Indonesian Journal of Global Health Research
Volume 8 Number 1, February 2026
e-ISSN 2715-1972; p-ISSN 2714-9749
http://jurnal.globalhealthsciencegroup.com/index.php/IJGHR

THE ROLE OF MIDWIVES IN MANAGING PREGNANT WOMEN'S ANXIETY LEVELS DURING HIV TESTING: A PHENOMENOLOGICAL STUDY

Hasnia[1]*, Yustika Rahmawati Pratami[1], Wiwit Vitania[1], Tiyan Febriyani Lestari[1], Nasrianti[2], Fenska Narly Makualaina[2]
[1]Midwifery Study Program, Universitas Jayapura, Jl. Kamp Wolker, Yabansai, Heram, Jayapura, Papua 99224, Indonesia
[2]Nursing Study Program, Universitas Jayapura, Jl. Kamp Wolker, Yabansai, Heram, Jayapura, Papua 99224, Indonesia
*hasnianhiya@gmail.com

ABSTRACT
Pregnant women can be at risk of contracting HIV/AIDS because based on age range, the highest number of HIV/AIDS cases are at the age of 25-49 years, and if based on employment status, the second highest number is housewives because... they have had sexual intercourse before, so the risk of infection is high. This study aims to to explore in depth the role of midwives in managing the anxiety levels of pregnant women undergoing HIV tests. The method in this study is a qualitative research type with an exploratory phenomenology approach. Participants in this study were midwives who provided HIV examination services to pregnant women as many as 2 people with the Colaizzi approach. The results found that midwives have an important role in providing services to manage the anxiety levels of pregnant women undergoing HIV tests. Public trust tends to be more towards midwives who have worked for a long time, because they assume that midwives who have worked for a long time have experience, but there are still some mothers who refuse and become Inhibitors then the approach to provide psychological support that can reduce anxiety, shame and fear by providing motivation , deeper support especially family such as husband and parents, so that pregnant women are willing to take an HIV test . It is concluded that there is a relationship between family support and behavior in taking an HIV/AIDS test, because in facing health problems, each individual needs family and motivation from within themselves.

Keywords: anxiety of pregnant women; HIV test; HIV/AIDS; midwife; pregnant mother

How to cite (in APA style)
Hasnia, H., Pratami, Y. R., Vitania, W., Lestari, T. F., Nasrianti, N., & Makualaina, F. N. (2025). The role of Midwives in Managing Pregnant Women's Anxiety Levels during HIV Testing: A Phenomenological Study. Indonesian Journal of Global Health Research, 8(1), 481–488. https://doi.org/10.37287/ijghr.v8i1.698.

INTRODUCTION

Pregnancy is a time of continuous and ongoing risk of HIV/AIDS infection (Septikasari, 2019). Pregnant and lactating women (postpartum period) living with HIV are the target of mother-to-child HIV prevention (Moyo et al., 2021). HIV transmission usually occurs due to human behavior, which makes them susceptible to infection. HIV infection is a group of infectious diseases and is one of the factors that increase maternal and child mortality (Hasnia et al., 2024). According to the report on the Development of HIV/AIDS and Sexually Transmitted Infections (STIs) in Quarter I (2021), the number of pregnant women tested for HIV was 520,974 people with the number of HIV-positive pregnant women being 1,590 people. Pregnant women can be at risk of contracting HIV/AIDS because based on age range, the highest cases of HIV/AIDS are at the age of 25-49 years, and if according to employment status, the highest number 2 is housewives. Pregnant women are included in the age range of 25-49 years and are housewives who have had sexual intercourse before, so the risk of infection is quite high. The highest number of HIV sufferers is in the productive age group, namely 23,512 (Sri Wahyuni et al., 2023).

HIV/AIDS is a virus that weakens the immune system which can cause AIDS. AIDS syndrome is a continuation of HIV which is transmitted through bodily fluids, especially due to sexual intercourse

and injecting drug users and causes various diseases in the body (Ismail et al., 2022). Data on HIV/AIDS cases in Indonesia in 2023 has increased, the transmission of HIV/AIDS cases is dominated by housewives. Data from the Ministry of Health, the number of cases of housewives infected with HIV is 35% of the cases found. The proportion of HIV cases by gender in Indonesia in 2021 was 70% male and 30% female. Based on age group, most HIV/AIDS cases are in the productive age group 15-49 years (Kemenkes RI, 2022b). The five provinces with the highest number of people with HIV/AIDS (ODHA) are DKI Jakarta (76,103), followed by East Java (71,909), West Java (52,970), Central Java (44,649), and Papua (41,286) (Kemenkes RI, 2022a).

Supporting factors in controlling HIV/AIDS are early HIV/AIDS screening, especially for pregnant women, to prevent transmission of HIV/AIDS to the fetus in the womb. For the success of these factors, pregnant women need to be aware of how HIV/AIDS is transmitted and prevented, as well as the role of health workers in providing counseling or health education related to HIV/AIDS prevention (Hasnia et al., 2022). According to previous researchers, women with HIV tend 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 (Cuinhane et al., 2017). Pregnant women with HIV are at risk of transmitting HIV to their children, transmission can occur during pregnancy, childbirth and while breastfeeding. One way to prevent transmission of HIV from mother to child (PPIA) or Prevention of Mother to Child HIV Transmission (PMTCT) is to intervene to prevent transmission by screening pregnant women for HIV/AIDS during routine pregnancy check-ups, namely HIV testing or conducting Voluntary Counseling and Testing (VCT) (Ertiana & Masrurin, 2020).

Voluntary Counseling and Testing (VCT) is voluntary HIV counseling and testing that aims to help prevent, care, and cure HIV and AIDS (Irmawati et al., 2020). Pregnant women who come for antenatal visits will be offered an HIV test because it is included in the integrated antenatal care package, from the first antenatal visit to before giving birth. If the mother is unwilling to be tested for HIV, then the officer can carry out pre-HIV test counseling or refer to voluntary counseling and testing services (Susilawati et al., 2023). VCT services for pregnant women can change risky behavior and the closeness of health workers to HIV/AIDS patients is very important in providing emotional support that can reduce anxiety in pregnant women in undergoing examinations. Thus, it is hoped that midwives will be able to establish closer relationships with patients, be able to raise optimism and care for patients well, so that patients feel humanized, not neglected. Likewise, the role of midwives as professionals is very important in providing information about HIV/AIDS examinations during pregnancy (Susilawati et al., 2021).

According to previous research, it was found that there were pregnant women who refused HIV/AIDS tests because they were afraid of the sampling procedure and were afraid of the results of the examination. Health workers, especially midwives, have an important role in accepting HIV/AIDS tests in pregnant women because they often interact, so that understanding of physical and psychological conditions is better, making pregnant women more confident and less anxious about HIV/AIDS tests (Nainggolan et al., 2021).

Anxiety in pregnant women usually occurs because the mother feels she does not know and is unable to do something with varying intensities. Anxiety is an assessment or emotional response that is included in the feeling of uncertainty that makes someone in a state of fear, anxiety, worry (Maniagasi et al., 2022). Researchers conducted a preliminary study by interviewing midwives at the Komba Health Center regarding HIV testing, it was found that most pregnant women felt anxious and afraid to undergo the examination so that many did not undergo ANC. To explore in depth the role of midwives in managing anxiety levels in pregnant women undergoing HIV testing. The reason was that they were afraid that the mother had HIV/AIDS and could endanger herself and her fetus. With this phenomenon, it is necessary to conduct in-depth research on midwife services, on how midwives motivate pregnant women in VCT examinations, so researchers will conduct

research on "The Role of Midwives in Managing the Level of Anxiety of Pregnant Women Undergoing HIV Tests".

METHOD

The type of research conducted with a Descriptive Phenomenology approach. The study uses an exploratory research method to conduct direct exploration activities with midwives in managing the level of anxiety of pregnant women taking HIV tests by analyzing and exploring the phenomena that occur from untested estimates and exploring information in the form of data about problems for further research, this study data collection using in-depth interviews. The study was conducted in October-January 2024 at the Komba Health Center, Jayapura Regency. Participants in this study were midwives who provided pregnancy examination services to pregnant women and took samples for HIV tests where they had to provide information before taking blood samples. Data collection techniques are observation, interviews, documentation, triangulation. The interview technique used was an in-depth interview.

Researchers use data validity in testing the results of this study, namely credibility, dependability, confirmability, transferability with the help of the researcher himself who acts as a human instrument. Researchers analyze data in this study, the steps are in accordance with the qualitative research method of the Colaizzi approach used by researchers, namely listening to the results of in-depth interview recordings and making transcripts/field notes, after that the researcher compiles question categories, the researcher will read all existing categories and compare and look for similarities between categories obtained from participant transcripts then grouped into subthemes and themes. Researchers re-analyze the data that has been collected during the analysis process until the researcher understands the participant's experience and the researcher compiles it in the form of a report of the results.

RESULT

The results of interviews with participants obtained three themes, namely the willingness of pregnant women to take HIV tests, support for pregnant women to take HIV tests and the experience of midwives in pregnant women taking HIV tests. The results of the research conducted by the researcher are presented systematically based on the findings obtained using in-depth interview techniques. These themes are formed into a theme scheme and analysis of statements from participants P1 to P2 are as follows:

Participant Characteristics

Table 1.
Participant Characteristics

Participant Name (Initials)	Participant Age (Years)	Last education	Length of Service (Years)
LJS	49	Master of Midwifery, Midwife Profession	21
SM	35	Diploma of Midwifery	12

Table 1 shows that participants with age, participants > 35 years, participants with the last education as a midwife and master of midwifery with a length of work already in the category of more than > 10 years of work experience.

Willingness of pregnant women to undergo HIV testing

The results of in-depth interviews conducted on 2 participants during the research process obtained the following theme findings, namely that participants said they were willing to take an HIV test based on the keywords, namely "anxious and afraid of test results, afraid of being examined and being shunned by family". Statements from the 2 participants are as follows:

P1 : " *Mom, no one refused, everyone agreed because they understood* ."

P2 : " *So far, my mother has been told that she is willing to take the test, even though she is afraid* ."

Support for pregnant women to take HIV tests

The results of in-depth interviews conducted on 2 participants during the research process obtained the following theme findings, namely that participants said they were willing to take an HIV test based on the keywords, namely "anxious and afraid of test results, afraid of being examined and being shunned by family". Statements from the 2 participants are as follows:
P1 : " *Mother feels anxious and afraid to do an HIV test because of the results* ."
P2 : " *Mothers are afraid to get tested for HIV because they are afraid of hearing the results. They are afraid that their families will shun them* ."

Midwives' experiences with pregnant women undergoing HIV testing
The results of in-depth interviews conducted on 2 participants during the research process obtained the following theme findings, namely that participants said they were willing to take an HIV test based on the keywords "refusing, being lazy to take medicine and not coming back, being embarrassed to take medicine at the Health Center". Statements from the 2 participants are as follows:
P1 : " *The mother said that the patient initially refused, but after it was explained, the patient agreed to be examined and was lazy about taking the medicine, then disappeared and did not return*"
P2 : " *In my experience, after the patient was found to be positive, the mother diligently took the medicine, but they were embarrassed to come to the health center every time the medicine ran out* ."

DISCUSSION
The results of this study on the role of midwives in managing anxiety in pregnant women undergoing HIV testing at the Komba Health Center were conducted through in-depth interviews, resulting in three identified themes, including:

Participant characteristics
The characteristics of the participants in the study were the age of the participants with the category > 30 years and the length of work of the participants > 10 years of work. This can be seen that the age and length of work of the participants are classified as old and long as midwives which are factors in increasing the experience and knowledge of participants as health workers so that they become more professional. In line with previous studies that officers with long work periods are considered to have a lot of experience and understand the consequences of their work so that it is manifested in the form of behavior and following established procedures (Kusvitasari et al., 2023). Longer work experience will make village midwives more proficient and skilled in providing midwifery care (Apriani et al., 2020).

In providing services to pregnant women, midwives use care in the form of monitoring the physical, psychological, spiritual, social welfare of the mother/family, providing continuous education and counseling. At this time, the mother becomes very sensitive, so understanding from the closest families is needed. The role of the midwife is very important in terms of providing direction to the family about the mother's condition and the psychological approach taken by the midwife to the mother so that pathological psychological changes do not occur. After the birth process, the family's responsibility increases with the presence of a newborn baby, encouragement and attention from other family members are positive support for the mother (Susilawati et al., 2021).

Willingness of pregnant women to undergo HIV testing
The results of the study, obtained the theme of mothers' willingness to take an HIV test from the results of the interview with participant 1 with the keyword none of the mothers refused. The results of the interview with participant 2 with the keyword all mothers were willing. This result is in line with the Health Belief Model theory which explains that someone will take treatment or prevention measures if they feel threatened by a disease that is felt to be more severe than a disease that is felt to be milder, so that when an individual feels that they have a higher risk of being infected with HIV, it will increase the individual to take an HIV test (Glanz et al., 1991)in (Hary Purwani et al., 2020)Many factors influence the behavior of taking an HIV test, one of which is perception.

perception of HIV/AIDS and trigger variables to act on HIV testing behavior. A person will decide to take an HIV test, based on the individual's perception and beliefs, meaning it is based on the subjective assessment of the individual concerned, where the subjective assessment is assessed from the individual's point of view based on their beliefs and beliefs (Susilawati et al., 2023).

The success of disease prevention and treatment efforts depends on the willingness of the person concerned to carry out and maintain their behavior to always be healthy (Hasnia et al., 2024). Conducting HIV testing during pregnancy is an important activity carried out in an effort to increase public awareness of HIV and AIDS in order to prevent the spread of HIV infection. Offering HIV testing to pregnant women is done during antenatal visits or before delivery along with other routine examinations. If the mother refuses to be tested for HIV and syphilis, she is asked to state her disagreement in writing. Whatever the choice, the pregnant woman is still given assistance and clinical management according to her condition and is still recommended to be re-examined as usual. At the next visit, the pregnant woman is given a re-explanation about the importance of HIV and syphilis testing for the safety of herself and her baby, especially in areas with high epidemics and concentrated HIV-AIDS. If the pregnant woman is not convinced, she can be referred to undergo more intensive counseling at the voluntary counseling and testing service (VTC) if available (Fitria & Aisyah, 2019). According to the researcher's assumption, the willingness of pregnant women to undergo HIV testing requires motivation from within themselves. Motivation is a conscious effort to influence a person's behavior so that his heart is moved to act to do something so as to achieve certain results or goals. Motivation, namely: a force or factor that exists within humans, which causes, directs and organizes their behavior. Thus, motivation is a drive that exists within a person to try to make better behavioral changes in meeting their needs (Hairuddin et al., 2024).

A person carries out VCT driven by his/her own will or influenced by others by instilling awareness in himself/herself that the implementation of VCT is very important so that the individual does something because of the desire that arises from within him/her so that he/she wants to carry out VCT with the aim of knowing the HIV-AIDS status early. In addition, VCT also helps to identify behavior or activities that can be a means of transmitting HIV/AIDS, provides information about HIV/AIDS, HIV testing, prevention and treatment, and provides moral support for changes in healthy living behavior. By knowing this, respondents have the motivation or desire to take an HIV test (Hairuddin et al., 2024).

Support for pregnant women to take HIV tests

The results of the study obtained the theme of mothers' willingness to take an HIV test from the results of the interview with participant 1 with the keywords anxious and afraid of test results. The results of the interview with participant 2 with the keywords afraid of being tested and being shunned by family. Mothers feel anxious and afraid of taking an HIV test because they feel that pregnant women are at high risk of contracting HIV. Pregnant women are very susceptible to the transmission of infectious diseases (STIs), due to changes that occur during pregnancy, including changes in the immune, hormonal, and anatomical responses. During pregnancy, infection can spread from mother to fetus through an infected placenta, blood or genital fluids during childbirth, and breast milk, or breast milk, during lactation (Indrayani et al., 2024). This causes mothers to think and refuse the examination. In accordance with previous research conducted in India, where 85% of pregnant women expressed objections to taking an HIV test voluntarily because of fear of reactions and stigma regarding HIV. This condition encourages most pregnant women to feel as if they have no risk of HIV infection (Rogers et al., 2006)in (Hary Purwani et al., 2020). In addition, these results are in line with the Health Belief Model theory which explains that a person will take medical or preventive measures if they feel threatened by a disease that is perceived as more severe compared to a disease that is perceived as milder, so that when an individual feels that they have a higher risk of being infected with HIV, it will increase the individual's willingness to take an HIV test (Glanz et al., 1991)in (Hary Purwani et al., 2020).

To reduce the anxiety of pregnant women in taking an HIV test, full support from their families and health workers is needed. There is a relationship between family support and behavior in taking an HIV/AIDS test, because in facing health problems, each individual is in a role relationship with other families (Arianty, 2018). There is a relationship between support from health workers and HIV testing behavior. HIV. The support of health workers referred to in this study in supporting pregnant women in taking an HIV test includes providing information about HIV by midwives, advice for examination and providing referrals after examination. The role of health workers is very influential, because officers often interact, so that understanding of physical and psychological conditions is better, with frequent interaction will greatly affect the sense of trust and acceptance of the presence of officers for themselves, and education and counseling provided by officers is very meaningful for pregnant women who utilize ANC services. Respondents with good midwife support, the proportion who took an HIV test was greater than respondents who received less midwife support. There is a relationship between midwife support and HIV testing behavior. Support from health workers in this case the initiation of health service providers or PITC at the Health Center statistically shows a relationship with the behavior of mothers taking an HIV test. Public awareness, especially pregnant women to voluntarily undergo HIV testing is still very low. There is likely still a stigma in society related to HIV that makes someone afraid to undergo HIV testing, thus requiring the role of health workers (Triani, 2019).

Midwives' experiences with pregnant women undergoing HIV testing

The results of the study obtained the theme of mothers' willingness to take HIV tests from the results of interviews with participant 1 with the keywords refusing, lazy to take medicine and not returning for check-ups. The results of interviews with participant 2 with the keywords embarrassed to want to take medicine back at the Health Center. Many mothers do not return to take or take medicine because they are lazy to take it and embarrassed to return to the Health Center. Mothers feel embarrassed by the stigma about HIV which causes them to not continue taking medicine which can cause death. In line with previous studies that pregnant women who do not have a stigma against HIV/AIDS all participate in HIV tests. However, of pregnant women who have a stigma against HIV/AIDS, not all choose not to take the HIV test, there are some pregnant women who still choose to take the HIV test. The results of statistical tests show that stigmatization has a significant relationship with the participation of pregnant women in HIV tests (Arista Sari et al., 2016). The stigma of midwives towards mothers with HIV is also still high because midwives are still afraid of contracting HIV from mothers who are HIV positive even though midwives already know how the HIV virus is transmitted (Musringatun, 2017). Research conducted by Gertrude, et al (2013) conducted in Uganda Africa stated that one of the obstacles in free HIV care services for HIV-positive patients is the fear of stigma and disclosure of HIV status. Stigma is an attribute, behavior or social reputation that discredits in a certain way. HIV stigma is also a prejudice that arises by labeling someone as part of a group that is believed to be socially unacceptable. Stigma is different from discrimination which means actual behavior. Discrimination means treating one person differently from another in a way that is unfair. For example, treating one person less just because he or she has HIV.

CONCLUSION

Midwives have a very important role in providing services, especially in managing the level of anxiety of pregnant women in taking HIV tests. Public trust tends to be more towards midwives who have worked for a long time, because they assume that midwives who have worked for a long time already have experience. However, even though the midwife is experienced but the mother refuses treatment, this will also be an obstacle so that a more extreme approach is needed to provide psychological support that can help reduce anxiety, shame and fear, namely by providing deeper motivation and support, especially from family such as husbands and parents, so that pregnant women are willing to take HIV tests. There is a relationship between family support and behavior in taking HIV/AIDS tests, because in dealing with health problems, each individual is in a role relationship with other families. The willingness of pregnant women to undergo HIV testing

requires motivation from within themselves. Motivation is the drive within a person to try to make better behavioral changes in meeting their needs.

ACKNOWLEDGEMENTS

Thank you to the Papuan Community Education and Training Development Foundation and Jayapura University for providing financial support in carrying out this research.

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