

HIV-Related Stigma Among Pregnant Adolescents: A Qualitative Study of Patient Perspectives in Southwestern Uganda [Letter]

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Dear editor

I expressed interest in the article titled “HIV-Related Stigma Among Pregnant Adolescents: A Qualitative Study of Patient Perspectives in Southwestern Uganda”.¹ The author examined the difficulties encountered by pregnant adolescents with HIV.

This paper provided insight into the following crucial points, namely: a) readers were informed of how stigma affects mental health and access to health care among the pregnant adolescents thereby affecting the health of the unborn child; b) provided understanding of the multifaceted stigmatization that are frequently neglected in previous research; and c) identified the difficulties encountered and advocated for action through pertinent recommendations for targeted and sustainable health policies that addressed the complex interplay of stigma, cultural factors, and health concerns of pregnant adolescents with HIV. Nonetheless, certain restrictions were identified: 1) The description of demographic data required greater consistency. The reported mean age of responders was 6.9 years, which appeared inconsistent considering the study focused on pregnant adolescents with HIV. Furthermore, statistical information concerning participants must be articulated more clearly, including the number still enrolled in school and their parental status. 2) This investigation identified five themes.

Nonetheless, the elucidation for several subjects were redundant and superficial. The concepts of “social and cultural impacts on stigma” and “psychosocial impact of stigma” appear to intersect. This subject must be properly articulated to explain the distinctions between the two. 3) Tables illustrating the characteristics of the respondents and the themes identified in the study were omitted (tables about respondent characteristics and those concerning the identified themes). This should aid the reader in visualising the data and reinforcing the study’s assertions. 4) The narratives among themes frequently lacked coherent relationships, appearing as isolated entities. It is essential to establish more robust connections between concepts. 5) The research cited the Social Ecological Model (SEM) and the Health Belief Model (HBM) as theoretical frameworks. However, the application of these models to the data was inadequately elucidated, complicating readers’ comprehension of their application in the analysis. For instance, the researcher might have elucidated how social interactions within the community align with the SEM levels and how risk perceptions and the ramifications of stigma correspond with the HBM.

Disclosure

The authors report no conflicts of interest in this communication.

Reference

1. Kabunga A, Nabasiye CK, Kiging E, et al. HIV-related stigma among pregnant adolescents: a qualitative study of patient perspectives in Southwestern Uganda. *HIV AIDS*. 2024;16:217–227. doi:10.2147/HIV.S463506

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