





Expectant Mothers' Lived Experiences with Prenatal HIV Counseling and Testing

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INTRODUCTION

The global incidence of HIV among women of childbearing age remains a critical public health concern, with the Philippines continuing to report rising numbers of new cases. The primary challenge is the prevention of Mother-To-Child Transmission (MTCT), which relies heavily on expectant mothers' acceptance and adherence to prenatal HIV Counseling and Testing (HCT). While HCT is standard protocol, there is a gap in understanding the personal, subjective experiences of pregnant mothers when receiving this sensitive service.

RESEARCH OBJECTIVES

- Determine the lived experiences of expectant mothers regarding prenatal HCT.
- Describe the thematic concerns that emerged from the participants' experiences.
- Propose recommendations for strengthening the prenatal HCT services based on the findings.

RESULTS AND DISCUSSION

The qualitative analysis yielded 5 major, interconnected themes describing the expectant mothers' lived experiences

MAJOR THEME	Key subthemes and Findings
Awareness	Ranging from "unacquainted" to "knowledgeable" about HCT.
Consideration	Driven by "Prenatal Requirement," "Compliance," and need for "Prevention." The role of Family and Partner Support was critical.
Experiences	Described as a "smooth process" with proper Informed Consent, leading to "relief and happiness."
Crucial Role	Mothers acknowledged the importance of testing for "Understanding and Acceptance" and the value of "Educational Insights."
Knowledge	Resulted in "General Satisfaction" and the correction of "Misconceptions" about HIV.

CONCEPTUAL FRAMEWORK

• Guided by Nola Pender's Health Promotion Model (HPM), emphasized the proactive role of the individual in their health and helps categorize the lived experiences:



Individual Characteristics & Experiences

Prior awareness and personal factors such as age, parity and previous experience on HCT

Behavior-Specific Cognitions & Affect

Perceived benefits, barriers (e.g., stigma, fear), self-efficacy, and the critical influence of interpersonal factors: husband/partner's support

Behavioral Outcome

Health Promoting Behavior:

- Completion of Prenatal HIV Counseling and Testing (HCT)
- Acceptance of Post-Counseling & Linkage to Care

RESEARCH METHODOLOGY



RESEARCH DESIGN

Qualitative
Phenomenological
Design (to explore
lived experiences).



PARTICIPANTS & SAMPLING

15 Pregnant Mothers who underwent prenatal HCT thru purposive sampling



LOCALE

Tertiary-level hospital in Tondo, Manila (certified Mother-Baby Friendly Hospital and HIV/AIDS Treatment Hub



INSTRUMENTATION



Data were collected via audio-recorded, 30–45 minute, in-depth interviews utilizing a semi-structured interview guide. Colaizzi's Method of Analysis was used to derive themes.

DATA ANALYSIS

CONCLUSION

- HCT in prenatal care is vital for improving maternal health outcomes and preventing MTCT.
- Strong support from partners and healthcare professionals is the most significant facilitator of HCT acceptance
- Positive and clear counseling sessions directly contribute to the mothers' understanding and reduction of stigma.

RECOMMENDATION

- Policy: Formalize partner advocacy; actively promote the presence and support of partners during HCT counseling.
- Practice: Strengthen training programs for nurses to ensure the use of culturally sensitive and empathetic counseling techniques.
- Protocol: Integrate qualitative insights into counseling protocols to directly address and mitigate patient fear and stigma.
- Research: Conduct longitudinal studies to explore the long-term HCT effects on maternal and child health outcomes.

REFERENCES



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