



MIDWIVES' EXPERIENCES IN CARING FOR POST-PART MOTHERS WITH HIV/AIDS

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ABSTRACT

Pregnancy and the postpartum period are periods with a continuous and ongoing risk of HIV/AIDS infection, which are the targets of mother-to-child HIV prevention. Postpartum mothers with HIV positive require special care from health workers, especially midwives who are not only skilled in the technical aspects of patient care, but more than that must have empathy and be skilled in therapeutic communication. The high risk of HIV/AIDS transmission in midwives causes feelings of anxiety and reluctance to provide care to patients. Many health workers experience stress due to work, feelings of anxiety about contracting the disease, feelings of inability to meet job demands or what is expected from the job, which impacts the mental and physical health of midwives, which ultimately impacts the services provided. Objective: To explore the experiences of midwives in caring for postpartum mothers with HIV/AIDS. This type of research is qualitative with an exploratory phenomenological approach. Participants in this study were two midwives who had provided assistance to postpartum mothers with HIV/AIDS. Data collection techniques were observation, interviews, documentation, and triangulation. Data processing was carried out using the Colaizzi approach. The importance of midwives' experience in caring for postpartum mothers with HIV/AIDS will improve the midwives' ability to provide care to postpartum mothers with HIV. The midwives' ability to care for postpartum mothers with HIV/AIDS is also influenced by the midwives' experience in caring for postpartum mothers with HIV/AIDS. Some of the obstacles encountered by midwives in providing care are feelings of anxiety and shame in postpartum mothers that make sufferers disappear and refuse to undergo ANC examinations and refuse treatment. Midwives' hopes in caring for postpartum mothers with HIV/AIDS, postpartum mothers must remain enthusiastic and continue treatment to prolong life and prevent transmission to children, extra support is needed for the mother's psychology, emotional support from health workers and the patient's family. Motivation and deeper support are needed for postpartum mothers with HIV/AIDS in midwife care so that care can be carried out properly without any obstacles.

Keywords: HIV/AIDS care; midwife experience; postpartum mother; postpartum mother with HIV/AIDS

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INTRODUCTION

Pregnancy and the postpartum period are periods of continuous and ongoing risk of HIV/AIDS infection (Septikasari, 2019). Pregnant and breastfeeding women (postpartum women) living with HIV are targets for mother-to-child HIV prevention (Moyo et al., 2021). HIV transmission generally occurs due to human behavior, placing individuals in a vulnerable situation for infection. HIV infection is a group of infectious diseases and is one of the factors that can influence maternal and child mortality (Ismail et al., 2022). According to the report on the Development of HIV/AIDS and Sexually Transmitted Infections (STIs) in the first quarter (2021), the number of pregnant women tested for HIV was 520,974 people, with the number of pregnant women being HIV-positive at 1,590. Pregnant women can be at risk of HIV/AIDS because based on age range, the highest number of HIV/AIDS cases is in the 25-49 year age group, and if based on employment status, the second highest number is housewives. Pregnant women are included in the age range of 25-49 years and are housewives who have had sexual relations before, so the risk of infection is relatively high. The highest number of HIV sufferers is in the productive age group, namely 23,512 (Sri Wahyuni et

al., 2023). The postpartum period (puerperium) is the period after labor and delivery and the recovery period, starting from the completion of labor until the reproductive organs return to their pre-pregnancy state, which takes a varying amount of time, between 6-12 weeks. During the postpartum period, physiological and psychological changes occur due to the birth of the baby. In providing services during the postpartum period in general or for postpartum mothers with HIV, midwives use care that includes monitoring the physical, psychological, spiritual, and social well-being of the mother/family, providing continuous education and counseling. During the postpartum period, postpartum mothers become very sensitive, the role of midwives is very important in terms of providing services in care, especially for postpartum mothers with HIV/AIDS (Septikasari, 2019). Currently, postpartum mothers with HIV care is a very important and comprehensive care carried out to prevent transmission from mother to child through Prevention of Mother-To-Child Transmission (PMTCT) efforts. PMTCT efforts require competent healthcare workers with a strong sense of responsibility for caring for postpartum mothers with HIV (Susilawati et al., 2021) . Postpartum mothers with HIV require specialized care from healthcare workers, especially midwives. They must not only be skilled in the technical aspects of patient care but also possess empathy and be skilled at therapeutic communication. The closeness of healthcare workers to HIV/AIDS patients is crucial in providing emotional support. Thus, it is hoped that midwives will be able to establish closer relationships with patients, foster optimism, and provide effective care, ensuring patients feel humanized and not neglected. Similarly, midwives play a crucial role as professionals in intervening with postpartum mothers with HIV, particularly in facilitating the fulfillment of client needs (Susilawati et al., 2021) .

The risk of HIV/AIDS transmission to health workers, especially midwives, is very high. The high risk of HIV/AIDS transmission to midwives causes feelings of anxiety and reluctance in providing care to patients. Many health care workers suffer from work-related stress, anxiety about contracting the disease, and feelings of inability to meet work demands or expectations, which affect the mental and physical health of midwives, which ultimately affects the services provided. According to previous researchers, women with HIV have a tendency to continue breastfeeding their children (Umeobieri et al., 2018) . Mothers with HIV have a strong desire to breastfeed their children because of the strong bond of affection (Cuinhan et al., 2017).

Caring for postpartum mothers with HIV/AIDS not only demands clinical skills but also presents emotional and professional challenges for midwives. Some midwives may experience anxiety, internal stigma, or ethical confusion in managing HIV cases, particularly in the context of maintaining patient confidentiality and ensuring their own safety. Furthermore, limited resources and a lack of training in HIV/AIDS management can exacerbate these professional challenges. However, the experiences of midwives as the spearheads of maternal care at the community level are rarely explored in depth, particularly in the context of HIV/AIDS. Therefore, it is important to qualitatively explore how midwives face these challenges, the strategies they use, and the types of support they require. The results of this study are expected to inform the development of training, health policies, and improvements in support systems for health workers (Lestari et al., 2025) . What's novel about this research is that some previous studies have focused on the role of midwives in preventing mother-to-child transmission of HIV (PMTCT) or providing care to pregnant women with HIV, rather than the postpartum period. This study focuses on the puerperium phase, which is often overlooked in the context of HIV. It also explores the emotional dimension, while previously focusing more on midwives' knowledge, attitudes, and clinical practices.

Researchers conducted a preliminary study by interviewing midwives at the Sentani Community Health Center regarding their experiences in caring for postpartum mothers with HIV/AIDS. It was found that not all midwives or health workers had performed such care, only a few. It was felt that the midwives' experiences regarding postpartum mothers with HIV/AIDS were very important to explore and understand so that they could correct the midwifery care that should be provided by

midwives in such cases. This study aimed to explore and understand the experiences of midwives in providing care to postpartum mothers infected with HIV/AIDS.

METHOD

This study employed an exploratory phenomenological approach, which is a qualitative research approach. A phenomenological approach examines a person's experiences. Exploratory research, on the other hand, involves conducting direct exploration with participants, exploring their thoughts on their experiences (Moleong, 2018). The researchers used an exploratory research method to conduct direct exploration with participants, exploring the thoughts of midwives in caring for postpartum mothers with HIV/AIDS. This method analyzes and explores the phenomena that occur, based on untested assumptions, and gathers information in the form of data about the problem for further research. This study used in-depth interviews for data collection (Dedi, 2021). The participants in this study were two midwives who had previously provided support to postpartum mothers with HIV/AIDS. This number was selected based on a purposive approach, where participants were chosen because they had highly relevant and in-depth experience with the phenomenon being studied. In qualitative research, the primary goal is not to generalize results, but rather to gain a deeper understanding of individual subjective experiences within a specific context. Therefore, data depth is prioritized over the number of participants. Despite the limited number of participants, the interviews were conducted in-depth and exploratory, resulting in rich, detailed, and informative data. After the interviews were conducted and analyzed, no new themes emerged, and the information obtained demonstrated consistency and repetition of existing data patterns. Therefore, this condition indicates that data saturation has been achieved, namely when the data obtained is sufficient to answer the research questions and no new information emerges from additional participants. This approach aligns with qualitative research guidelines, which state that sample size is flexible and depends on the complexity of the phenomenon and the depth of the data, rather than the number of participants.

This study had previously undergone an ethics review by the medical/health research bioethics commission. Before the study was conducted, the researcher explained the purpose and procedures of the study to participants. Participants were given the opportunity to read the informed consent form and sign it if they were willing to participate. The research stage involved conducting interviews based on mutually agreed appointments with the participants, lasting 30-60 minutes in a meeting room, ensuring participants felt calm, private, and comfortable. Data were collected using interview guides, a digital voice recorder, and field notes. Before the interviews began, the researcher obtained verbal and written informed consent, and then transcribed the recorded interviews verbatim to determine the accuracy of the content. Transcriptions were conducted in the original language of the interview without changing the meaning, but with minor deletions of meaningless repetitions such as "eee" and "hmmm" if necessary for clarity. Unique codes such as P1 and P2 were assigned to maintain patient confidentiality. The transcripts were then analyzed using thematic analysis.

RESULT

The results of interviews with participants obtained three themes: the ability of participants to care for postpartum mothers with HIV/AIDS, obstacles when caring for postpartum mothers with HIV/AIDS, and hopes in caring for postpartum mothers with HIV/AIDS. The results of the research conducted by the researcher are presented systematically based on the findings obtained through in-depth interviews with patients with HIV/AIDS. These themes are formed in a theme scheme and analysis of statements from participants P1 to P2 is as follows:

Table 1.

Characteristics of Participants at the Research Location

Participant Code	Participant Age (Years)	Last education	Length of Service (Years)	Interview Duration (minutes)
P1	47	Midwife Profession	29	45
P2	36	Master of Midwifery	14	50

Table 1 shows that participants were > 35 years old, their last education was midwifery and master's degree in midwifery with a length of service of > 10 years.

Participants' ability to care for postpartum mothers with HIV/AIDS

The results of in-depth interviews conducted with 2 participants during the research process found the following theme: participants stated that they had cared for postpartum mothers with HIV/AIDS based on the keyword, "Having cared for postpartum mothers with HIV/AIDS and focused on breastfeeding." The statements from the 2 participants are as follows:

P1 : " *I once treated a mother who had just given birth and she was HIV/AIDS positive, her mother was very scared and anxious .*"

P2 : " *Care for postpartum mothers with HIV/AIDS is more focused on providing breast milk to their babies so that the babies do not become infected .*"

Barriers to caring for postpartum mothers with HIV/AIDS

The results of in-depth interviews conducted with 2 participants during the research process found the second theme, namely participants said that postpartum mothers felt anxious, embarrassed so they did not want to take medication and postpartum mothers disappeared and refused treatment based on the keywords, namely "anxious, embarrassed and disappeared because they refused to take treatment". Statements from 2 participants are as follows:

P1 : " *Postpartum mothers with HIV/AIDS feel anxious and embarrassed so they don't go to the Community Health Center regularly to get medication.*"

P2 : " *There are more postpartum mothers with HIV/AIDS who are unknown and suddenly disappear and refuse treatment.*"

Hopes in caring for postpartum mothers with HIV/AIDS

The results of in-depth interviews conducted with two participants during the research process revealed the third theme, namely that participants stated they had cared for postpartum mothers with HIV/AIDS based on the keywords "anxious, ashamed, and disappeared because they refused treatment." The statements from the two participants are as follows:

P1: " *I want postpartum mothers with HIV/AIDS to remain enthusiastic about taking their medication, so that they can live longer and care for their babies.*"

Hopes in caring for postpartum mothers with HIV/AIDS

The results of in-depth interviews conducted with two participants during the research process revealed the third theme, namely that participants stated they had cared for postpartum mothers with HIV/AIDS based on the keywords "anxious, ashamed, and disappeared because they refused treatment." The statements from the two participants are as follows:

P1: " *I want postpartum mothers with HIV/AIDS to remain enthusiastic about taking their medication, so that they can live longer and care for their babies.*"

P2: " *I don't want my mother to die from HIV/AIDS, I feel sorry for the newborn baby, that's why I have to be enthusiastic about providing maximum care.*"

DISCUSSION

The results of this study on the experiences of midwives in caring for postpartum mothers with HIV/AIDS at the Sentani Community Health Center, which was conducted through in-depth interviews, resulted in three identified themes, including:

Participant characteristics

Judging from the age and length of service of the participants, they have long and extensive work experience. This is in accordance with the opinion of previous researchers, that work period is the length of time an employee contributes their energy to a particular company. Work experience is the mastery of knowledge and skills of employees as measured by the length of service, the level of knowledge and skills possessed by employees. Experience can only be obtained through the workplace. It can be concluded that adequate work experience will help employees in completing

their work. Good work experience provides expertise and work skills based on the length of time in the job (Kereh et al., 2018) .

Participants' ability to care for postpartum mothers with HIV/AIDS

Midwives' ability to care for postpartum mothers with HIV/AIDS is already capable, but needs to be improved in screening pregnant women with HIV/AIDS so that they can be monitored until the mother gives birth and breastfeeds. This will increase their experience in caring for postpartum mothers with HIV/AIDS and become more professional. In line with previous research, one of the factors that significantly influences efforts to prevent mother-to-child HIV transmission is Antenatal Care (ANC), which is the first step for pregnant women to have direct contact with health workers to prevent HIV transmission to the baby. In addition to ANC, HIV testing is also another preventative measure to detect HIV cases and prevent mother-to-child transmission of HIV optimally (Firdayanti & Idris, 2021) . Midwives' ability stems from their experience in providing services. The longer and more services a midwife provides, the better their ability to provide care. In line with previous research, longer work experience makes midwives more proficient and skilled in providing midwifery care. Midwives with longer working periods and more experience, knowledge, skills, quality, and performance will improve their ability to provide midwifery care to postpartum mothers with HIV/AIDS (Apriani et al., 2020). The longer a midwife works, the more experience she gains, and the more cases she handles, the more proficient and skilled she becomes in completing her work. Public trust tends to favor long-serving midwives, as they perceive them as experienced (Oktaviance & Br Purba, 2022) . This is also in line with research that suggests that officers with long tenure are considered capable and experienced, and understand the consequences of their work, which is reflected in their behavior and adherence to established procedures (Kusvitasari et al., 2023).

Barriers to caring for postpartum mothers with HIV/AIDS

Mothers feel ashamed of their illness due to societal perceptions of HIV/AIDS sufferers. The negative stigma surrounding HIV/AIDS marginalizes women. This situation has a significant psychological impact on mothers with HIV/AIDS, hindering their ability to view themselves and their unborn children, which in some cases leads to depression, lack of self-confidence, and despair. Other psychological responses include fear, loss, grief, guilt, rejection, anxiety, anger, suicidal thoughts, loss of self-esteem, obsession, and spiritual aspects (Azza, 2010) . This is in line with previous research which found that almost all women with HIV/AIDS experience severe anxiety with symptoms such as bad feelings, fear of their own thoughts, irritability, anxiety, restlessness, trembling, being easily startled, lethargy, tension, restlessness, difficulty resting, crying easily, difficulty sleeping, waking up at night, and nightmares (Vidayati, 2019). Consistent with previous studies, severe anxiety symptoms tend to be more common in women with HIV/AIDS due to concerns about reproductive health issues that fuel fears of perinatal transmission (Waldron et al., 2021) . This study explains the difficulties faced by health workers, especially midwives, in caring for postpartum mothers with HIV/AIDS because the mothers refuse treatment, requiring a more extreme approach to provide psychological support that can help reduce their anxiety, shame, and fear.

Hopes in caring for postpartum mothers with HIV/AIDS

Midwives' expectations while caring for postpartum mothers with HIV/AIDS are that postpartum mothers with HIV/AIDS remain enthusiastic and continue treatment. Because anxiety and shame cause postpartum mothers to refuse treatment, which can lead to transmission to the baby and the mother's death, midwives are expected to conduct home visits to all pregnant women to undergo HIV/AIDS testing. In line with previous research, people with HIV/AIDS (PLWHA) need social support from family, health workers, and the community. According to them, they become happier/less stressed and enthusiastic in living their lives because they benefit from family (Fitri Burhan et al., 2014) . If mothers do not receive good support from their environment, especially family and health workers, they will experience anxiety about their condition, transmission to their babies, during and during childbirth, and during ARV therapy (Ertiana & Masrurin, 2020). One of

the most significant sources of support for pregnant women with HIV/AIDS is the support of their husbands and families. The husband and family play a significant role in the mother's decision-making process. This is particularly true for taking their wives for HIV/AIDS testing during pregnancy, which allows for early detection and prevention of transmission to the baby. Social support, including from healthcare professionals, is highly influential because they interact frequently and gain a better understanding of the mother's physical and psychological condition, which builds trust in healthcare workers and in themselves (Mandagi et al., 2022) .

This study makes an important contribution to understanding midwives' experiences caring for postpartum mothers with HIV/AIDS, particularly in primary care settings such as community health centers (Puskesmas). The findings indicate that extensive work experience plays a significant role in shaping midwives' competencies, but experience alone does not always guarantee optimal preparedness, particularly in medically and psychosocially complex situations such as HIV/AIDS. Although the midwives in this study demonstrated basic skills in providing care, limitations in implementing screening, early detection, and psychosocial support for postpartum mothers with HIV/AIDS indicate a gap between practical experience and the implementation of HIV-based service standards. This reflects that experience does not always align with knowledge updates, especially when not accompanied by ongoing training and intensive clinical supervision. Furthermore, there is a conflict between midwives' professionalism and social values in the community, where stigma against people living with HIV also influences the continuity of care. This places midwives in a dilemma between fulfilling their role as service providers and as members of a community that also holds certain social perceptions about HIV/AIDS. One of the main limitations of this study was the small number of participants. However, this limitation was addressed through an in-depth, exploratory, and systematic interview approach, allowing for rich and contextualized data. The study was also limited to a single community health center (Puskesmas), which could have limited diverse perspectives, but this actually strengthened the contextual understanding of the specific area through a case study approach. The researchers also indirectly addressed limitations related to social bias or stigma by focusing on the midwives' personal experiences, rather than general public perceptions. This strategy made the data more authentic and directly reflected the challenges in the field.

These findings underscore the need to integrate psychosocial support into midwifery practice for HIV/AIDS cases. Midwives need empathetic communication skills to manage mothers with high levels of stigma and anxiety. The results of this study can form the basis for developing specific standard operating procedures (SOPs) for postpartum care for mothers with HIV/AIDS, including home visits, ARV counseling, and psychosocial referrals. Local governments need to strengthen cross-sectoral collaboration (health offices, NGOs, families, and religious leaders) to support people living with HIV (PLWHA) in the community. Regular training for midwives is needed on HIV screening during pregnancy, effective communication in sensitive contexts, and postpartum maternal mental health. Case-based training and reflection on experiences (case-based learning) are highly recommended to enable midwives to manage difficult situations more adaptively. Practical recommendations for midwifery education include: (1) Integration of HIV/AIDS material into the curriculum, (2) Simulation of HIV-sensitive care, (3) Interdisciplinary learning, (4) Strengthening ethical and empathy competencies, and (5) Practicums in areas with HIV cases. All of these strategies are important for developing midwives who are responsive, adaptive, and professional in handling HIV/AIDS cases comprehensively.

CONCLUSION

Midwives play a crucial role in providing services, particularly in caring for postpartum mothers with HIV/AIDS. A midwife's work experience provides valuable experience that can enhance or enhance knowledge about postpartum mothers with HIV/AIDS. The longer a midwife works, the more experience she gains, and the more cases she handles, the more proficient and skilled she becomes in completing her work. Public trust tends to favor long-serving midwives, as they assume they have experience. However, if the midwife is experienced and the mother refuses treatment, this

will hinder the care provided. Therefore, a more comprehensive approach to providing psychological support is needed to help reduce anxiety, shame, and fear, including deeper motivation and support. It is hoped that health workers will continue to participate in improving programs and developing in-depth approaches to caring for postpartum mothers with HIV/AIDS to gain experience and help prevent mother-to-child transmission of HIV/AIDS, starting from pregnancy, childbirth, and lactation (the postpartum period).

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