CLINICAL SCHOLARSHIP

Depressive Symptoms Among HIV-Positive Pregnant Women in Thailand

Ratchneewan Ross, RN, PhD1, Wilaiphan Sawatphanit, RN, MSN2, & Richard Zeller, PhD3

1 Associate Professor, College of Nursing, Kent State University, Kent, OH
2 Associate Professor, Faculty of Nursing, Burapha University, Chonburi, Thailand
3 Visiting Professor Emeritus, College of Nursing, Kent State University, Kent, OH

Key words
Depressive symptoms, HIV-positive pregnant women, Thailand

Correspondence
Dr. Ratchneewan Ross, College of Nursing, Kent State University, Kent, OH 44221. E-mail: rross1@kent.edu

Accepted: June 3, 2009
doi: 10.1111/j.1547-5069.2009.01302.x

Abstract

Purpose: To examine predictors of depressive symptoms among human immunodeficiency virus (HIV)-positive, pregnant women in Thailand.

Design: Correlational, cross-sectional study.

Methods: Data were collected at prenatal clinics in five hospitals in Thailand from January 2004 to January 2006. One hundred twenty-seven HIV-positive pregnant women completed questionnaires in Thai on depressive symptoms, self-esteem, emotional support, physical symptoms, and demographics. Simultaneous multiple regression was used to analyze predictors of depressive symptoms.

Findings: Seventy-eight percent of the 127 participants reported depressive symptoms to some degree. Physical symptoms ($\beta=0.192, p<0.05$) were positively associated with depressive symptoms, but self-esteem ($\beta=-0.442, p<0.001$), emotional support ($\beta=-0.193, p<0.01$), and financial status ($\beta=-0.209, p<0.01$) were negatively correlated with depressive symptoms.

Conclusions: The study results have added new knowledge about depressive symptoms and their predictors in HIV-positive pregnant women in Thailand.

Clinical Relevance: Depressive symptoms have been associated with faster progression to acquired immunodeficiency syndrome among HIV-positive individuals. The high rate of depression in our study suggests that HIV-positive pregnant women in Thailand should all be screened for depressive symptoms. Causes of physical symptoms should be identified and treated. Emotional support and self-esteem should be strengthened for HIV-positive pregnant Thai women.

At the end of 2007, the Joint United Nations Programme on HIV/AIDS (2008) estimated that 33 million people worldwide were living with human immunodeficiency virus or acquired immunodeficiency syndrome (HIV/AIDS). Among HIV-positive individuals, depressive symptoms have been linked with poor quality of life (Adewuya et al., 2008), nonadherence to antiretroviral therapy (Campos, Guimaraes, & Remien, 2008), and faster progression to AIDS (Antelman et al., 2007). In Thailand 600,000 adults ages 15 to 49 years, of whom about 15,000 were pregnant women and have HIV infection (Joint United Nations Programme on HIV/AIDS).

Literature Review

Pregnant women are often more affected by stigmatization than other HIV-positive individuals. Ingram and Hutchinson (2000), for example, noted that “Our society expects women to be mothers, yet at the same time, it negatively judges HIV-positive women who choose to become pregnant or refuse to abort an existing pregnancy. These double messages engendered strong emotions among the women” (p. 122).

Although an HIV infection is considered a chronic illness in developed countries, it is viewed as a death