

## **Abstract**

### **Background:**

African American women living with HIV are at high risk for developing diabetes, due to genetics, lifestyle, and HIV treatment. Self-management is critical for both conditions in order to decrease morbidity and mortality.

### **Purpose:**

The purpose of this study is to identify 1) self-management strategies, 2) barriers to self-management women, 3) compare self-management strategies of diabetes and HIV.

### **Methods:**

Using the PRISMA, the databases PubMed and CINAHL were searched using the search terms African American women, HIV, and qualitative. Articles were reviewed by the authors against inclusion criterion and rigor using the Critical Appraisal Skills Programme's (CASP) 10-questions for qualitative research.

### **Findings:**

The search resulted a total of 15 articles: 10 on HIV self-management and 5 diabetes self-management. Self-management strategies for both conditions include: spirituality, family and social support, and indulgent self-care. Barriers included depression, stigma, and their role of caregiver.

### **Discussion:**

The themes for HIV and diabetes self-care barriers and facilitators were exceptionally similar. The themes of spirituality, family support, and indulgent self-care were part of both HIV and diabetes self-care. Women with diabetes were concerned with independence and not wanting to be a burden on others. Compared to women with HIV, who were less concerned with their independence, and focused on disclosing their HIV status and developing a support system.

### **Conclusion:**

Self-Management for the dual diagnosis of HIV and diabetes can be complex and at time paradoxical. However, most of the self-management strategies can be shared between both conditions.