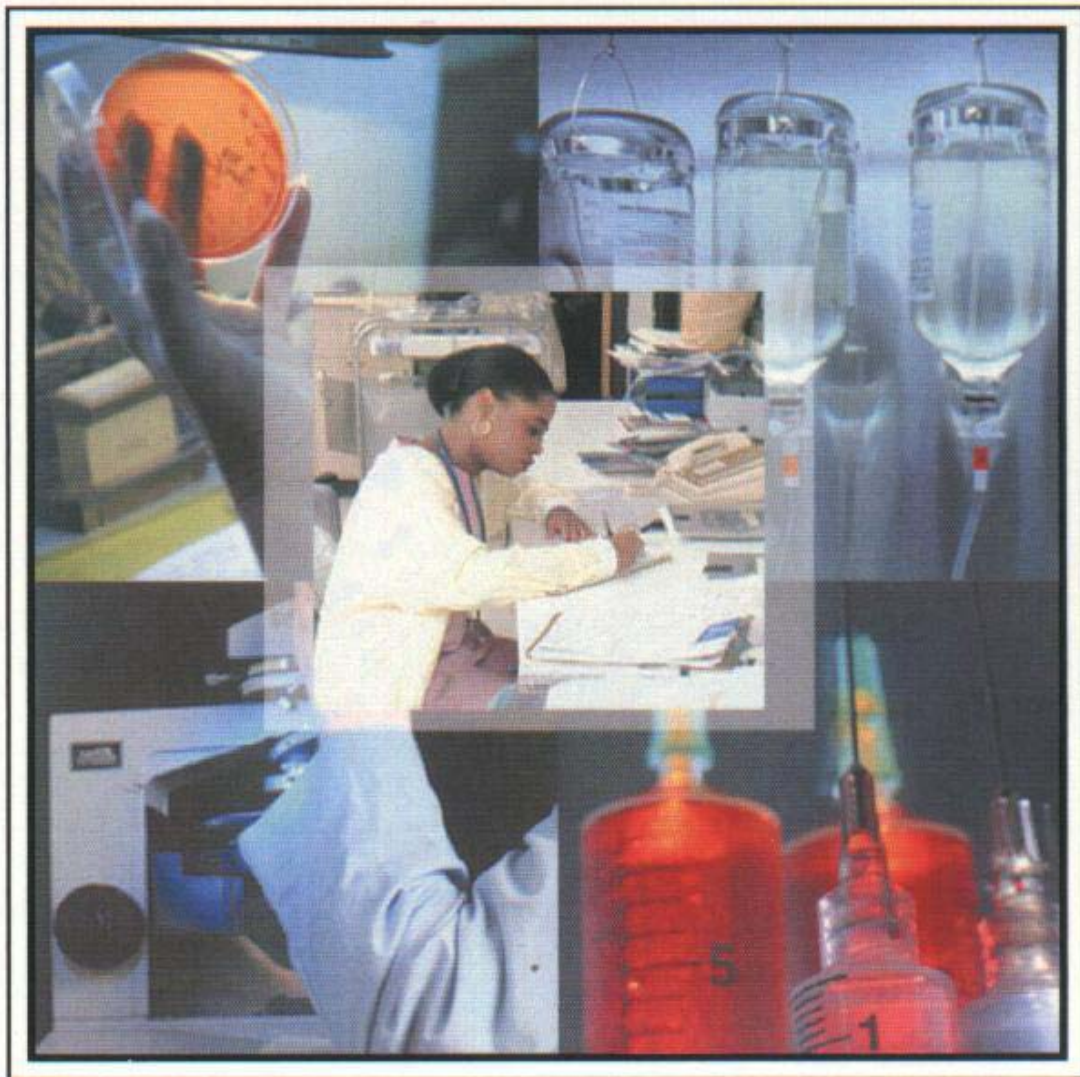


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Constrained But Not Determined by Stigma: Resistance by African American Women Living with HIV

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Aaron G. Buseh, PhD, MPH, MSN

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Background: HIV stigma is widely regarded as a major obstacle to effective HIV prevention, risk reduction, testing, and treatment. Research is urgently needed to anticipate, understand, and combat HIV stigma in the African American cultural context because African Americans have the highest HIV incidence, HIV/AIDS prevalence, and HIV mortality.

Purpose: The purpose of this analysis was to explore African American women's narratives of living with HIV to understand how they experienced and responded to HIV stigma.

Method: Twenty-nine HIV-infected African American women participated in this longitudinal qualitative study. Each narrated her life since HIV diagnosis in ten open-ended interviews conducted over the course of two years. A multi-staged narrative analysis was used.

Findings: HIV stigma, which these African American women experienced on multiple levels, manifested internally as existential despair, socially as shunning and callousness, and institutionally as disregard. While participants were constrained by this multi-layered hegemonic cultural negativity about HIV, they refused to be determined by it. Their stories demonstrate how they resisted stigma. Over time, by enlisting support, facing the illness, disclosing only at strategic times, redefining stigma as ignorance, and becoming advocates, they were able to challenge and oppose the shame and discredit that HIV infection had brought into their lives.

Conclusion: The elements of stigma resistance described in this study may be starting points for designing participatory interventions for and with African American women living with HIV.

KEYWORDS. African American women, discrimination, HIV/AIDS, stigma

Correlates of HIV-Related Stigma Among HIV-Positive Mothers and Their Uninfected Adolescent Children

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Debra A. Murphy, PhD

Erika Laine Austin, PhD

Lisa Greenwell, PhD

The purpose of this study was to examine the degree and impact of HIV-related stigma among HIV positive mothers and their uninfected children. One hundred eighteen HIV-infected mothers and their uninfected early- and middle-adolescent children (mean age = 13 years) participated in a study of maternal mental and physical health and child school performance and psychological distress. Mothers and a subset of children (to whom the mother's HIV status had previously been disclosed) were administered a series of questions to measure stigma related to the mother's HIV status. Mothers reporting high levels of HIV-related stigma scored significantly lower on measures of physical, psychological, and social functioning. Mothers' levels of depression were also significantly higher when their levels of stigma were higher. No significant differences were found in children's depression by perceived level of stigma; however, adolescents who perceived high levels of stigma because of their mothers' HIV status were more likely to participate in delinquent behavior, compared with those reporting low HIV-related stigma. The experience of stigma had consequences for many aspects of well-being among the HIV-infected mothers. While their children were aware of and perceived stigma, they appeared to be affected primarily in the realm of delinquent behavior.

KEYWORDS. HIV, stigma, anxiety, psychological functioning

Assessing Empowerment: The Role of Women's Organizations in Global Negotiations for Persistent Organic Pollutants

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Pamela Ransom, PhD

This case study of women's influence on international environmental health policy making examines the development and implementation of the May 2004 Stockholm Convention for Persistent Organic Pollutants. The role of women's non-governmental organizations and theoretical concepts of empowerment are analyzed. Specific "gender" strategies are identified as part of advocacy by women in negotiations leading to the Convention. Findings from a 2004 survey of governments are presented outlining national activities with respect to clauses of the agreement relevant for women and children.

KEYWORDS. Women's non-governmental organizations, empowerment, persistent organic pollutants, environmental health policy, Stockholm convention

First Time Mothers' Anxiety and Depressive Symptoms
Across the Transition to Motherhood: Associations
with Maternal and Environmental Characteristics

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Melike Sayil, PhD

Ayşen Güre, PhD

Zehra Uçanok, PhD

The aim of this study was to examine demographic, environmental, belief, and personality factors related to maternal well-being as a part of a comprehensive project. In this study, maternal well-being was measured as prenatal anxiety and postnatal depression. A total of 200 pregnant women participated in this study. Women were included who were married, pregnant with a first child, working full time before conception and over the age of 20 years. The participants were selected from university hospitals and birth clinics in Ankara, Turkey. Participants were interviewed at 6-8 months of pregnancy and at 6-8 months after the birth. Each interview included structured items to measure relevant variables and lasted approximately 45-60 minutes. Results revealed that in the prenatal period lower maternal income, self-esteem and self-efficacy were significantly associated with prenatal maternal anxiety. In the postnatal period, maternal depressive symptoms were significantly associated with unplanned pregnancy, higher anxiety, perceived lower satisfaction with paternal physical support, and negative maternal attitudes toward employment. Findings indicated that prenatal high anxiety might be an adverse risk factor for postnatal well-being of mothers. In conclusion, both common and culture-specific factors related to prenatal and postnatal maternal well-being might assist with maternity and early care policies in this culture.

KEYWORDS. Maternal well-being, working mothers, first-time mothers, transition to motherhood, postnatal depressive symptoms, prenatal anxiety

Measuring Antenatal Depression and Anxiety:
Findings from a Community-Based Study
of Women in Hyderabad, Pakistan

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This study evaluated the psychometric properties of two possible measures of depression and anxiety among pregnant women in Pakistan for use in the Global Network for Women's and Children's Health Research project, a collaborative, international multi-site research network investigating methods for improving pregnancy and birth outcomes in developing countries. The first measure, the Aga Khan University Anxiety and Depression Scale (AKUADS), is an Urdu language scale originally developed for the general Pakistani population, whereas the sec-

ond measure, the How I Feel scale, was designed for pregnant women in the United States. In an earlier pilot study, we found that the two scales demonstrated similar levels of diagnostic validity. Because neither scale was designed for the specific population of interest, item response theory analyses were conducted to evaluate the psychometric properties of the scales at three levels of measurement: scale, item, and response option. The study results provide insights that may be useful to researchers or clinicians developing or using scales in this population. In particular, our findings suggest that scales designed for populations with lower literacy, such as our target population, may improve data quality by including no more than three response options (e.g., almost always, sometimes, and never) and keeping the direction of item wording consistent throughout the scale. Based on the results from the current study, we recommend a short form of the AKUADS which removes poorly functioning items and reduces respondent burden while retaining the reliability and validity of the longer form.

KEYWORDS. Aga Khan University anxiety and depression scale, *How I Feel* scale, item response theory, depression, anxiety, pregnancy, Pakistan

Changes in Service Use During a Trauma-Informed Intervention for Women

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Marisa Elena Domino, PhD

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Sukyung Chung, PhD

Terri Nadlicki, MS

We examined the patterns of services used by women with co-occurring mental health and substance abuse problems with histories of interpersonal violence, and examined the change in patterns of use associated with a targeted intervention as part of the Women, Co-Occurring Disorders, and Violence Study. As hypothesized, we observed that intervention women ($n = 1023$) used more of the main service type that the intervention was focused on providing, outpatient group counseling. The intervention did not have strong effects on patterns of service use external to the intervention, such as emergency room, jail, and shelter use in the first six months of follow-up. The reasons for the stability in patterns of services use are likely complex and imply that the observed increased access to group counseling was not being used as a substitute for other types of services, especially individual counseling, since use of these other services did not decrease during the study period.

KEYWORDS. Behavioral health, services use, trauma