังเกต และการจดบันทึกภาคสนาม ทำการถอดเทปและวิเคราะห์ข้อมูลโดย Thememtic Analysis*

ผลการศึกษา: *พบสองรูปแบบของประสบการณ์ชีวิตคือ รูปแบบของความทุกข์ และรูปแบบของความหวัง ซึ่งในรูปแบบของความทุกข์เกิดจากความกลัวการถูกกล่าวโทษจากสามีและกลัวที่จะทำให้ครอบครัวผิดหวังและอับอาย ยิ่งกว่านั้นความทุกข์ทวีขึ้นอีกจากความรู้สึกไม่แน่นอนกับอาการของโรคในอนาคตของตัวเอง ความวิตกกังวลที่ลูกจะถูกรังเกียจและถูกตีตราจากสังคม ความรู้สึกตำหนิตนเอง และความรู้สึกสิ้นหวัง สำหรับในรูปแบบของความหวังนั้นกลุ่มผู้หญิงเหล่านั้นหวังที่จะให้ลูกในท้องแข็งแรงและไม่ติดเชื้อเอชไอวี ยิ่งกว่านั้นหวังที่จะมีชีวิตยืนยาวมากที่สุดเพื่อจะได้อยู่ดูแลลูก และหวังว่าสักวันหนึ่งเธอเหล่านั้น จะได้รับการยอมรับและอยู่ร่วมในสังคมได้อย่างปกติสุข*

สรุป: *ควรให้มีโปรแกรมส่งเสริมสุขภาพสำหรับคนกลุ่มนี้เพื่อช่วยพัฒนาทักษะ ในการสร้างความเข้มแข็งให้กับตนเองในการเผชิญกับความทุกข์ในเชิงบวก และส่งเสริมผู้หญิงกลุ่มนี้ให้มีความหวัง ในการที่จะปรับพฤติกรรมของตนเอง มาดูแลสุขภาพให้แข็งแรงเพื่อจะมีชีวิตที่ยืนยาวดูแลลูกต่อไป*