Experiences of HIV/AIDS women in planning their pregnancies during the COVID-19 pandemic

Nur Azizah Indriastuti*, Erna Rochmawati1, Luluk Rosida2, Riski Oktaña1, Rizka Mega Putri Ariyanto1

ABSTRACT

Introduction: HIV/AIDS has become a public health problem in many countries along with the increasing number of reported cases and the high mortality rate due to the HIV virus. The HIV virus can infect pregnant women, where pregnant women are at high risk of transmitting the virus to their babies. Transmission of HIV/AIDS from mother to child can be prevented by planning a pregnancy for HIV/AIDS women who want to get pregnant through the PMTCT (Prevention Mother to Child Transmission) program. In the midst of implementing the PMTCT program, the government is faced with the COVID-19 pandemic which causes the public to be advised to postpone pregnancy until the pandemic ends and counseling or consultation regarding family planning is done via telephone. The study aimed to determine the experiences of HIV/AIDS women in planning their pregnancies during the Covid-19 pandemic.

Methods: This research is a Qualitative research with a phenomenological approach which was conducted in March-April 2022 at the Victory Plus Foundation Yogyakarta. Data collection using in-depth interviews. The sampling technique used was purposive sampling. Participants in this study were women with HIV/AIDS who were pregnant during the Covid-19 pandemic and women with HIV/AIDS who had given birth with a maximum age of 6 months.

Results: Researchers found 4 themes, which are the experience of women when diagnosed with HIV/AIDS, planning for pregnancy during the Covid-19 pandemic, the condition of pregnancy for women with HIV/AIDS, and social support for women with HIV/AIDS during pregnancy.

Conclusion: Based on the results of the study, it can be concluded that some women with HIV/AIDS plan their pregnancies during the COVID-19 pandemic by discussing with their husbands, regularly taking ARVs, using the Calendar application to calculate the fertile period, and checking viral load and CD4 levels.

Keywords: pregnancy planning, women with HIV/AIDS, covid 19 pandemic.


INTRODUCTION

HIV (Human Immunodeficiency Virus) is a deadly disease.1 This virus is also a public health problem in various countries along with the increasing number of reported cases.2 According to the World Health Organization, this disease has claimed nearly 690,000 lives in 2019 worldwide.3

In 2020 there were 41,987 HIV cases in Indonesia, while for AIDS cases in 2020 there were 8,639 cases. The highest percentage of HIV infection was in the 25-49 years age group (69.9%). There were 6,094 cases of HIV in pregnant women in Indonesia in 2020. The Special Region of Yogyakarta ranks 13th as the province with the most HIV sufferers with a total of 6,921 cases and 1,608 AIDS cases.4 Based on gender, HIV and AIDS cases in 2019 were more commonly found in men (68.4%) and women (31.6%), while by age, the highest HIV cases were found in the 20-29 years age group (30.9%).5 In 2019 there were 115 cases of HIV-positive pregnant women in DIY.6

Pregnant women who are HIV positive allow the transmission of viral infections from mother to baby in the range of 20 - 50%. As an effort to reduce the rate of transmission of the virus from mother to child, the Indonesian government created a program called PMTCT (Prevention Mother to Child Transmission) or PPIA (Prevention of Mother to Child Transmission of HIV) which is also part of the Maternal and Child Health Program (PMTCT). MCH. This program emphasizes that pregnancy needs to be planned very carefully if women with HIV and their partners want to have children to prevent transmission of the virus to babies from HIV positive mothers.7,8,9

In the midst of the government's efforts to reduce the number of transmission of HIV cases, the government is faced with a COVID-19 pandemic. COVID-19 has an impact on health services in the field of pregnancy. In this new adaptation period, the government issued new policies in health services in the field of family planning and reproductive health in a guide book. In the guidebook, the public is recommended to postpone...
Based on a preliminary study conducted by interviewing one of the pregnant women at the Victory Plus Foundation in Yogyakarta, it was found that before deciding to become pregnant, PLWHA planned beforehand. Some of the efforts made by pregnant women with HIV in planning pregnancy are taking ARVs and exercising regularly. However, planning for pregnancy is only done with her husband without consulting a doctor or other health workers. It is crucial because if it is not consulted, there will be undesirable effects. Based on that, the aim of this study is to determine the experiences of HIV/AIDS women in planning their pregnancies during the Covid-19 pandemic.

**RESULTS**

There were 10 informants in this study consisting of 6 participants, 2 husbands and 2 families with the characteristics of the informants are as follows:

- Experience of women when diagnosed with HIV/AIDS
- Planning a pregnancy during the covid-19 pandemic
- Conditions of pregnancy of women with HIV/AIDS
- Social support for HIV/AIDS women during pregnancy

The themes resulting from this research will be discussed in general and separately to find out how the meanings in these themes with pregnancy planning for women with HIV/AIDS during the Covid-19 pandemic in Yogyakarta are as follows:

**Theme 1: Women’s experiences when diagnosed with HIV/AIDS**

Experience is a pleasant or sad event that a person experiences during his life. Being diagnosed with HIV/AIDS is a sad experience for everyone, including women. A person who is diagnosed with HIV will greatly affect the next life which may cause various health problems, both physically and mentally. The experiences of women when diagnosed with HIV/AIDS include:

a. Early diagnosed with HIV/AIDS
   - The experience of being diagnosed with HIV/AIDS is a sad experience for women. A person can find out that he or she has been diagnosed with HIV/AIDS not by, doing an HIV/AIDS test in health services either based on their own wishes, advice from health workers, or mandatory programs from the government such as during pregnancy checks. In this study, almost all participants knew that they were diagnosed with HIV/AIDS during pregnancy. This is supported by the following interview excerpts:
   - P-1: “I found out when I checked the contents at the primary health care…”
   - P-2: “Yes, she is in her third pregnancy, in 2020…”
   - P-3: “You know the disease when you are 3 months pregnant instead…”
   - P-4: “First pregnancy in 2019…”
   - P-5: “In 2021, the time for examination is 33 weeks…”
   - P-6: “In 2017, 33 weeks of pregnancy, second pregnancy…”

Based on research conducted on participants, it was found that almost all participants knew that they were diagnosed with HIV/AIDS during pregnancy when they did a pregnancy check at the primary health care.

b. Feelings after being diagnosed with HIV/AIDS
   - Women who have just been diagnosed with HIV/AIDS will experience various feelings that can affect their lives. In this study, women infected with HIV/AIDS found it difficult to accept reality, were shocked and hopeless about their situation after finding out that they were HIV/AIDS positive. This is supported by excerpts from interviews with participants as follows:
Table 1. Participants Characteristic.

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<tr>
<th>Characteristic</th>
<th>P1</th>
<th>P2</th>
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<tr>
<td>Age</td>
<td>35</td>
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<td>26</td>
<td>24</td>
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<td>Pregnancy child’s age</td>
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Table 2. Results of Research Themes.

| Theme 1 | Women's experiences when diagnosed with HIV/AIDS
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<tr>
<td>1. Early diagnosed with HIV/AIDS</td>
<td>2. Feelings after being diagnosed with HIV/AIDS</td>
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| Theme 2 | Planning a pregnancy during the covid-19 pandemic
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<tbody>
<tr>
<td>1. Efforts made in planning pregnancy</td>
<td>2. Knowledge of HIV/AIDS women</td>
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| Theme 3 | Conditions of pregnancy of women with HIV/AIDS
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<tr>
<td>1. Physical condition during pregnancy</td>
<td>2. Anxiety about the condition of the baby</td>
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| Theme 4 | Social support for pregnant women with HIV/AIDS
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<tr>
<td>1. Family response about pregnancy</td>
<td>2. Husband’s support during pregnancy</td>
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P-1: “Actually, at first this was lacking, it was hard to accept...”
P-2: “I can’t really accept it, sadly, that’s how many weeks I didn’t want to eat, I kept crying...”
P-3: “So sad, hopeless, destroyed, shocked too...”
P-4: “I’m surprised, madam, I was down too, I’m also afraid that people say it’s a deadly disease...”
P-5: “What’s clear is that we’re down, we’re afraid because we get sick easily...”
P-6: “Yes, I want to kill myself, like what am I doing here, so it’s like there’s no hope anymore...”

Theme 2: Planning for pregnancy during the covid-19 pandemic

a. Efforts made in planning pregnancy

For women with HIV/AIDS, it is very important to plan a pregnancy before deciding to get pregnant. In this plan there are various efforts made by women who want to get pregnant. In this study there were some participants who did pregnancy planning. This is supported by excerpts from interviews with participants as follows:
P-1: “I also downloaded Calendar...”
P-4: “Just the two of you consultation. Plans for both husband and wife...”
P-6: “Yes, at the most, check viral load, check CD4, then we have to do routine therapy...”

Although most of the participants said they were planning a pregnancy, there were also participants who did not plan their pregnancy, this is evidenced by the following interview excerpts:
P-2: “Well, this wasn’t planned... After childbirth, I usually take a long time to grow this fast...”
P-3: “No plans, no plans to get pregnant first...”

b. Knowledge of HIV/AIDS women about PMTCT

A good level of knowledge about PMTCT for HIV/AIDS positive women is very important as an effort to reduce the occurrence of mother-to-child transmission. In this study, there were some participants who already knew about PMTCT. This is supported by excerpts from interviews with participants as follows:
P-4: “The bacteria must be reduced as much as possible, so the condition is more stable than yesterday so that the baby is also healthy...”
P-5: “You have to check the blood to check the CD4 and VL, so that the medicine can be adjusted to the amount of virus...”
P-6: “That’s related to our condition, after we get pregnant, we are born, also what consider the economy too...”

P-5: “Actually, it wasn’t planned...”

P-4: “The bacteria must be reduced as much as possible, so the condition is more stable than yesterday so that the baby is also healthy...”
P-5: “You have to check the blood to check the CD4 and VL, so that the medicine can be adjusted to the amount of virus...”
P-6: “Must be counted every few months the number of VL and CD4...”

Although most of the participants said they knew about PMTCT, there were also participants who did not know what PMTCT was, this is evidenced by the following interview excerpts:
P-1: “No, never heard of...”
P-2: “I don’t know, I knew when I was pregnant...”
P-3: “I also don’t know about that, because the positive thing is when I’m pregnant...”

P-5: “What’s clear is that we’re down.. we’re afraid because we get sick easily...”
P-6: “Yes, I want to kill myself, like what am I doing here, so it’s like there’s no hope anymore...”

Theme 3: Conditions of pregnancy of women with HIV/AIDS

1. Physical condition during pregnancy

2. Anxiety about the condition of the baby

Theme 4: Social support for pregnant women with HIV/AIDS

1. Family response about pregnancy

2. Husband’s support during pregnancy

P-1: “Actually, at first this was lacking, it was hard to accept...”
P-2: “I can’t really accept it, sadly, that’s how many weeks I didn’t want to eat, I kept crying...”
P-3: “So sad, hopeless, destroyed, shocked too...”
P-4: “I’m surprised, madam, I was down too, I’m also afraid that people say it’s a deadly disease...”
P-5: “What’s clear is that we’re down, we’re afraid because we get sick easily...”
P-6: “Yes, I want to kill myself, like what am I doing here, so it’s like there’s no hope anymore...”

Theme 2: Planning for pregnancy during the covid-19 pandemic

a. Efforts made in planning pregnancy

For women with HIV/AIDS, it is very important to plan a pregnancy before deciding to get pregnant. In this plan there are various efforts made by women who want to get pregnant. In this study there were some participants who did pregnancy planning. This is supported by excerpts from interviews with participants as follows:
P-1: “I also downloaded Calendar...”
P-4: “Just the two of you consultation. Plans for both husband and wife...”
P-6: “Yes, at the most, check viral load, check CD4, then we have to do routine therapy...”

Although most of the participants said they were planning a pregnancy, there were also participants who did not plan their pregnancy, this is evidenced by the following interview excerpts:
P-2: “Well, this wasn’t planned... After childbirth, I usually take a long time to grow this fast...”
P-3: “No plans, no plans to get pregnant first...”
to see the VL... the CD4 count, we have to take medication regularly...”

**Theme 3: Conditions of pregnant women with HIV/AIDS**

a. Physical condition during pregnancy

During pregnancy there will be physical changes in pregnant women, not infrequently many pregnant women experience several complaints on their bodies, especially women who are pregnant with HIV/AIDS. This is supported by the following interview excerpts:

P-1: “Your body is so vulnerable, it’s easy to get tired, that’s all. It’s easy to get sick...”

P-2: “This fourth pregnancy I often get sick, whether it’s hands, leg cramps, I can’t walk, so it’s more often than the third...”

P-3: “I’m really lazy, I just want to lie down, the smell of this lacking food makes me sick...”

P-4: “Yes, it’s just like normal, madam, the most weak, achy... nausea and vomiting only during the first trimester...”

P-5: “Yes, it’s normal, like achy, nauseous, flatulence quickly...”

P-6: “Nausea, the difference between the first and the second one... more sensitive, more easily exhausted, not fond of eating rice...”

b. Anxiety about the baby’s condition

During pregnancy, during childbirth and after giving birth, women who are HIV/AIDS positive have the potential to transmit the virus to their children, so many feel anxious about how their child’s condition will be. This is supported by the following interview excerpts:

P-1: “The fears that were up until that point weren’t that great...”

P-2: “If you’re worried, it’s obvious, because the position can’t be breastfed, you can’t go through the birth canal because it’s a poor risk to the child, so I’m worried...”

P-3: “When you are pregnant, you have bad thoughts, so you are afraid that your child will get it too...”

P-4: “Afraid, people say that rich people can transmit it if they have offspring...”

P-5: “Feeling anxious, more likely to be afraid that my child will also get...”

Although most of the participants stated that they had anxiety related to their child’s condition, there were also participants who stated that they did not experience anxiety about the condition of their baby. This is supported by the following interview excerpts:

P-6: “No, because we have already considered the program, right...”

**Theme 4: Social support for women living with HIV/AIDS**

a. Family response to pregnancy

The family has an important role in providing support, motivation and a positive response for women living with HIV/AIDS, especially during pregnancy. In this study, almost all participants said that their pregnancy was welcomed and supported by their families. This is supported by excerpts from interviews with participants as follows:

P-1: “They’re just having fun, because my son is already big, he’s already 10 years old...”

P-3: “If the parents are supportive, the parents also know the condition of this disease, so thank God, their response is good...”

P-5: “What if the family just follows it like if we can afford it, that’s okay...”

P-6: “It’s okay, they support me... if it’s my family, it’s up to you what’s important is that you’re happy...”

Although most of the participants stated that their pregnancy was well received and supported by their families, there were also participants who said that their families did not agree or did not support their pregnancy, this is evidenced by the following interview excerpts:

P-1: “If it’s the husband’s support, the most important thing is that we try...”

P-2: “Yes, I am with Gentian’s father who looks after him, like I want to control, the children are brought by his father...”

P-3: “Keep giving positive support, he still accompanies me...”

P-4: “Yes, it’s just words, madam, you don’t have to care about other people, ...”

P-5: “Yes, always support, like giving encouragement, don’t give up, if for example I’m tired, I’ll definitely replace the task...”

P-6: “It supports reminding the time, remembering the control time, then waiting, delivering it...”

The following are the results of triangulation of sources conducted on several of the participant’s husbands related to the support provided by their husbands during pregnancy. Participant’s husband 4: “Yes, at least remember to take medicine, take care of your health, don’t forget to eat... just support mentally, mam, so you don’t get down, because you have small children, so you want to get well”

**DISCUSSION**

Women’s experiences when diagnosed with HIV/AIDS

The experience felt by women when they were diagnosed with HIV/AIDS for the first time was that they felt shocked, sad, afraid, hopeless, depressed and wanted to end their life, especially when all participants found out about their status when they were pregnant with their child. This research is supported by Susilowati & Dewi, that when a person is diagnosed with HIV/AIDS, his psychology will be disturbed which will cause feelings of confusion, worry, fear because the disease...
cannot be cured and has the potential to infect others, leading to depression. Women's experiences when diagnosed with HIV/AIDS:

a. Early diagnosed with HIV/AIDS

The results showed that all participants knew that they were confirmed positive for HIV/AIDS at the time of checking their pregnancy. As an effort to prevent mother-to-child transmission, the government requires pregnant women who come to MCH services to do a HIV, Syphilis and Hepatitis B test at least once, which should be done during the first ANC visit in the first trimester. Because of this regulation, many women only found out that they were HIV when they visited the ANC. This is supported by research conducted by Watt et al., which stated that 75% of the participants only found out that they had been diagnosed with HIV/AIDS during a pregnancy check-up. When pregnant women are diagnosed during a prenatal check-up, they will immediately be given ARV therapy as an effort to prevent transmission to their babies.

According to research conducted by Tumangke et al., it was found that pregnant women know their HIV/AIDS status after doing voluntary counseling and testing (VCT) during their pregnancy check-up. After learning about their status, they immediately started ARV therapy and routinely performed Antenatal Care (ANC) examinations. Research conducted by Woldeyenb et al., said that more women were confirmed positive for HIV/AIDS at the first ANC than at subsequent visits and the age with the most confirmation was in the 15-24 years range.

This study is in line with the results of research by Groves et al., which found that pregnant women found out that they were infected with HIV/AIDS during the ANC examination which required a rapid HIV test by taking their blood specimen, this ANC was carried out as an effort to prevent HIV/AIDS transmission. AIDS from mother to child (PMCT). This study is in accordance with research conducted by Kim et al., women only found out that they had been diagnosed with HIV/AIDS when they attended HIV counseling during an ANC examination and then immediately received ARV therapy and were also advised to check their CD4 count.

b. Feelings after being diagnosed with HIV/AIDS

The results of this study indicate that most of the participants felt shocked, sad, afraid, did not think that they were diagnosed with HIV/AIDS, despaired and some even thought of ending their life. The assumption that PLWHA has a short life creates a desire to end life. In addition, the high stigma of the community who thinks that HIV is a disgrace and discrimination against PLWHA greatly affects their mentality so that feelings of sadness, fear and anxiety arise.

In line with research conducted by Abraham & Clow, stated that after knowing that they were HIV positive while pregnant, the reactions that emerged were that they did not believe it, did not accept the test results they got, felt devastated and despaired. This research is supported by research conducted by Gh.Barkish et al., it was found that after finding out they were infected with HIV/AIDS, all participants felt shocked and distrusted, afraid, desperate, embarrassed, angry, and thought that this was the end of their life. So they think of committing suicide.

According to Madiba's research, pregnant women diagnosed with HIV feel surprised, afraid, embarrassed, sad and depressed. From these prolonged emotional feelings result in a lack of appetite, lack of motivation and interest in daily activities, and withdrawing from the environment.

This is in accordance with the research of Rahmawati & Ernawati, which states that when a person is confirmed to be HIV positive, there will be psychological changes, where the reactions that will appear are shock, confusion, disappointment, worry and experience a bargaining phase regarding their new status. According to the research of Putri et al., when initially diagnosed with HIV/AIDS, pregnant women did not believe that this could happen to them. In addition, they also feel angry, sad, anxious and depressed because they have to accept their new status.

Pregnancy planning during the covid-19 pandemic

According to Abebe et al., pregnancy planning for HIV/AIDS women is very important, because planning a pregnancy can reduce the risk of HIV/AIDS transmission from mother to child. Pregnancy planning during the COVID-19 pandemic includes the efforts made in planning pregnancy, knowledge of HIV/AIDS women about PPIA, and considerations of HIV/AIDS women in planning pregnancy.

a. Efforts made in planning pregnancy

In this study, it was found that some of the participants planned their pregnancy by checking their viral load and CD4 levels, regularly taking medication, discussing together with their husbands and using the Calendar application. This is in accordance with Pratiwi et al., that there are several efforts made by women in planning their pregnancy, namely by consulting a doctor, taking herbal medicine to increase immunity, having a high CD4 cell count, and ensuring that the virus is not detected. This is in line with the Chilaka & Konje study, where planning for pregnancy can be done by checking viral load regularly every month and also checking CD4 levels at least every 3 months.

It is also supported by the research of Putri et al., which states that planning for pregnancy needs to be prepared with food to reduce the risk of transmission from mother to child. Some efforts that can be done in planning a pregnancy are by taking ARVs regularly, checking CD4 levels and also viral load.

b. Knowledge of HIV/AIDS women about PPIA

The results showed that some of the participants had knowledge related to PPIA, namely routine viral load and CD4 checks, ARV therapy, and maintaining stable conditions. Mother's knowledge of PPIA greatly influences attitudes in preventing...
mother-to-child transmission and attitudes in using PPIA services. The higher the mother's knowledge, the better the mother's attitude, so that the risk of transmission can also be reduced to less than 2%. This is supported by research by Dlamini & Mokoboto-Zwane that the knowledge that mothers have about preventing mother-to-child transmission (PPIA) will affect the attitude or behavior of mothers towards these prevention efforts during pregnancy and after giving birth. In line with the research of Ngadaya et al., that HIV transmission from mother to child can be prevented during pregnancy, childbirth and after delivery. This can be done well if the mother has adequate knowledge about the PMTCT efforts. In Simangunsong et al.'s research, it is also stated that the knowledge that women have regarding PMTCT can be influenced by the lack of socialization received, especially during pregnancy, plus the lack of knowledge of health workers who are supposed to provide information related to HIV transmission from mother to child.

This research is also in accordance with the research of Nyarko et al., which found that HIV transmission from mother to child can occur during pregnancy, childbirth or after delivery, so it is very important for women with HIV positive status to have good knowledge about PMTCT. For women who have good knowledge about PMTCT are more likely to have a good attitude towards the implementation of PMTCT. This study is also supported by research by Alemu et al., women who have good knowledge about PMTCT can protect their children from being born HIV positive. Utilization of PMTCT services for women with HIV can increase knowledge related to HIV/AIDS and the efforts that can be made to prevent transmission to children.

c. Considerations of HIV/AIDS women in planning pregnancy

The results of this study showed that all participants had considerations before deciding to get pregnant including the number of children, economy, viral load and CD4 levels and ARV therapy. This is supported by research by Inyangala et al., that the considerations of HIV women who want to have children are that they do not have children or only have 1 child, stable physical condition, wishes from their husbands and family, and duration of ARV use. This study is also in line with the research of Cuinhane et al., which stated that the reasons why HIV women decide to get pregnant include the desire of their partners, having consulted with a doctor first, using ARV's regularly and the assumption that pregnancy is a mandatory part of their life. a marriage.

This is in accordance with the research of Susilawati et al., that there are several factors that are considered in planning a pregnancy, the first is economic factors, where after giving birth, HIV mothers will need a lot of money to buy formula milk because they cannot provide breast milk for their children and costs for other treatments. The second is age, women with the age of 35 years are very at high risk of getting pregnant. And the last is the mother's fear if the child she conceived will be positive as well as the previous child. This study was also supported by research by Huertas-Zurriaga et al., it was found that women who have high CD4 levels, regularly take medication, who have only been diagnosed for <5 years and have received education regarding how to plan a safe pregnancy are more willing high pregnancy.

This is in accordance with research conducted by Agbo & Rispel that the factors that influence HIV women in planning their pregnancies are the number of children they have, the wishes of their partners, age, supportive physical conditions, knowledge related to the effectiveness of ART, knowledge related to PMTCT, and demands from the community environment.

**Pregnancy conditions of women with HIV/AIDS**

According to Suryani & Handayani, in providing for the needs of the fetus for its growth and development, pregnant women will experience physiological and psychological changes to protect the normal function of the mother. These changes occur based on the stage of pregnancy and will cause several symptoms that may interfere with the mother's daily activities. Conditions of pregnancy for women with HIV/AIDS include:

a. Physical condition during pregnancy

The results showed that all participants experienced complaints about their physical condition during pregnancy, such as fatigue, aches, nausea and vomiting, and lack of appetite. This is in accordance with the research of Qu et al., which stated that the majority of HIV-pregnant women tend to experience complaints related to their condition during early pregnancy. Complaints that many HIV mothers feel are nausea, dizziness, vomiting, anxiety, and depression.

This study is supported by research conducted by Septiani & Astuti, that pregnant women with HIV during pregnancy appear physical symptoms such as intense fatigue, no appetite, and weight loss. This is also in line with the research of Lutterodt et al., which says that in the first trimester mothers experience pregnancy syndrome more than in the following trimesters. The most common symptoms are nausea, vomiting, pelvic pain, pruritus or itching, and back pain. In this study also found 17% of participants experienced vaginal bleeding.

In Yikar & Nazik's research, it was also found that many anatomical and physiological changes occur in pregnant women. Most mothers in the first trimester complain of nausea, in the second trimester the mother complains of vomiting, feeling tired quickly, and urinating frequently. Meanwhile, in the third trimester, the symptoms that appear, such as increased sensitivity in the vagina and breasts, also become more emotional.

This study is in accordance with the research of Darwiti & Rahmadona, which states that the complaints that mothers feel during pregnancy are due to physiological and psychological changes in the mother. Complaints arising from these changes include fatigue, difficulty sleeping, swollen feet
and hands, and shortness of breath caused by weight gain.43

b. Anxiety about the baby’s condition
The results of this study found that almost all participants said that they were worried about the condition of their babies, namely they were afraid if their babies were infected with the HIV/AIDS virus. This research is in line with research by Dewantoro & Kurniawan, which states that women with HIV will experience feelings of anxiety if their child will be born HIV positive due to infection from him.44 This is supported by research by Ogueji that many pregnant women with HIV feel excessive fear and worry about the condition of their babies who are at risk of contracting HIV from themselves, causing depression.45 This is in accordance with research by Arias-Colmenero et al., which states that HIV women during pregnancy experience anxiety related to the condition of their babies such as being afraid of transmitting the virus to their babies and worrying if their children have to suffer the same fate as themselves.46

This study is also in line with the research of Mawardika et al., it was found that in addition to feeling happy, mothers with HIV also felt various anxiety during pregnancy. The most common anxiety experienced by HIV mothers is the fear that the fetus they are carrying will be born with HIV positive. The mother also feels that her HIV status will threaten the health and well-being of her fetus and also have a negative impact on her life.47 However, from this study it was also found that there was 1 participant who did not experience anxiety because they had planned their pregnancy carefully. This is supported by the study of Dlamini et al., which stated that HIV women who follow the PMTCT program and regularly take ARV do not feel anxious about the condition of the baby they are carrying, because they believe that by following the PMTCT program correctly and regularly taking medications, their baby will be protected from the virus and will be born HIV/AIDS negative.48 This study is also in line with research by Mbatha & Dube, that pregnant women with HIV do not feel anxious because they believe that by maintaining their diet and taking medication regularly and on time can prevent transmission from mother to child.49 This is in accordance with research conducted by Gutin et al., that following PMTCT and routine ARV therapy can minimize the risk of transmission of the virus from mother to child or to HIV-negative partners.50

Social support for women with HIV/AIDS during pregnancy
According to Aswar et al., social support is needed for pregnant women with HIV. The support that HIV women receive will give them a sense that they are valued, there are still people who care and love them. In addition, the support received also improves the quality of life of HIV women and reduces the perceived psychological stress. Social support for HIV/AIDS women during pregnancy includes family responses about pregnancy and husband’s support during pregnancy.51

a. Family response about pregnancy
In this study, it was found that almost all participants received a positive response and support from their families regarding their current pregnancy. PLWHA who receive support and motivation from their families have a good self-concept and self-image, so it can be said that family support has an important role for PLWHA.52 This research is in line with Putri & Padua’s research which states that the family has an important role in maintaining the psychological health of PLWHA so that PLWHA can accept their current condition and want to continue their treatment for the sake of their survival.53

This is in accordance with the research of De Quadros et al., that the importance of family support for PLWHA, where this support can help PLWHA in maintaining their life. The support provided by the family can be in the form of instrumental support or emotional support.54 This is in line with Rochmawati & Sari’s research that in preventing HIV transmission from mother to child, families have an important role in providing support in the form of emotional support, esteem support, instrumental support and informational support.55 This research is supported by research by Xu et al., which states that the family support provided both psychologically and financially is very influential for HIV women in living their lives. In addition, family support can also reduce psychological, emotional and stress, and can also increase medication adherence.56

b. Husband’s support during pregnancy
The results of this study found that all participants received support from their husbands in the form of emotional support, reminded to take medication regularly and ANC, and remained faithful to accompany them even with their current status. The support provided by the husband can increase the self-confidence of HIV/AIDS women, adherence to treatment and enthusiasm in living their lives so that the quality of life of PLWHA is better.57 This is in line with Triani’s research which states that in preventing HIV transmission from mother to child, husband has a very important role. The role in question is in the form of delivering and accompanying during ANC and participating in discussions regarding the condition of his wife together with health workers.58 This study is in accordance with research conducted by Thaha et al., it was found that husbands have a responsibility for success in preventing virus transmission from mother to child both before, during, and after pregnancy. The attention and affection that husbands give to pregnant women with HIV is a form of support.59 This study is supported by research conducted by Mabachi et al., that husband’s support has an important role for HIV women in improving quality of life, adherence to treatment and reducing stress. The support provided by the husband can be in the form of instrumental support such as meeting all needs before and after giving birth and accompanying the ANC examination. Emotional support such as giving attention, affection and faithfully accompany in any condition.
Informational support such as reminding to take medication regularly, maintaining a diet and going to the ANC regularly. This is in line with the research of Carbone et al., which states that the support provided by husbands to HIV-infected women can be in the form of providing adequate facilities in care, such as financing transportation for treatment, providing food and reminding them to take medication every day. The small number of samples used is a weakness in this study. The scope of this study was not too large and broad, so that the research results cannot be generalized to a wider population. It is necessary to do research with a larger number of samples to be able to define the actual situation.

CONCLUSION

Pregnancy planning for HIV women during the Covid-19 pandemic in Yogyakarta was carried out by discussing with their husbands, regularly taking ARVs, using the Calendar application to calculate the fertile period, and checking viral load and also CD4 levels.

CONFLICT OF INTEREST

There was no conflict of interest in this study.

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ETHICS APPROVAL

The authors conducted this study after obtaining an ethics certificate with No. 015/EC-KEPK FKIK UMY/I/2022 from the Ethics Commission of The Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Yogyakarta

AUTHOR CONTRIBUTION

NAI&RMP: Concept, Data Provision, Data Analysis, Data and Result Interpretation, Writing and Discussion, ER: Writing and Discussion, LR: Writing and Discussion, RO: Writing and Discussion. All authors contributed to the article and approved the submitted version.

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