

# 2024 CHIPTS HIV NEXT GENERATION CONFERENCE

## Unraveling Reproductive and Maternal Health Challenges of Women Living with HIV/AIDS in Vietnam: A Qualitative Study

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## Background

- In Vietnam, women constitute 33% of the 240,000 people living with HIV/AIDS
- Women living with HIV/AIDS (WLHA) in Vietnam face intersectional stigma that arises from:
  - Cultural beliefs associating HIV infection with immoral behaviors → stigma
  - Traditionally patriarchal society → gender-based financial and educational disparities
  - Influence of Confucian principles → strict gender roles & expectations for women
- WLHA have the additional and unique need to seek sexual and reproductive health services

## Objectives

- Use a qualitative method to understand if and how WLHA's family planning, pregnancy, and motherhood experiences are impacted by the patriarchal culture, gender roles, and HIV stigma in Vietnam
- Inform strategies to reduce stigma and improve access to reproductive health services for WLHA.

## Phase 1: Formative Pilot Study (Dec 2021 – March 2022)

- Semi-structured, 60-90min interviews with WLHA (n=30) in Hanoi, Vietnam
  - In-person (n=28) or Zoom (n=2)
- Topics:
  - HIV-related cultural, religious, and personal beliefs
  - Gendered roles in the context of HIV/AIDS
  - Family planning decision-making
  - Pregnancy experiences
  - Perinatal service use
  - Child-caring strategies and challenges
- Audio recorded, transcribed, translated, coded in ATLAS.ti (v3.15.0)

Characteristics	n	%
Age		
18-35	7	23.3%
36-45	15	50.0%
46 and above	8	26.7%
Education		
Elementary school or below	5	16.7%
Middle school	9	30.0%
High school	15	50.0%
College	1	3.3%
Employment		
Stable job	7	23.3%
Unstable job(s)	21	70.0%
Unemployed	2	6.7%
Transmission route		
Sexual	20	66.7%
Needle sharing	4	13.3%
Unclear	6	20.0%
Marital status		
Married	13	43.3%
Divorced or separated	5	16.7%
Widowed	8	26.7%
Single	4	13.3%
Partners' HIV status		
Positive	11	36.7%
Negative	13	43.3%
Unknown	3	10.0%
N/A	3	10.0%
Number of children		
0	3	10.0%
1	18	60.0%
2	9	30.0%
Number of children after tested HIV+		
0	16	53.3%
1	13	43.3%
2	1	0.03%

# Results and Themes by Stage

## FAMILY PLANNING

- Family expectations to bear children
- Financial insecurity
- Lack of information on reproductive health options
- Internalized stigma

## PREGNANCY

- Discrimination from healthcare providers
- Denial of perinatal services for hygiene, pain, and PMTCT
- Lack of HIV-specific care and knowledge

## PARENTING

- Uncertain health prospects
- Family support vs. discrimination
- Stigma towards children of WLHA

## Family Pressure

*“I suffered a lot and was on the verge of death...Moreover, I was addicted to drugs, so I didn’t know how to take care of myself. However, my husband insisted on keeping our child as he was the only son in the family, and he had no child.”*  
(Age 41, high school, unstable employment, 2 children)

## Lack of Information/Internalized stigma

*“When I found out about my condition, I didn’t have anybody to share things with...I didn’t know where to ask for help. I would have gotten an abortion because I fell into despair. I thought having this condition meant my life had already come to an end.”* (Age 37, middle school, unstable employment, 2 children)

## Discrimination from Healthcare Providers/Denial of Services

*“When I entered the delivery room, the doctors there discriminated against me. The doctors didn’t want to take care of me. There were many times when I had labor pain and I asked for an operation multiple times, but the doctors just ignored me.”* (Age 36, high school, stable job, 1 child)

## Lack of Support from Family

*“It has been 17 years since my husband died. I raise my son on my own...I have been in charge of everything myself, completely alone...I raise my kid alone, teach him things alone.”* (Age 38, middle school, stable employment, 1 child)

## Stigma towards Child

*“Neighbors told people not to play with my children because their mother is HIV positive. When I heard that, I was very angry. I felt very sad...There was a time when my child went to kindergarten, the teacher did not allow it. The teacher kept saying that other parents did not agree for my child to study there...I brought a paper with negative test results, but the teacher wouldn’t listen.”* (Age 38, middle school, stable employment, 1 child)

## INDIVIDUAL

- Educate WLHA on reproductive options, PMTCT precautions, and HIV prognoses
- Increase financial and educational opportunities for women

## SOCIAL/COMMUNITY

- Family centered care models for decision-making, care-planning, and childrearing
- Peer support groups, healthcare provider training

## SYSTEMS/SOCIETAL

- Enforce anti-discrimination and confidentiality policies at educational, employer, and healthcare institutions
- Integrate HIV care w/ existing maternal & child health services

# DISCUSSION: LEVELS FOR TARGETTED INTERVENTION STRATEGIES



Our findings underscore the need for multifaceted strategies at the individual, community, and systems/societal levels to improve self-efficacy, social support, and medical care for WLHA throughout family planning, pregnancy, and motherhood.

## Limitations

- Participants were recruited from Hanoi, Vietnam's capital city where attitudes are more liberal
  - Future studies: include range of communities and ethnic minorities across Vietnam
- Interviews were only conducted with WLHA
  - Future studies: include perspectives of partners, families, or male counterparts
- Some study participants' pregnancies and deliveries happened in the 2000s and 2010s.
  - Future studies: include more recent experiences in light of advancing PMTCT services and social progress

## Future Directions/Phase 2 Intervention Pilot (n=90):

- Online-offline hybrid approach (Zalo, zoom, in person)
  - Initially, study investigators teach strategies to cope with stigma and encourage healthcare seeking
  - Then, WLHA self-administer online support activities within their support groups
- Preliminary outcomes: ↓ stigma, ↑ positive coping, ↓ barriers to care

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## THANK YOU.

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# QUESTIONS?