How do women with HIV infection experience motherhood?

**METHODS**

Data sources: (16 electronic databases; reference lists; and hand searches of Qual Health Res and J Assoc Nurses AIDS Care)*

Study selection and assessment: published and unpublished qualitative studies on women who had HIV infection and lived in the US. Metasummary and metasynthesis techniques were used to synthesise findings across reports.


**MAIN RESULTS**

56 studies (36 published, 20 unpublished) met the selection criteria. Mothers with HIV worked to deal with their illness and its social consequences. They sought to protect their children from HIV infection and HIV related stigma. Tasks included finding information for making decisions; weighing the benefits and costs of disclosing their HIV status; establishing and maintaining the mother-child relationship; coping with the physical aspects of their illness and child care; and grieving the death of HIV positive children. Different factors influenced maternal work: age and HIV status of the child, maternal health status, ethnic/racial and socioeconomic position, maternal temporal orientation, and mothers’ relationships with healthcare providers. Paradoxes. Although motherhood added to the burden of decision making about disclosure of HIV status, child care and custody, reproduction, use of healthcare services, and use of antiretroviral drugs, it also provided women with social support, self esteem, and a reason to live and fight HIV infection. Another paradoxical relation was the effect of mothers’ actions. The same maternal action (eg, disclosing HIV status) could lead to either increased or decreased social support; furthermore, 2 opposite actions could result in the same outcome. Another paradox was that mothers with HIV fulfilled a cultural norm by having children, but because having HIV was deemed deviant, they were caught in a cultural double bind. Virtual motherhood. Mothers with HIV needed to preserve their children’s lives and themselves as good mothers. They practised virtual motherhood, which involved embodied and transcendent maternal practices for self care and child care. When they could not physically mother because of their illness, they recast the role as that of overseeing their children and found ways to be present in their children’s minds and hearts. Shared and distinctive features of motherhood with HIV. Similar to mothers in other adverse circumstances, women with HIV found motherhood to be a source of strength, self esteem, and refuge. However, motherhood placed women with HIV precariously between life as a normal woman and life as a deviant one because HIV infection was viewed more with condemnation than sympathy. As marginalised women, mothers with HIV found it difficult to escape the idea that they were bad mothers and bad women for even wanting motherhood. They had to negotiate their identities to present themselves as good mothers.

**CONCLUSIONS**

Mothers with HIV infection negotiated the demands of their illness and the role of mother. Although motherhood provided strength and self esteem, they had to work to prove themselves to be good mothers because of the stigma of HIV.

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Source of funding: National Institutes of Health.

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Review: mothers with HIV infection worked hard to protect their children and preserve a positive maternal identity

*Evid Based Nurs* 2004 7: 90
doi: 10.1136/ebn.7.3.90

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