

# Dominicanas Redefining HIV in San Pedro de Macorís



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## Background

The Dominican Republic (DR) is part of the Caribbean island Hispaniola. The population is 9.69 million people, the official language is Spanish and the country is 95% Christian. Completion rate for six years of compulsory education is 70%.<sup>1</sup> More DR women die from human immunodeficiency virus (HIV) than men.<sup>2</sup> The prevalence of HIV in the provincial capital of San Pedro de Macorís is one of the **highest** in the country.<sup>3</sup>

## Purpose

The purpose of this study was to explore the social support among women impacted by HIV living in the Province of San Pedro de Macorís, Dominican Republic. Social support is one way that social networks can influence health status. Qualitative methods were used to explore how social support systems impacted the personal experience of women living with HIV.

## Methods

An inductive interview approach was used to learn more about the existing support system for women living with HIV and how it impacts their health. A rapid ethnographic assessment triangulated semi-structured qualitative interviews, participant observation, and review of current data. The qualitative interviews included **19 women living with HIV** and **10 health professionals** that provide services to the HIV community. Recorded interviews were conducted and analyzed in the original Spanish without the use of a translator. A conversational-style interview was used, allowing themes and topics to emerge from participant narratives. The investigator conducted the interviews guided by questions that explored in depth the social support experiences of these women. A case study approach was used to analyze the data. Pseudonyms were used to protect the participants' identities. Both the Institutional Review Boards of Wright State University and Clínica Esperanza y Caridad (Clinic) approved this study, and each participant gave signed informed consent before participating.

## Findings

When the women talked about their stories of living with HIV they shared some common experiences that are described as 'turning points' and include **Unearthing HIV, Challenges with HIV, Living with HIV, Redefining HIV**. Narratives were organized based on these turning points, which are elucidated below:

**Unearthing HIV** includes the initial reactions of the women when they first learned of their HIV diagnosis. Reactions included fear, denial, disbelief, non-acceptance, a sense of hopelessness, and the desire to end their lives. This was exemplified through the excerpts of Nari and Elena. Nari expressed initial reactions of fear and hopelessness when she found out that she had HIV and how the people living in her neighborhood responded to her:

*At first it was hard, hard, hard. The people here were talking and talking and talking. Oh...but look at how she is? She doesn't even want to eat. And that made me want to cry and I felt bad and I wanted to die. It is because I thought this was it...because I wanted my life to end. I thought that my life was ending...I thought that my life was ending on many occasions. I wanted to die...I wanted to die...I was crying all of the time. –Nari*

## Findings Continued

Elena described her mother's attitude towards having cancer and how she believes that it is a conscience choice to fight or to surrender to an illness. Elena adopted the same belief system for dealing with HIV:

*If you cry, cry, cry and do not want to fight for your life against the disease, than you will surely die. –Elena*

**Challenges with HIV** are the existing barriers that include access to employment, health care and nutritious foods. It also refers to the hardships that surround HIV such as physical symptoms, mental stress, stigma and discrimination. The narratives of Samantha and Estrella illustrated these challenges. Samantha explained her employer's reaction to her HIV diagnosis:

*I don't want you to work for me if you have AIDS and I don't want to get it from you. –Samantha*

Estrella described the beliefs about HIV within her neighborhood. She explained that the people in her community lack knowledge, communication and education about HIV and, in turn, they respond ignorantly:

*When they speak of HIV, they speak of death, they speak of tragedy not of a health condition. –Estrella*

Figure 1 show photos illustrating the elements of the social support system surrounding women living with HIV (clockwise from top right): spiritual life, neighborhood, peer support, health care, and family.



Figure 1. Social network components for women.

**Living with HIV** describes each woman's transition from suffering to learning how to modify aspects of her life to improve her health and wellbeing. They acknowledged the challenges that accompany HIV, but are no longer burdened by them. They are receptive to education and multiple forms of social support. Angela and Nari talked about their experiences; Angela referred to the support group that is offered through the Clinic as a way to provide social support to HIV patients. She found commonality amongst members of the group and received validation from them.

*I was just like anyone else. –Angela*

## Findings Continued

Nari expressed her experience with the Clinic and how she felt they cared for her as a human being in addition to treating her disease. They provided holistic care that included prevention, education, treatment, and most importantly for Nari, respect and dignity. She and many others thought of the Clinic as their second home:

*But look... it is because I met these people. After I got to know people who were taking care of me and supporting me, giving me strength, giving me encouragement...that helped me a lot...and everybody accepted me as I am and everyone loved me and my home was a place where people would come visit me. –Nari*

Angela shared what she would like to see change within her lifetime and how God helped her condition. For many of the women, God is perceived as an important coping mechanism to overcome the challenges of living with HIV. The lack of an existing cure for HIV is out of their control. Several women described God as their initial form of support that helped them to cope with the fact they had been diagnosed with a deadly disease:

*I want a cure. I want to live to see a cure for HIV. –Angela*

**Redefining HIV** describes the process of transformation from perceiving HIV as an incurable disease to acceptance of living with HIV and establishing a new identity. Elena and Christy shared their experiences; Elena talked about how she became empowered in order to overcome her illness. She embraced a positive attitude and consciously chose to fight for her life. She was able to accomplish this because of her support system.

*However, if you decide to look at your condition from a different perspective...as a fighter...you decide not to allow it to control your life...you decide that you want to defeat the virus and to continue living...then you will survive. –Elena*

Christy described how her neighbor loved and accepted her. She took care of her and looked out for her overall wellbeing. She cooked for her, she cleaned her house, and she asked how Christy was feeling. Her neighbor was part of her support system and she empowered Christy to find value in her own life.

*She kept me motivated and wanting to move forward in my life. –Christy*

## Discussion and Conclusion

Each woman described her own moral trajectory ranging from non-acceptance of HIV as an incurable disease to acceptance of living with HIV as a health condition in everyday life. The thematic analysis indicates that social support was instrumental for each woman throughout her journey and process of coming to terms with her HIV diagnosis and taking control of her life. Family, God, the Clinic and the support group were forms of social support frequently expressed in their narratives.

## References

1. Governments of the Dominican Republic (GODR) and the US Government (USG). (2011). Dominican Republic Global Health Initiative Strategy Retrieved from [www.ghi.gov/wherework/profiles/dominican%20republic.html](http://www.ghi.gov/wherework/profiles/dominican%20republic.html)
  2. Institute for Health Metrics and Evaluation (IHME). (2010). Seattle, WA. Retrieved from <http://vizhub.healthdata.org/gbd-cause-patterns/>
  3. Dohn, M. N., & Dohn, A. L. (2011). Retrieved from <http://www.dohnfamily.org/mission-home.html>
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