This discussion guide is designed to be just that—a guide. You don’t need to use all of it. As a facilitator, you can pick and choose which questions to ask. Questions are in bold italics, marked “Q”. Facilitation notes and suggestions (not necessarily to be read aloud) are in italics.

For more information about the PWNCares series and for links to stream or download the PWNCares video, visit pwn-usa.org/pwncares.

Active listening activity

This can be done either as a large group activity or a partner activity. If as a partner activity, you can use or adapt this script below.

Turn to the person next to you. We’re going to do a short activity. Practice active listening when you’re not speaking. That means when you’re listening, you’re not practicing what you’re saying. You are truly listening to your partner. Put your hands together. The partner with larger hands is partner B. Partner A will answer the questions first, and Partner B’s job is to actively listen and silently show your partner, with your face and your body, that you are paying attention to what they are sharing with you.

What She Brought Me

In the video, Davina and Kamaria share what it was like becoming—and being—mothers. Davina already had one child before her diagnosis; Kamaria was diagnosed in the process of giving birth to her first child. Davina says she always wanted kids and her first child was planned; Kamaria says that she did not intend to have children and her child was not planned.

Q: Which of the women were you most able to relate to when they described their attitudes toward having children?

Give participants 2-3 minutes to answer this question.

Q: Do you have children? If not, do you plan to in the future?

Give participants 2-3 minutes to answer this question.
Worrying

Davina describes worrying about her unborn child contracting HIV during her pregnancy and even for the first five years.

Since Kamaria was not diagnosed until after she gave birth, she did not worry about the possibility of her child having acquired HIV until after she was born. However, she suffered from postpartum depression, and having to treat her baby with medications to make sure she stayed HIV-negative was a source of anxiety. She says she was also in the mindset that she was going to die.

Q: If you have had children since your diagnosis, what has been the greatest source of worry or anxiety for you? Where do you think it comes from?

Give participants 2-3 minutes to answer this question.

Q: Did you have children when you were diagnosed? If so, how do you think that affected how you dealt with your diagnosis? If not, how did your diagnosis affect how you thought about the possibility of motherhood?

Give participants 2-3 minutes to answer this question.

Keeping on Keeping on

Pill fatigue is common among new mothers living with HIV—keeping up with medications, which sometimes have side effects, along with the various doctor appointments and demands of being a new mother.

Kamaria was facing what she calls a “double whammy”: becoming a single mother and coping with her HIV diagnosis at the same time.

Davina says that her first daughter (whom she had before acquiring HIV) helped her get through her diagnosis, because she wanted to be sure she was there to take care of her and that it wouldn’t be someone else.

Q: How did you feel after your HIV diagnosis? What helped you get through it?

Give participants 3-5 minutes to answer this question.

Q: What are ways that care providers and the families and friends of mothers living with HIV can support them during and after pregnancy? During their children’s formative years?

Give participants 2-3 minutes to answer this question.
Teach Our Children Well

Davina describes how she disclosed her HIV status to her children and their reactions to it. Kamaria says that her daughter has grown up knowing about HIV, with as much or as little information as she needed at her age; now that she’s a teenager and understands more about what it is, Kamaria says she gives her a choice before talking about her status in public settings where those around them will know she’s her mom.

Q: If you have children, have you disclosed your HIV status to them? How did you do it and how old were they? How did it go? If you don’t have kids, how do you think you might go about this?

Give participants 3-5 minutes to answer this question.

Q: If you have children who know your HIV status, how have they handled it? What advice would you give to a mother debating whether or when to tell her children?

Give participants 3-5 minutes to answer this question.

Resources

Social support is critical for women living with HIV to thrive and leads to better health outcomes. In-person support groups can be very therapeutic. Your local AIDS service organization or clinic may offer support groups. You can locate local services at www.poz.com/directory

In addition to local in-person services and groups, there are national and international groups that host calls, webinars, videoconferences, and periodic events, as well as sharing information, blogs and other resources for women living with HIV. Here are a few:

Positive Women’s Network - USA
www.pwn-usa.org

The Well Project
thewellproject.org

The International Community of Women Living with HIV (ICW)
www.icwglobal.org

Global Network of People Living with HIV
www.gnpplus.net

Are you pregnant or hoping to become pregnant? HIVe has great resources for serodifferent couples:

hiveonline.org

Make sure you are getting accurate information about HIV, treatment options and issues relevant to people living with HIV! Here are a few good sources of HIV-related information and resources:

www.thebody.com
www.poz.com
www.hivplusmag.com

National Domestic Violence Hotline: 800-799-SAFE (7233)
thehotline.org

Women with HIV suffer from high rates of depression, and many may feel like their alcohol or drug use is out of control. This is nothing to be ashamed of. Help is available. Call

SAMHSA’s National Helpline:
800-662-HELP (4357)