



Anxiety of pregnant women with HIV/AIDS during the covid 19 pandemic

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ABSTRACT

HIV/AIDS are global health problems that cause a high mortality rate in the world. The high incidence of HIV/AIDS will have an impact on the general population such as pregnant women, because pregnant women are at high risk of transmitting various diseases to their babies. Anxiety during pregnancy will also make pregnant women with HIV/AIDS experience mental health burdens, especially in the current condition, Covid 19 pandemic. The general purpose of this study was to determine the anxiety of pregnant women with HIV/AIDS during the Covid 19 pandemic. This research uses qualitative research methods with descriptive research types. In this study, the researcher used purposive sampling. The sample selected in this study were pregnant women with HIV/AIDS, families and peer support. Researchers used depth interviews to collect data. The results study, researchers found 4 themes, namely the experience of pregnant women while suffering from HIV/AIDS, the perception of pregnant women with HIV/AIDS during the covid 19 pandemic, the influence of HIV/AIDS on pregnancy and social support for pregnant women with HIV/AIDS. The conclusion of this study is pregnant women with HIV/AIDS who have a fear of being exposed to the covid 19 virus because they are a risky group.

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Kata kunci:

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ABSTRAK

HIV/AIDS merupakan masalah kesehatan global yang menyebabkan tingginya angka kematian di dunia. Tingginya angka kejadian HIV/AIDS akan berdampak pada masyarakat umum seperti ibu hamil, karena ibu hamil berisiko tinggi menularkan berbagai penyakit kepada bayinya. Kecemasan saat hamil juga akan membuat ibu hamil dengan HIV/AIDS mengalami beban kesehatan mental, apalagi dalam kondisi pandemi Covid 19 saat ini. Tujuan umum dari penelitian ini adalah untuk mengetahui kecemasan ibu hamil dengan HIV/AIDS selama masa pandemi Covid-19. Penelitian ini menggunakan metode penelitian kualitatif dengan jenis penelitian deskriptif. Dalam penelitian ini, peneliti menggunakan purposive sampling. Sampel yang dipilih dalam penelitian ini adalah ibu hamil dengan HIV/AIDS, keluarga dan dukungan sebaya. Peneliti menggunakan wawancara mendalam untuk mengumpulkan data. Hasil penelitian, peneliti menemukan 4 tema yaitu pengalaman ibu hamil saat menderita HIV/AIDS, persepsi ibu hamil dengan HIV/AIDS selama pandemi covid 19, pengaruh HIV/AIDS terhadap kehamilan dan dukungan sosial ibu hamil, wanita dengan HIV/AIDS. Kesimpulan dari penelitian ini adalah ibu hamil dengan HIV/AIDS yang memiliki ketakutan terkena virus covid 19 karena merupakan kelompok yang berisiko

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INTRODUCTION

Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) are global health problems that play a role in causing a fairly high mortality rate in the world. Problems related to HIV/AIDS are still an iceberg event because the number of cases that occur does not reflect the actual number. The existence of HIV/AIDS infection has become a threat in various countries because HIV/AIDS is a disease with a high mortality rate in the world (Ministry of Health, 2017).

The number of people living with HIV / AIDS in the world based on data from UNAIDS, it is estimated that in 2020 there are 38 million people around the world who are positively infected with HIV / AIDS. Of these, 20.1 million people are girls and women (UNAIDS 2019). In the world, Southeast Asia is the second largest country with 3.8 million people living with HIV/AIDS (UNAIDS 2019). Based on data from the Ministry of Health of the Republic of Indonesia in the first quarter of January – March 2021, the cumulative number of reported HIV cases up to March 2021 in Indonesia was 427,201 people, while the number of AIDS cases reported in Indonesia until March 2021 was 131,417 people. Based on data obtained from the DIY Health Office in December 2020, the cumulative number of HIV cases in DIY from 1993-2020 was 5,534 cases of the 5,334 HIV cases, 1800 cases entered the AIDS phase. AIDS cases in DIY based on gender were 67% of men with AIDS and 33% of women with AIDS.

The high incidence of HIV/AIDS will have an impact on the general population such as pregnant women, because pregnant women are at high risk of transmitting various diseases to their babies (Riani & Ambarwati, 2020). This not only has an impact on physical problems but also has an impact on the psychological. Physical problems experienced by pregnant women can be in the form of a decrease in the immune system and other opportunistic symptoms caused by HIV/AIDS. In addition to physical problems, pregnant women with HIV/AIDS also experience social problems in the form of a lack of attention from the community, which of course also greatly affects their lives. These various impacts make pregnant women with HIV/AIDS experience disorders such as anxiety (Prathama Limalvin et al., 2020).

Anxiety in pregnant women with HIV/AIDS can also affect their decision to continue to choose to get pregnant or end it, besides that they also experience increased depression and concerns about stigma that arises from society (Yunadi & Rochany Septiyaningsih Dhiah Dwi Kusumawati, 2019). Stigma that arises from society can be in the form of exclusion and being labeled badly by the social environment, so this will have an impact on psychological problems (Makmur, 2017). Psychological problems that occur can be in the form of anxiety (Sigalingging, Wardaningsih, & Primanda, 2018). Anxiety during pregnancy will also make pregnant women with HIV/AIDS experience mental health burdens, especially in the current condition, namely the Covid-19 pandemic. In the Covid-19 pandemic situation, mental disorders experienced by pregnant women

with HIV/AIDS can be in the form of anxiety and fear of being infected with Covid-19, this anxiety arises because of the very high Covid-19 death rate and lack of knowledge about Covid-19. The existence of the Covid-19 pandemic has also resulted in pregnant women with HIV/AIDS having to follow predetermined policies such as the implementation of restrictions related to health services. The occurrence of restrictions related to maternal and newborn health services can make pregnant women with HIV/AIDS reluctant to check in health care facilities for fear of being affected by the disease caused by Covid-19 (Libna Aththohiroh et al., 2020).

Based on a preliminary study conducted on two pregnant women at the Victory Plus Foundation Yogyakarta, it was found that pregnant women with HIV/AIDS experienced anxiety during the Covid-19 pandemic. Anxiety that arises such as worry and fear of being exposed to diseases caused by Covid-19, resulting in PLWHA experiencing mental health problems such as stress and feeling lonely, because during the Covid-19 pandemic PLWHA must implement social distancing so that they rarely meet their peers to support their enthusiasm. PLWHA is also worried about financing the delivery of their baby because as an HIV sufferer he has to lose his job and rarely does health checks because of the online schedule changes that make PLWHA feel more down, afraid, hopeless, and anxious about their current condition, which affects their care. less effective. Based on the description above, research that discusses the anxiety of pregnant women with HIV/AIDS during the Covid-19 pandemic has not been widely carried out, especially in the city of the Special Region of Yogyakarta so that researchers are interested in conducting research on the anxiety of pregnant women with HIV/AIDS during the Covid-19 pandemic in Yogyakarta.

METHOD

This study designed as a qualitative research with an analytical descriptive approach. This research used purposive sampling technique. The number of samples in this study totaling 10 people. The inclusion criteria in this study were women with HIV/AIDS who were pregnant during the Covid-19 pandemic, mother with HIV/AIDS who gave birth to a baby with a maximum age of 6 months, willing to be an informant in this research and be able to work well together during the research process and able to communicate verbally well making it easier to collect data in this study. This research was conducted on February-March 2022 in Victory Plus Yogyakarta Foundation. The instruments used in this study were interview guides, field notes and voice recorders. Analysis of the data in this study was conducted by analyzing and classifying the meaning of the interviewees' statement. Furthermore, the conclusion drawn in several major themes.

RESULTS AND DISCUSSION

Table.1 About a characteristics of participants

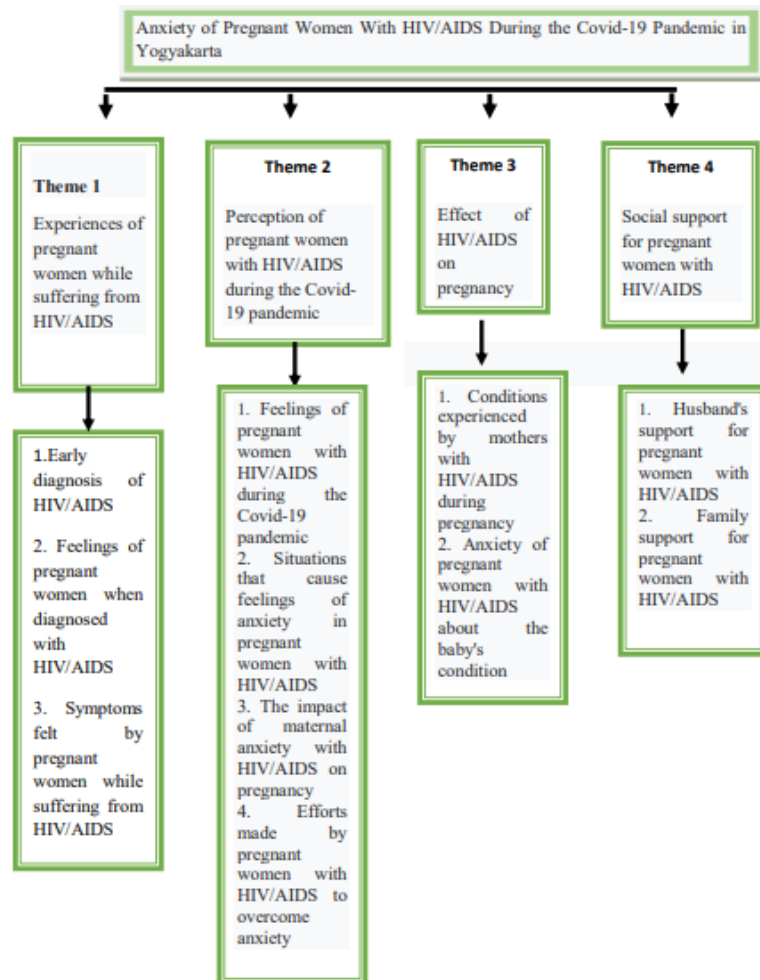
Characteristics	P1	P2	P3	P4	P5	P6
Age	21	26	32	35	25	28
When diagnosed with HIV/AIDS	2021	2021	2020	2021	2019	2018
Pregnancy	first	second	fourth	second	second	third
Child' s age	2,5 months	-	2 months	-	3 months	-

The results of this study, researchers found 4 themes from the results of qualitative data analysis collected through in-depth interviews with 6 participants, 2 husbands and 2 families. These themes consist of:

- a. Experiences of pregnant women while suffering from HIV/AIDS
- b. Perception of pregnant women with HIV/AIDS during the Covid-19 pandemic

- c. Effect of HIV/AIDS on pregnancy
- d. Social support for pregnant women with HIV/AIDS

The themes resulting from this study will be discussed in general and separately to find out how the meanings in these themes relate to the anxiety of pregnant women with HIV/AIDS during the Covid-19 pandemic in Yogyakarta, which are as follows:



Theme 1: Experiences of pregnant women while suffering from HIV/AIDS

Experience is an event that a person experiences, both long ago and now, whether it is pleasant or sad. In this case, the experience of pregnant women while suffering from HIV/AIDS makes it difficult for pregnant women to live their lives with various health problems to mental problems experienced so that it makes pregnant women with HIV/AIDS difficult to determine whether to take treatment regularly or feel hopeless with their lives. Experiences of pregnant women with HIV/AIDS include:

- a. Time of initial diagnosis of HIV/AIDS

The time of being diagnosed with HIV/AIDS is a process or state of events that a person experiences in their life when they are first diagnosed with HIV/AIDS. Over time, as HIV kills more CD4 cells, the body becomes more susceptible to various types of disease. One way to find out is to do an

HIV/AIDS test. 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: "In 2021, in October, I was pregnant with my first child."
- P-2: "November 2021 is the first pregnancy..."
- P-3: "The year 2020 when you are pregnant with your 3rd child..."
- P-4: "You know that on December 3, 2021, you are pregnant with your 2nd child."
- P-5: "Since the first pregnancy in 2019..."
- P-6: "It was 2018 when I was pregnant with my 2nd child..."

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

b. Feelings of pregnant women when diagnosed with HIV/AIDS

Mother's feelings when diagnosed with HIV/AIDS, is a condition that arises from the heart or mind of pregnant women with HIV/AIDS. In this study, pregnant women infected with HIV/AIDS were shocked and distraught about their situation after learning that they were HIV/AIDS positive. This is supported by excerpts from interviews with participants as follows:

P-1: *"At first I felt sad, hopeless, and I often cried constantly..."*

P-2: *"It's really sad...because I didn't expect it to be like this..."*

P-3: *"At that time I felt sad, I didn't want to eat, I kept crying, I was disappointed and desperate..."*

P-4: *"I was immediately shocked, worried, I thought all kinds of things, confused about why all of this happened to me..."*

P-5: *"At first it must have been shocking and at first I couldn't believe why all of this could happen..."*

P-6: *"Yes... shocked. So at first it was sad and embarrassing, but just live it."*

Based on research conducted on participants, it was found that all participants felt sad, shocked, and hopeless about their condition who was diagnosed with HIV/AIDS.

c. Symptoms felt by pregnant women while suffering from HIV/AIDS

Pregnant women who are infected with the HIV/AIDS virus will usually experience several complaints related to their health problems. In this study, some participants did not feel any complaints or signs of symptoms during pregnancy with HIV/AIDS. This is supported by excerpts from interviews with participants as follows:

P-1: *"I don't feel any symptoms.. I found out after the blood test during pregnancy."*

P-2: *"There are no symptoms, and I've never been sick... if I get sick, it's just fever and tiredness..."*

P-4: *"Nothing at all, I've never been sick either, how come it hurts like this once..."*

P-5: *"So far, there have never been any signs of being sick... I also rarely get sick..."*

P-6: *"I don't feel anything, I don't have any pain either..."*

Although most of the participants stated that they had never felt any signs of symptoms that were felt while suffering from HIV/AIDS, but there were also participants who had symptoms during their pregnancy with HIV/AIDS, this is evidenced by the following interview excerpts:

P-3: *"I can't walk and I'm so weak that I can't work for 3 days..."*

Based on the results of the study, most of the participants did not feel any signs of HIV/AIDS, so that the participants felt that they had no health problems during their pregnancy with HIV/AIDS. However, there was one participant who experienced symptoms of HIV/AIDS which made the participant weak and unable to carry out daily activities.

Theme 2: Perception of pregnant women with HIV/AIDS during the Covid-19 pandemic

Perceptions of pregnant women with HIV/AIDS during the Covid-19 pandemic include:

a. Feelings of pregnant women with HIV/AIDS during the Covid-19 pandemic

Feelings of pregnant women during the Covid-19 pandemic, is a condition of pregnant women that arises from the mind of the worries felt during the Covid-19 pandemic. This is supported by the results of interviews with participants as follows:

P-1: *"Often crying, desperate.. afraid of being exposed to Covid-19.. worried to hear that a mother giving birth died of Covid-19"*

P-3: *"I was afraid of getting the Covid-19 virus... I quickly vaccinated..."*

P-4: *"During a pandemic the body often feels bad..worried about being exposed to Covid-19."*

P-5: *"I've been exposed to covid-19...afraid...my condition will weaken..."*

In addition to feeling afraid of danger or being exposed to the Covid-19 virus, there were also some participants who felt normal. This is supported by the following interview excerpts:

P-2: *"I usually catch Covid-19...I've lost my sense of smell and lost my taste... fever for 3 days..."*

P-6: *"I'm not so worried and afraid of being exposed to covid-19. I've never been exposed to it.. I still take care of my health"*

Based on the results of the study, it was found that two participants did not feel afraid of being exposed to the Covid-19 virus even though they had been exposed to Covid-19. However, there were also some participants who had feelings of fear and worry about being exposed to the Covid-19 virus so they decided to immediately take the Covid-19 vaccine.

b. Situations that cause feelings of anxiety in pregnant women with HIV/AIDS

The feelings of anxiety experienced by participants can arise from several conditions and at certain times, this is supported by the following interview quotes:

P-1: *"Sometimes...When you are alone and no one understands your status as HIV/AIDS..."*

P-2: *"It can't be determined at any time, especially when you're alone..."*

P-3: *"Sometimes when you have a lot on your mind..."*

P-4: *"Sometimes, usually when you're tired... there's a lot to think about."*

P-5: *"It often appears, usually when alone or when the children and husband are sleeping..."*

P-6: *"At least I have a lot of problems... but sometimes I just get dizzy"*

The results of this study showed that the emergence of anxiety in participants only at certain times, sometimes, and when many problems were encountered.

c. The impact of maternal anxiety with HIV/AIDS on pregnancy

In pregnant women with HIV/AIDS, the HIV/AIDS virus can affect their psychological condition, in addition to their physical condition. This psychological condition can cause anxiety about the status of pregnant women living with HIV/AIDS. Anxiety in pregnant women with HIV/AIDS can also have an impact on their pregnancies. The following are the results of participant interviews regarding this matter:

P-1: *"More often daydreaming... desperate... thinking about ending it all..."*

P-2: *"At the very least, it's sad...it keeps me psychologically disturbed."*

P-3: *"I'm often sick.. I'm very stressed and cry.. I've been really scared of life.."*

P-4: *"There's not much difference, just the body hurts more easily."*

P-5: *"At least it's about health... feel less energy..."*

Most of the participants revealed that there was a perceived impact of the anxiety they experienced but there were also participants who did not have an impact on their anxiety, this is evidenced by the following interview excerpts:

P-6: *"I don't think about it too much... it doesn't really affect my health too much..."*

In this study, the impact of anxiety felt by participants was related to their psychology, such as often feeling sad, stressed, often crying, and affecting their health. However, there were also participants who didn't think much about it so it didn't have any impact on their condition.

d. Efforts made by pregnant women with HIV/AIDS to overcome anxiety

Anxiety conditions allow a person to feel worried or appear afraid of daily conditions that can occur continuously. The existence of efforts made to overcome the anxiety of pregnant women with HIV/AIDS is a way to overcome the feelings of worry and fear that are felt. This is evidenced by the following interview excerpts:

P-1: *"I often encourage myself.. always think positive, go out for a walk or go shopping..."*

P-2: *"I bring prayer, keep quiet... positive thinking and the point is to calm down first..."*

P-3: *"Encourage yourself and keep positive thinking... draw closer to Allah..."*

P-4: *"The point is to always think positively.. if I'm stressed, then I shut up and go out for a walk"*

P-5: *"Think more for the sake of the children and think positively... keep the spirit"*

P-6: *"You must always think positively and take medication regularly..."*

From this study, the results of the interview explained that if all participants experienced anxiety, it was overcome by always applying positive thoughts, encouraging themselves, getting closer to Allah and doing daily activities. The existence of these efforts makes participants calmer and eliminates the anxiety they feel.

Theme 3: Effect of HIV/AIDS on pregnancy

a. Conditions experienced by mothers with HIV/AIDS during pregnancy

Pregnancy is a time when a pregnant woman will experience several changes both physically and psychologically, it is not uncommon if during pregnancy many pregnant women experience several complaints with their body condition, especially in pregnant women with HIV/AIDS. This is supported by the following interview excerpts:

P-1: *"I feel tired easily... sometimes canker sores take a long time to heal and red spots appear on my skin..."*

P-2: *"I can't do anything anymore... now I'm often sick too..."*

P-3: *"After taking the medicine in the morning, he kept throwing up, so if you want to do activities at home it's a bit difficult"*

P-4: *"If there are no complaints, during pregnancy I just often feel nauseous..."*

P-5: *"He has less energy and his health often decreases too..."*

Although some of the participants stated that there were changes in conditions experienced during their pregnancy, there were also participants who revealed that during pregnancy with HIV/AIDS they did not experience any complaints. This is supported by the following interview excerpts:

P-6: *"Thank God I have no complaints"*

Based on this, it is known that almost all participants feel complaints during pregnancy with HIV/AIDS such as often feeling tired and experiencing a decline in health. However, there were also participants who did not feel any complaints so that it did not affect their health condition.

b. b. Anxiety of pregnant women with HIV/AIDS about the baby's condition

HIV/AIDS in pregnant women is not a small problem, because pregnant women who are HIV/AIDS positive have a high chance of transmitting the virus to their babies while they are still in the womb. It is natural for pregnant women with HIV/AIDS to be anxious and worried about the condition of the baby they are carrying. This is supported by the following interview excerpts:

P-1: *"I feel anxious and worried if my child is infected with HIV/AIDS..."*

P-2: *"I'm so worried that I'm sick, I'm afraid that my baby will be infected with the HIV/AIDS virus."*

P-3: *"Clearly worried.. not allowed to breastfeed.. giving birth by caesarean section.. afraid of the risk of transmitting to children..."*

P-4: *"Yes, I'm worried, I'm confused... worried and afraid that my child will be born with HIV/AIDS status."*

P-5: *"I'm worried, yes, because I'm afraid that my child will be infected with HIV/AIDS..."*

P-6: *"I am worried about my child because this virus is very vulnerable to infecting babies..."*

Based on the results of the study, it can be seen that participants have feelings of anxiety about the condition of

their babies who will be infected with the HIV/AIDS virus like himself.

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

a. Husband's support for pregnant women with HIV/AIDS

Husband's support is the most important part for participants with HIV/AIDS because it can increase the mother's motivation in maintaining health and a form of attention given will also make the mother feel more loved so that it can increase self-acceptance in mothers with HIV/AIDS. This is supported by excerpts from interviews as follows:

P-1: "*Husbands must be entertaining so they can laugh again so they encourage each other ..*"

P-2: "*My husband can and is willing to accept me to go through all this, he still persists ..*"

P-3: "*The husband always says we only live once, so don't make it difficult, there will be a way.*"

P-4: "*Husband always says to be patient and it is impossible for God to give trials beyond the limits of his servant's ability.*"

P-5: "*Husband says to keep your spirits up, don't always think about weird things... take medicine regularly*"

P-6: "*You have to keep your spirits up.. you have to always think positively and take care of your health.*"

In this study, all participants felt the support provided by their husbands, so that support made pregnant women with HIV/AIDS more accepting of their condition. The support given by husbands to participants such as always being beside the participants in any condition, providing motivation, reminding them to maintain health and obedience to Allah.

The following are the results of triangulation of sources conducted on several participant husbands related to the support given by their husbands to pregnant women with HIV/AIDS.

Participant's husband 4: "*If I continue to encourage my wife, I will continue to be motivated to keep taking medicine regularly. I also often say the wife must always be patient in under any circumstances, and I also remind my wife that Allah will not give trials beyond the limits of the servant's ability.*"

b. Family support for pregnant women with HIV/AIDS

Family support for a mother with HIV/AIDS is also very important because it can provide high strength and motivation in self-acceptance of a mother with HIV/AIDS. The following are the results of the interviews presented:

P-1: "*Encouraged to stay strong through the days...*"

P-2: "*Assisted from an economic perspective, reminded to stay healthy and don't forget to pray, stay grateful and don't worry.*"

P-3: "*Brothers always provide support, when I am sick they also take care of the children.*"

P-4: "*Be patient and assume we are in good health...*"

P-5: "*You have to keep your spirits up, keep your health, and you have to be strong...*"

P-6: "*You have to keep your spirits up and take your medicine regularly...*"

Based on research conducted on participants, all participants received support from their families, such as always encouraging them to be strong, patient, and having to stay motivated and take ARV drugs regularly.

The following are the results of the Triangulation of Sources conducted to one of the participating families related to the support given by the family to pregnant women with HIV/AIDS.

Participant's family 1: "*I always tell my sister that I have to be enthusiastic and have to be strong to go through each day. My mother and I also always remind my sister to always take medicine, take care of her health and stay patient, at least I'm always there for her to be her storyteller.*"

DISCUSSION

Experiences of pregnant women while suffering from HIV/AIDS

The experiences felt by participants while suffering from HIV/AIDS were feeling sad, shocked, and hopeless with the conditions they were experiencing and there were some participants who also felt the signs of HIV/AIDS itself, such as feeling weak and difficult to carry out activities. This research is supported by (McLeisch & Redshaw., 2016), that when someone is diagnosed with HIV/AIDS, they will feel shock, fear, and even distress. Distress experienced by a person will make him act in denial so that he does not want to meet other people, besides that someone will also feel anxiety, fear, and cause depression. The experiences of pregnant women while suffering from HIV/AIDS include:

a. Time of initial diagnosis of HIV/AIDS

The results showed that most pregnant women knew that they were confirmed positive for HIV/AIDS at the time of their pregnancy check-up. This is supported by research conducted (Simangunsong et al., 2020), that most pregnant women know that they are infected with HIV/AIDS when they perform ANC at the primary health care with HIV/AIDS screening (VCT) services. During the HIV/AIDS (VCT) screening, pregnant women were found who knew their condition was infected with HIV/AIDS at the time pregnancy check-up in the third trimester and immediate life-long ARV treatment to prevent mother-to-child transmission of HIV.

This study is in accordance with research conducted (Sofiyanti & Astuti, 2018), that all pregnant women in antenatal care are required to receive an inclusive HIV test in routine laboratory examinations, along with other tests, so that these tests are carried out to find out the results and provide early treatment. to prevent mother-to-child transmission of HIV.

In a study conducted by (Watt et al., 2018) that many pregnant women find out they have HIV/AIDS when they are screened for HIV, and women who are identified with HIV will be treated at PMCT clinics, where they receive clinical care and HIV-specific counseling. /AIDS.

According to research conducted (Kim et al., 2019), many pregnant women in Ethiopia and Zambia find out they are infected with HIV/AIDS when attending HIV counseling services in antenatal care (ANC), this ANC is done to prevent mother-to-child transmission of HIV/AIDS. children (PMCT). If a pregnant woman is found to be infected with HIV/AIDS, she is immediately given ART for life.

This study is in line with research conducted by (Setianingsih & Khafidhoh, 2021) that almost all pregnant women know that they are diagnosed with HIV/AIDS when undergoing Voluntary Counseling and Test (VCT) related to HIV/AIDS screening, if a mother is found to be positive for HIV/AIDS during Pregnancy will start soon. Prevention of Mother to Child HIV/AIDS Transmission (PMCT).

b. Feelings of pregnant women when diagnosed with HIV/AIDS

From the results of research conducted by researchers, it shows that most pregnant women with HIV/AIDS feel shocked, sad, hopeless, often cry, embarrassed, so they don't think why all this can happen to themselves as people with HIV/AIDS. The results of this study are in accordance with research (Sovian et al., 2021), that initially when someone is diagnosed with HIV/AIDS they have feelings of disappointment, fear, shame, hopelessness to depression and feelings of suicidal ideation arise due to a lack of self-acceptance with the condition. new as people living with HIV/AIDS (PLWHA).

This research is supported by research conducted (Putri et al., 2021), in which pregnant women with HIV/AIDS are positive in facing two situations at once in their lives, in addition to facing physical changes they also experience psychological changes due to pregnancy and the development of HIV disease.

which he suffered. In this situation, pregnant women with HIV positive are surprised and even appear negative feelings about their condition. Negative feelings that arise such as anger, self-blame, and depression that make them feel more burdened and depressed.

This is in line with research conducted by (Kubberr-Ross, Putri and Tobing., 2016), that if a person is faced with a dangerous disease that causes death, that person will bring up several stages of emotional reactions such as denial reactions, anger, bargaining, depression, and finally the longer they will feel the reaction of self-acceptance. If a person experiences a dangerous condition and cannot control his emotions, it will cause a person to experience a depression reaction and vice versa if a person is able to pass the denial phase and is accompanied by the support obtained, the person will successfully pass the depression phase.

According to research (Oshosen et al., 2021), most pregnant women in Tanzania admitted to being shocked, afraid, and panicked when they found out that they were diagnosed with HIV/AIDS positive. About a third of respondents described sadness, depression, and hopelessness often triggered by the fear of dying from HIV/AIDS. In the study, it was also found that three respondents had suicidal thoughts and other participants described feelings of denial and acceptance of themselves with their new status as PLWHA.

In a study conducted by (Madiba, 2021), showing that pregnant women who were confirmed to be HIV positive felt afraid, guilty, and ashamed of themselves, they also experienced high levels of emotion until they were angry with themselves after being diagnosed with HIV, they felt that their life was it's over here.

This study is in accordance with research (Ngocho et al., 2019), which shows that many pregnant women infected with HIV are ashamed of their identity, they feel they have disappointed their families, besides that participant see HIV as a punishment for their actions, so that pregnant women with HIV often blame yourself.

c. Symptoms felt by pregnant women while suffering from HIV/AIDS

The results showed that almost all participants did not experience any symptoms when pregnant with HIV/AIDS, but there was one participant who felt signs of symptoms with his health condition such as feeling completely weak and unable to do any activities while pregnant with HIV/AIDS.

According to research conducted by (Aisyah & Fitria, 2019), there are three stages of the emergence of HIV/AIDS infection. The first stage is seroconversion or a certain period of time during which HIV antibodies in the body have developed to fight the virus, so that people infected with HIV experience symptoms such as flu, fever, sore throat, body rash, weight loss, diarrhea, fatigue to joint and muscle pain. The results of research conducted by researchers showed that some participants who experienced symptoms while infected with HIV/AIDS could be participants who were in the first stage of HIV infection. The second stage is that someone infected with HIV does not feel any symptoms that appear. The third stage, namely HIV infection turns into AIDS, usually if the initial symptoms have disappeared, then the HIV virus for years no longer causes further symptoms. At this stage a person will feel himself healthy and there are no problems related to his health. In the results of research conducted by researchers, there were several participants who did not experience any symptoms during pregnancy with HIV/AIDS, most likely the participants were already in stage 2 and stage 3 of being infected with HIV/AIDS so that participants no longer felt the signs and symptoms of HIV/AIDS.

This study is in accordance with research (Safarina & Melanie, 2020), in pregnant women there will be a lot of physical changes that occur during pregnancy felt while suffering from HIV/AIDS such as feeling weak and tired. This weakness increases due to the role of a mother and wife infected with HIV/AIDS. This will affect the limitations of pregnant women in carrying out different roles.

In a study conducted by (Rostina, 2017), that almost all PLWHA have experienced signs of HIV/AIDS symptoms ranging from mild to severe and are usually accompanied by other opportunistic infections. This may not be felt by PLWHA because of the lack of knowledge gained about HIV/AIDS so that the impact is not knowing how to prevent the perceived symptoms of HIV/AIDS infection so that when PLWHA is attacked by HIV/AIDS they assume it is normal. The results of research conducted by researchers showed that some participants experienced normal things, this could be due to a lack of knowledge and information about HIV/AIDS and they considered themselves not a risk group.

This is supported by research (De Quadros et al., 2021), it was found that women infected with HIV/AIDS experienced an increase in symptoms of the disease during pregnancy. Symptoms include fatigue, sadness, and anxiety. Apparently, in addition to hormonal factors, fatigue can also be caused by the limited emotional support that pregnant women with HIV/AIDS receive, which occurs in women with HIV/AIDS Participants in this study besides hormonal factors, severe fatigue can also be caused by emotional complaints of respondents who are often ignored by others.

This study is also in line with research (Gebreyesus et al., 2020), which showed that HIV patients with other comorbidities were more likely to experience fatigue than those without co-morbidities. This can occur because of the burden of HIV symptoms and occur in conjunction with other health conditions that can cause fatigue itself.

Perception of pregnant women with HIV/AIDS during the Covid-19 pandemic

Perceptions of pregnant women with HIV/AIDS during the Covid-19 pandemic include the feelings of pregnant women with HIV/AIDS during the Covid-19 pandemic, situations that cause feelings of anxiety in pregnant women with HIV/AIDS, the impact of anxiety and efforts to overcome maternal anxiety with HIV/AIDS. HIV/AIDS during pregnancy.

a. Feelings of pregnant women with HIV/AIDS during the Covid-19 pandemic

The results showed that there were 4 participants of pregnant women with HIV/AIDS who had a fear of being easily exposed to the Covid-19 virus compared to mothers in general health, but there were also 2 participants who had normal feelings and were not even afraid of being exposed to it. Covid-19 virus even though he had been exposed to the Covid-19 virus and participants said the point was to maintain health.

This study is in accordance with research (Triratnawati, 2021) that found PLWHA who felt hopeless, afraid, worried and anxious during the Covid-19 pandemic. This concern haunts them because they are afraid of getting Covid-19 disease, they also feel that the group is at risk, especially those related to weak immune systems, so they feel more vulnerable to Covid-19. The results of this study are supported by research (Wang et al., 2020), the feelings of pregnant women with HIV/AIDS during the Covid-19 pandemic showed that 16.5% showed symptoms of mild depression, 28.8% moderate depression, and 8.1% severe stress level.

This study is in line with research conducted (Marbaniang et al., 2020), the results showed that people living with HIV experienced a high prevalence of anxiety during the Covid-19 pandemic. This is related to low body immunity so that PLWHA are worried that their health is more vulnerable to contracting Covid-19.

In a study conducted by (Cooley et al., 2021), found that anxiety significantly increased in PLWHA during the Covid-19 pandemic. PLWHA believes the Covid-19 pandemic has resulted in an increase in the burden of disease for sufferers HIV/AIDS and PLWHA may be at greater risk of contracting the Covid-19 virus.

The results of this study are in accordance with research (Kindie et al., 2021), this study showed that the depression rate in HIV positive pregnant women was found to be 28.7% and 95% CI (24.3-33.4). Maternal distress can be exacerbated by worries and fears about the susceptibility of contracting the Covid-19 virus infection.

However, from the results of the study, there were 2 participants who showed normal feelings as pregnant women with HIV/AIDS during the Covid-19 pandemic as long as they maintained their health. This research is supported by research (Argenis Guita Dea Nurhaesi et al., 2021), showing the highest percentage of PLWHA is in the group who does not feel anxiety during the Covid-19 pandemic, this is because PLWHA already understands how to maintain their physical and psychological health in the midst of a pandemic by taking care of themselves. fulfillment of physical, psychosocial, spiritual needs, as well as the needs of PLWHA in accessing health services and having good knowledge about Covid-19.

This study is in accordance with research conducted by (Supinganto et al., 2021), if the participant has knowledge of Covid-19, it makes the participant better able to control the

level of panic and emotion towards exposure caused by the virus. caused by the Covid-19 virus so that this can inhibit the spread of the disease in the body. Where this is also in line with research conducted by (Nugraheni et al., 2021), if pregnant women are balanced with knowledge or information about Covid-19, it is estimated that they will be able to control their anxiety.

According to research conducted by (Özmete & Pak, 2020), that HIV/AIDS women with good knowledge and perception about Covid-19 and good social support will produce lower levels of anxiety.

This study is also in accordance with research conducted (Joska et al., 2020), which found that people infected with HIV/AIDS if they have good knowledge and understanding about Covid-19 and take ARV treatment regularly and optimally, they can reduce feelings of anxiety related to exposure to the Covid-19 virus.

Based on this, it can be seen that participants who lack knowledge or information about Covid-19 will cause higher levels of anxiety and fear of being exposed to the Covid-19 virus compared to participants who have good knowledge about Covid-19.

b. Situations that cause feelings of anxiety in pregnant women with HIV/AIDS

Based on the results of the study, it showed that the anxiety felt by pregnant women with HIV/AIDS only appeared in certain situations such as when experiencing many problems, tired, and when alone. In accordance with research conducted by (Yudiati & Agustina, 2018), that anxiety can come when PLWHA faces various problems in their lives which then cause conflict and make PLWHA experience uncomfortable conditions, and anxiety also arises when PLWHA is in a state of stress.

This research is supported by research conducted by (Chusna & Nurhalina, 2019), a situation that becomes a stressor for the anxiety of mothers with HIV/AIDS, namely when their physical condition decreases, it will affect their mood and interfere with other activities. negative mindset that develops in people with HIV / AIDS so that it gives rise to a negative view of life now and in the future when everyone around them is not sensitive to their condition.

This study is also in accordance with research conducted (Marbaniang et al., 2020), that PLWHA feel anxious when experiencing decreased physical conditions, stress, and financial problems. This is also in line with research (Than et al., 2019),

It was found that anxiety in PLWHA is caused by several conditions, such as when facing various problems in their life in the form of declining health conditions, loss of work, and the emergence of negative views from others in assessing themselves.

This study is in accordance with research conducted by (Rahman et al., 2019), that the anxiety felt by PLWHA arises when facing life problems related to chronic diseases suffered by PLWHA until death.

c. The impact of maternal anxiety with HIV/AIDS on pregnancy

From the results of the study, it was found that the impact of anxiety felt by most of the participants was psychological, such as often feeling sad, stressed, often crying, and having an impact on their health condition.

This is in accordance with research conducted by (Setyorini & Sari, 2021), that mild/moderate anxiety can

cause the physical condition of pregnant women with HIV/AIDS to decrease, so that it will have an effect on mood which can cause other activities to be disrupted as well. In line with research (Chusna & Nurhalina, 2019), the level of anxiety felt by PLWHA will cause PLWHA to experience discomfort with their condition.

According to Yudiati & Rahayu, (2017), the impact of anxiety experienced by PLWHA can cause mental disorders, depression, disorganized thoughts, anxiety, loss of perceptual abilities, anger, to acts of suicide. This study is in line with research conducted by (Silva et al., 2018), it was found that the anxiety experienced by HIV/AIDS mothers during pregnancy triggers a series of reactions that have a negative impact on the lives of pregnant women with HIV/AIDS, so that anxiety during pregnancy can cause feelings of anxiety, uncomfortable, sad, angry, regretful, and apathetic.

This study is in line with research conducted (Rodriguez et al., 2018), showing that the anxiety experienced by pregnant women with HIV/AIDS has an impact on their psychology which causes mothers to become very depressed so they often want to harm themselves, try to commit suicide, and become depressed.

According to the results of interviews conducted with participants, it was found that one of the participants did not experience any impact on anxiety because the patient did not think too much about negative things about his condition.

In accordance with research conducted (Ahdiany., 2017), it is known that almost half of the respondents, namely 13 PLWHA (43.3%) experienced low anxiety so that it could be interpreted as anxiety does not have any impact on the respondents. This is due to positive thinking, good coping, and good knowledge so as to create a good quality of life.

This is supported by research conducted (Septiani et al., 2018), there are 62.2% who have a good quality of life rather than having a moderate quality of life, namely 27.8%, which from the results of this study in HIV/AIDS sufferers Those who have a good quality of life can be seen from the psychological aspect and attitude that can always think positively so that with this, the respondents have good abilities in managing their health.

According to research conducted by (Setyorini & Sari, 2021), that if someone with HIV/AIDS has gained knowledge as a response to self-acceptance, then the person's perception becomes positive so that the effect on coping stress also becomes positive and finally the respondent's treatment behavior also becomes positive.

This study is in accordance with research conducted by (Power et al., 2020), that understanding or knowledge about HIV/AIDS and how to treat it will make PLWHA more accepting of themselves, so this will make PLWHA always think positively about their condition.

This study is also in line with research (Van Nguyen et al., 2021), it was found that some PLWHA who have knowledge of HIV and a good understanding of ARV treatment will create a positive perception of themselves, this also makes coping with stress PLWHA positive.

d. Efforts made by pregnant women with HIV/AIDS to overcome anxiety

The results of research conducted on 6 participants showed that efforts were made to overcome anxiety by always thinking positively, always encouraging yourself, doing activities outside the home such as sightseeing and

shopping, and getting closer to Allah so as to cause participants to be calmer in living their life, life as PLWHA.

In accordance with research conducted by (Erna Agustina Yudiati et al, 2017), when a person experiences anxiety, it triggers efforts to overcome the anxiety experienced, one of which is by using coping stress. Coping stresses are carried out such as talking to peers and family about how pregnant women with HIV/AIDS feel, because it can make their minds more positive so that they can improve their quality of life.

This study is supported by research conducted (Nobakht et al., 2018), the existence of good stress management in pregnant women with HIV/AIDS will reduce the anxiety they feel. This study shows that there is a significant relationship where the effects of stress management can reduce the effects of depression, stress, and anxiety.

In line with research conducted by Koritelu et al., (2021), that with the status of PLWHA to overcome feelings of stress and anxiety by always being grateful, praying, and being able to think positively about the life they live to improve the quality of life of PLWHA and make their lives worthwhile, like people living without HIV/AIDS.

This study is also in accordance with research (Arias-Colmenero et al., 2020), that to overcome anxiety and the desire to continue life requires people with HIV/AIDS to make lifestyle changes, maintain a positive thinking attitude, lead an active life, maintain health, pray, and obedient in taking medication. This is done by PLWHA to maintain their welfare and improve their quality of life.

This is in line with research conducted (Prathama Limalvin et al., 2020), that people living with HIV/AIDS choose to think positively, pray, and encourage themselves to rise above anxiety. The existence of this effort can improve the quality of life of PLWHA for the better.

Effect of HIV/AIDS on pregnancy

The results showed that almost all participants experienced the influence of HIV/AIDS on their pregnancies such as feeling tired, often sick and affected by other health conditions and pregnant women with HIV/AIDS also felt anxious about the condition of their babies being infected with HIV/AIDS.

This is in accordance with research conducted (Yuni & Andika, 2020), during pregnancy mothers with HIV/AIDS will experience various changes both physiologically and psychologically where these changes are due to the influence of pregnancy hormones that cause mothers to feel uncomfortable during pregnancy and trigger the onset of pregnancy. stressed. Psychological changes in pregnant women with HIV/AIDS will vary due to physical changes and concerns about the fetus they are carrying. The effects of HIV/AIDS on pregnancy include:

a. Conditions experienced by mothers with HIV/AIDS during pregnancy

The results showed that there were 5 participants who experienced changes in conditions during pregnancy with HIV/AIDS such as feeling tired easily, side effects of drugs causing nausea vomiting, unable to move, and his health condition is declining. The results of this study are in accordance with research (Septiani et al., 2018), that pregnant women with HIV/AIDS will experience physical and psychological changes to complications during pregnancy that can threaten the mother and baby. Physical changes experienced by pregnant women with HIV/AIDS such as discomfort during pregnancy due to excessive fatigue.

This research is supported by research conducted (Damayanti Dewi & Dewi Rusmala, 2017), in her research it was found that respondents experienced excessive physical fatigue, namely fatigue and weakness or lack of energy that occurred due to the pathological process of HIV/AIDS in pregnant women and physical fatigue can also occur due to undergoing a role as a mother and hormonal changes during pregnancy with HIV/AIDS.

This is in line with research (Andri et al., 2020), in his research it was found that all respondents with HIV/AIDS said there were problems with physical activity such as easily tired, tired, and limited activities due to illness caused by HIV/AIDS,

This study is in accordance with research conducted (Rotheram-Borus et al., 2017), that there are HIV positive mothers who experience a decrease in physical activity during pregnancy with HIV/AIDS, so that mothers find it difficult to maintain activities and make other activities difficult. This is also in line with research conducted (Anna A. Rubtsova et al., 2021), it was found that women with HIV/AIDS will experience physical weakness during pregnancy, this is due to HIV/AIDS so that it affects a decrease in physical activity.

However, the results of this study also found that one participant who did not experience the influence of HIV/AIDS on her pregnancy, this study was supported by research (Yunadi & Rochany Septiyaningsih Dhiah Dwi Kusumawati, 2019), that respondents did not experience a decrease in physical condition and felt good during pregnancy with HIV/AIDS. There was no decrease in physical condition associated with HIV stage, ARV consumption, coping mechanisms and social support received by respondents. During pregnancy with HIV/AIDS the respondent also did not experience any changes in physical activity.

This study is in accordance with research conducted (Tsfaye et al., 2019), showing that respondents have a good condition during pregnancy with HIV/AIDS associated with adherence to taking ARVs and always visiting antenatal check-ups.

This is also in line with research conducted by Rohmah & Budiati., (2018), it was found that respondents did not experience any complaints during pregnancy with HIV/AIDS, this was because mothers routinely took ARVs during pregnancy and received good social support. In a study conducted by (Manisha Yapa et al., 2020), that pregnant women with HIV/AIDS did not experience any complaints during their pregnancy, because they routinely had ANC visits and ARV treatment.

This study is in accordance with research conducted (Andri et al., 2020) that PLWHA who take ARV treatment and maintain their health regularly can reduce the physical complaints they feel while suffering from HIV/AIDS.

b. Anxiety of pregnant women with HIV/AIDS about the baby's condition

The results showed that all participants experienced anxiety about their baby's condition, namely feeling anxious, afraid, and worried if their baby was infected with the HIV/AIDS virus. This is in accordance with research conducted by (Mawardika et al., 2020), the anxiety that occurs in pregnant women with HIV/AIDS is caused by hormonal changes that make the mother's emotions unstable. Therefore, with this condition, anxiety will increase to antenatal depression so that pregnant women with HIV/AIDS feel worried about the virus HIV can affect their health status and transmit it to the fetus they are carrying.

This is supported by research (Damanik, 2020), mothers with HIV/AIDS during their pregnancy can cause several conditions that affect their fetuses such as abortion, prematurity, intrauterine growth disorders, fetal death, and pregnant women with HIV/AIDS are more susceptible to transmitting the virus to others. the fetus.

This study is in accordance with research conducted by (Humphrey et al., 2021), the results show that HIV-positive pregnant women are afraid if the baby they are carrying is infected with the HIV/AIDS virus and has to live a life like hers.

This study is also in line with research (Moseholm et al., 2022), which shows that there are pregnant women with HIV/AIDS who during their pregnancy some experience anxiety about the condition of the baby they are carrying, such as feeling worried about transmitting HIV to their baby and worrying if their baby has to be diagnosed. HIV positive.

This is also in accordance with research conducted (Dewantoro & Kurniawan, 2019), that most women with HIV/AIDS will experience feelings of anxiety about the condition of their babies who are at risk of contracting the HIV virus and grieve with their health and child development.

Social support for pregnant women with HIV/AIDS

According to (Aswar et al., 2020), social support for pregnant women with HIV/AIDS has an important role in improving their quality of life. This will reduce the psychological pressure experienced by pregnant women with HIV/AIDS. The existence of social support received also makes pregnant women with HIV/AIDS feel calm, cared for, loved, and increase self-confidence. Social support for pregnant women with HIV/AIDS includes husband support and family support.

a. Husband's support for pregnant women with HIV/AIDS

The results showed that the participants received good support from their husbands. According to (Mabachi et al., 2020), the husband is responsible for supporting and helping women to successfully prevent the transmission of HIV/AIDS from mother to child, the support provided by the husband is in the form of instrumental support such as financing for HIV/AIDS treatment before and after giving birth, fulfilling nutritional needs of mothers living with HIV/AIDS during pregnancy. Informational support such as advising the wife to routinely attend ANC services and maintain diet and hygiene. Emotional support such as giving attention, affection and always being there in all situations to create a sense of loyalty in dealing with HIV/AIDS.

This research is supported by research conducted by (Carbone et al., 2019), the support provided by husbands to HIV/AIDS positive pregnant women in the form of facilitating care involvement, reminding to take medication every day so that mothers and babies stay healthy, finance health facilities and provide food for mother.

This study is in accordance with research (Fauziani et al., 2021), husbands have an important role in decision making and maintaining women's reproductive health in an effort to prevent HIV transmission from mother to baby. The support provided by the husband is in the form of bringing pregnant women with HIV/AIDS to the ANC service at the nearest puskesmas, accompanying the mother for an HIV test, and being a forum for discussions or stories about HIV. The husband's support for pregnant women with HIV/AIDS has a positive impact that makes the mother more confident about

pregnancy and ready to carry out the next pregnancy examination.

This is also in accordance with research conducted by (Septiani et al., 2018), that husband's support has an important role for pregnant women with HIV/AIDS, especially in the continuation of pregnancy and postpartum because it has a positive impact and makes mothers have a prosperous life. the good one. Good welfare will help mothers to remain optimistic in maintaining their physical health and that of the baby they are carrying.

This study is also in line with research (Yuni & Andika, 2020), the support provided by husbands to pregnant women with HIV/AIDS can provide a sense of comfort both physically and psychologically, as well as husband's involvement in preventing HIV transmission from mother to child can have an impact which is positive because decision making can be discussed with the husband.

b. Family support for pregnant women with HIV/AIDS

The results showed that the participants received support from their families. According to (Putu Wiwik Oktaviani et al., 2018), pregnant women with HIV/AIDS also need psychological and social support from the closest people, especially family. The role of the family is needed in providing physical and psychological care that is useful in improving the health status of the family. The support provided by families to pregnant women with HIV/AIDS can provide emotional comfort, and help in solving problems.

This research is supported by research (Rochmawati & Sari, 2019), that there is involvement of family members in helping pregnant women with HIV/AIDS in preventing HIV transmission from mother to child through social support in the form of emotional support, esteem support, instrumental support and informational support.

This is in accordance with research conducted (Carbone et al., 2019), showing the support given by families to pregnant women with HIV/AIDS such as always reminding them to comply with treatment, accompanying them to health facilities to get treatment and getting good health services.

This study is in line with research conducted by (Arias-Colmenero et al., 2020), it was found that the importance of family support for PLWHA can help PLWHA in maintaining their lives, family support in the form of motivating, providing encouragement and strength. The existence of family support makes the adaptation of PLWHA positive.

This research is in accordance with research (Rahakbauw, 2018), that the family support obtained by PLWHA is very influential for their development and life, the family support obtained is in the form of motivating and encouraging PLWHA.

LIMITATION OF THE STUDY

The difficulty in this study lies in the process of searching for data and participants because researchers have to go door to door to the Foundation and participants' homes and when contacted, many participants refuse and the location of the participants' homes is far away, so there are some participants who have to be interviewed by telephone.

CONCLUSIONS AND SUGGESTIONS

Anxiety of pregnant women with HIV/AIDS during the Covid-19 pandemic in Yogyakarta showed that the majority of pregnant women with HIV/AIDS felt afraid, anxious, and worried about being exposed to the Covid-19 virus because pregnant women with HIV/AIDS experienced a decrease in the immune system which caused Covid-19 virus easily enters the body. The difficulty in this study lies in the process of searching for data and participants because researchers have to go door to door to the Foundation and participants' homes and when contacted a lot of participants refuse and the location of the participant's house is far away so there are some participants who have to be interviewed by telephone. For nursing science, especially nurses as health workers, they should always provide information, action, education and support to pregnant women with HIV/AIDS so that pregnant women with HIV/AIDS do not feel anxious about their condition or their contents. Suggestion for the further researchers can continue research on the factors that influence the anxiety felt by pregnant women with HIV/AIDS.

ETHICAL CONSIDERATIONS

The authors conducted this study after obtaining an ethics certificate with No. 019/EC-KEPK FKIK UMY/I/2022 from the Ethics Commission of The Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Yogyakarta

Conflict of Interest Statement

There was no conflict of interest in this study

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