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Permalink

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Journal

Journal of the Association of Nurses in AIDS Care, 35(3)

ISSN

1055-3290

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Publication Date

2024-05-01

DOI

10.1097/jnc.0000000000000475

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Peer reviewed

Ending the HIV Epidemic: Disrupting Inequities Through HIV Research Centered on Women and Girls

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Globally, 20.2 million women and girls are living with HIV (UNAIDS, 2021). In the United States, an estimated 254 thousand persons living with HIV were women (CDC, 2021). Approximately 91% of new HIV diagnoses were in Black women and attributed to heterosexual contact (CDC, 2019). Racism, discrimination, misogyny, and homophobia create overwhelming barriers towards health equity for women and perpetuate longstanding systemic disparities (Abrams et al., 2020; Bowleg, 2017; Crenshaw, 1991). Nurses have been leading the way in advancing HIV prevention efforts that benefit ethnic and racial populations which are disproportionately affected through research and clinical practice (Swanson et al., 2021). Nursing research has become increasingly interdisciplinary, while maintaining close ties with the community in the cocreation of research and generation of intersectionally-informed, new knowledge that advances health equity while shaping policy, and has a meaningful and lasting impact.

The guest editors along with the *JANAC* editorial leadership are proud and excited to present this special issue, “Domestic and Global Perspectives on HIV and Cisgender Women.” We feature 11 cutting-edge articles, six of which are based in the United States, five international, and seven using qualitative methods. The articles are led by HIV research and clinical experts in nursing, social work, public health, and psychology. The special issue centers on important topics, such as intimate partner violence, reproductive decision making, intersectionality, relationship dyads, artificial intelligence (AI), and the COVID-19 pandemic.

The COVID-19 pandemic resulted in global disruptions in access to clinical care and HIV testing. Ojukwu et al. described how COVID-19 exacerbated stigmatization and affected the quality of life and overall well-being of African,

Caribbean, and Black women living in British Columbia. In Portugal, Goncalves et al. used phenomenology to explore the complexities encountered from living with HIV and maintaining stable relationships. Huertas-Zurriaga et al. employed grounded theory to describe the reproductive decision making and expected societal roles of Spanish women living with HIV. In Cameroon, Ndenkeh et al. tested a mobile app for HIV testing, prevention, and treatment in adolescent girls and young women. A study by Hatoum et al. found women in Rwanda living with HIV who experienced intimate partner violence had higher levels of HIV stigma, lower coping self-efficacy, lower self-esteem, less hope, and worse HIV psychological outcomes. These studies highlight the urgent need for comprehensive approaches to HIV prevention in women that address the interrelated factors that affect prevention and overall well-being.

Black women are essential to facilitate ending the epidemic in the United States. Guided by the Health Belief Model, Aidoo-Frimpong and colleagues explored pre-exposure prophylaxis access in Black women from a Historically Black College and University. Deaterly et al. examined the associations of intimate partner violence and substance use on viral load suppression in women living in South Florida. Mangum and colleagues explored the lived experience of Black mothers with dependent children navigating HIV care in southwestern Pennsylvania. Observational research by Moore et al. examined the associations of symptom burden, lifetime duration of estrogen exposure and serum anti-müllerian hormone among women living with HIV. Lanier et al. explored attitudes about combination HIV prevention in Black and Latinx dyadic couples in New York City. Chandler et al. qualitatively studied health information-seeking behaviors using AI (AI) in Black women. They identified reported racial bias in the tone of an AI chatbot when used by Black women for STI and HIV education. Understanding the roles of women as mothers, caregivers, and partners is best described through the use of qualitative research and can elucidate how intersectional stigma impacts HIV prevention and treatment outcomes.

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<http://dx.doi.org/10.1097/JNC.0000000000000475>

Expanding the status quo in research from inclusion of Black women to partnering with Black women, as shared decision makers, will play a critical role in addressing the HIV epidemic as they use their platforms to advocate for HIV stigma reduction, testing awareness, and equitable access to healthcare services.

Historically, much evidence about HIV prevention and HIV medications were derived from studies conducted in males. This special issue moves the needle by presenting new evidence that acknowledges intersectionality, social positioning, and the power of qualitative research to identify opportunities to foster engagement in HIV testing, treatment, and care engagement in women. Subtle (and not so subtle) encounters with discrimination and stigma associated with living with HIV collected through the voices and lived experiences of women would not be possible without the use of qualitative methods as it conveys the role of women in their families and communities as mothers, caregivers, and partners. Overall, this special issue contributes to informing the development of culturally humble HIV prevention research that acknowledges intersectionality, social positioning, and fosters strategies that engage women living with or at-risk of HIV in respectful and equitable ways.

Author Contributions

All authors contributed the conceptualization, writing, and editing of this editorial. S. Raquel Ramos oversaw and coordinated the special issue peer reviews, and completed copyediting, with the exception of submissions that posed a conflict, such as submissions from the JANAC editorial leadership and authors from her academic institution. Guest editors K. Bond, W. T. Chen, M. Crespo-Fierro, and S. Randolph facilitated coordination of the manuscripts.

Disclosures

The authors report no real or perceived vested interests related to this article that could be construed as a conflict of interest.

Acknowledgments

Dr. Bond is supported by R01MH129198. Dr. Ramos is supported by K01HL145580. The content is solely the

responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

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