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Scoping Review: Pregnant Women with HIV: Difficulties Faced and Coping Strategies

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Abstract

Since the beginning of the case, the human immunodeficiency virus (HIV) has grown dramatically on a global scale. Pregnant women with HIV are one of the groups that receive worse negative impacts due to changes in health and social life due to being infected with HIV. Several studies have revealed coping strategies that pregnant women with HIV carry out to continue their lives. Therefore, this scoping review aims to identify coping strategies carried out by pregnant women in facing difficulties after being diagnosed with HIV. The study was established based on a scoping review framework by Arskey and O'Malley. Article searches were carried out on the MEDLINE and Scopus databases in early 2023. The selection of articles refers to inclusion criteria which include: the results of research on coping strategies carried out by pregnant women with HIV in facing difficulties, having a full text in English, and published in 2014-2023. The results of the analysis of 18 selected studies found two themes related to pregnant women diagnosed with HIV, namely the difficulties faced by pregnant women with HIV and coping strategies carried out by pregnant women with HIV. Almost all pregnant women with HIV have faced difficulties in controlling their negative emotions and stigma about HIV. However, positive coping strategies make pregnant women with HIV improve and live their next lives. The experience of pregnant women with HIV who have successfully faced their difficulties with positive coping strategies needs to be considered by the government and health service providers in managing the reduction of HIV prevalence.

Introduction

Human immunodeficiency virus (HIV) is still a significant cause of death. Since 2000, HIV has been the sixth leading cause of death in the world (Danforth et al., 2017). Progress in controlling the HIV epidemic can be achieved by emphasizing virology among all people infected with HIV. This set of missions consists of conducting HIV testing, bringing people with HIV to treatment, keeping them in treatment, and achieving viral suppression. However, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that nearly half of the 36.9 million people living with HIV globally in 2014 were unaware of the infection they were experiencing because they did not take an HIV test (UNAIDS, 2015).

One of the groups that is prioritized to get an HIV test is pregnant women. Pregnant women who are infected with HIV must be identified early during pregnancy in order to immediately obtain ART that can benefit their health and prevent vertical transmission to their babies (Drake et al., 2014). However, the World Health Organization (WHO) reports that only 44% of pregnant women, especially from developing countries, can access HIV testing (WHO, 2014).

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This can be due to barriers at the individual and system level. According to Musheke et al., barriers at the individual level to getting tested include: perception of low risk of infection, anticipated psychological burden of living with HIV, fear of HIV-related stigma, direct and indirect financial costs of accessing HIV testing, and gender inequality (Danforth et al., 2017). Meanwhile, according to Larson et al. and Nuti et al., the obstacles at the system level consist of: a large number of patients, lack of test equipment, inadequate counseling rooms, and poor counseling skills.

In support of efforts to reduce the prevalence of HIV globally, more and more researchers are conducting studies to explore coping strategies carried out by pregnant women in facing difficulties due to HIV status. The researchers tried to present data on the coping strategies chosen by pregnant women with HIV in order to be able to adapt physically, psychologically, and socially to the transition period as HIV patients, get a good quality of life, and comply with a series of antiretroviral therapy (ART) treatments and the management of HIV transmission prevention in their partners, children, and others.

Based on the description above, this scoping review is enforced to identify coping strategies carried out by pregnant women with HIV in facing difficulties during pregnancy by holding the status of HIV sufferers.

Methods

This scoping review is enforced based on the scoping review framework by Arskey and O'Malley which consists of five stages: (1) identification of research questions, (2) identification of relevant studies, (3) study selection, (4) data mapping, and (5) preparation, summarization, and reporting of results (Aromataris & Munn, 2020). Scoping reviews, also known as mapping studies, are carried out to synthesize the results of primary research and literature studies, which are increasing; more effectively, thoroughly, rigorously, transparently, and trustworthy. Meanwhile, the reporting of this study follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Review (PRISMA-ScR). Regarding the protocol registration process, this scoping review is prepared without going through the process.

Coping strategies carried out by people with HIV are a widespread health problem. So this scoping review focuses on the study to answer the question "What are the coping strategies carried out by pregnant women with HIV when experiencing difficulties?" Article search was carried out through the MEDLINE and Scopus databases on January 1, 2024. Search terms used include 'HIV or AIDS' and pregnancy or pregnant' and 'cope or coping or coping strategies or coping skills or coping mechanisms.

This study uses inclusion criteria, namely (1) the results of research published between 2014 and 2023, (2) it has full text and uses English, (3) it discusses coping strategies carried out by women who are or have been pregnant with HIV status.

Two independent reviewers searched for articles through two online digital databases using predetermined search terms. The obtained articles are exported into the Zotero reference manager for duplication checking and filtering of titles and abstracts based on predetermined inclusion criteria. If there is a difference of opinion between two reviewers, then an agreement is made to take or remove the article. Next, a full-text search was carried out on MEDLINE, Scopus, and Google Scholar for all selected titles and abstracts.

The clarity of the sample and the coping strategy described in the full text obtained, became the main consideration for the two reviewers to take the article and continue in the process of data extraction and analysis. The data were mapped using a data extraction table (table 1) compiled by two reviewers to get answers to the purpose of scoping this review. Table 1

includes the author, year, type of research, sample and location of the study, as well as research results (difficulties and coping strategies). Then the data in table 1 is analyzed thematically.

Result and Discussion

Article Search Strategy

Chart 1 shows the search process resulting in 160 articles on MEDLINE and 18 articles on Scopus. Duplicate checking in the Zotero reference manager resulted in 14 articles that had to be removed and 164 articles that were continued in the filtering process. The selection of titles and abstracts resulted in 18 articles that met the inclusion criteria and continued in the full text search process. All articles (n=18) have full text obtained from MEDLINE, Scopus, and Google Scholar. The consideration of the feasibility of full text carried out by two reviewers resulted in the entire article (n=18) being included in the process of extracting and analyzing the data of this scoping review.

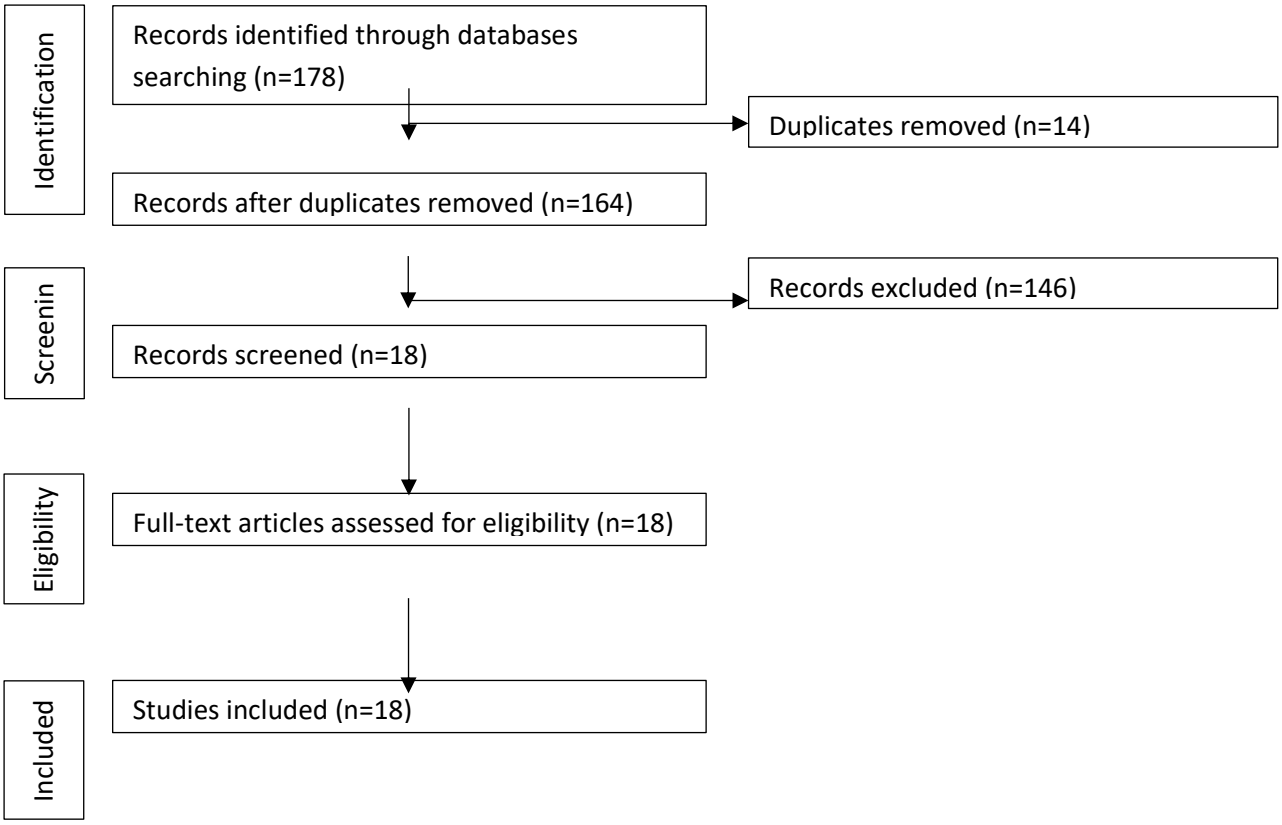

Figure 1. Study selection flow

Characteristics of Selected Studies

Of the 18 selected articles, 14 articles are qualitative studies and the other 4 articles are quantitative studies, mixed-method studies, case studies, and literature reviews (table 1). A total of 4 studies were conducted in South Africa; 6 studies were conducted in Nigeria (n=2), Uganda (n=2), and Brazil (n=2); and 1 study each was conducted in Ethiopia, the United Kingdom, the United States, Mexico, Peru, India, and Thailand. In addition, there is 1 literature study conducted by an author from Spain.

Table 1 also shows that respondents in all studies were women who were pregnant or had been pregnant with HIV-diagnosed conditions (n=16 articles) and men who had partners who were or had been pregnant with HIV-diagnosed conditions (n=1 article). In addition, all studies were conducted on adolescent (<18 years) and adult (>18 years) respondents.

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Thematic Analysis

Based on the results of data extraction in table 1, this scoping review found two themes related to pregnant women diagnosed with HIV, namely the difficulties faced by pregnant women with HIV and coping strategies carried out by pregnant women with HIV.

Difficulties Faced by Pregnant Women with HIV

From the 18 studies analyzed, this scoping review found six types of difficulties faced by pregnant women with HIV, namely: (1) women's negative reaction to HIV when they find out they are pregnant and negative reactions of pregnant women when they are first diagnosed with HIV, (2) worried that their baby will die or transmit HIV to their baby, (3) difficulty disclosing HIV status to their partner, family, friends, the community, and even health care providers, (4) difficulties in dealing with stigma about HIV from partners, family, friends, the community, and even health care providers, (5) financial and time difficulties, and (6) difficulties related to antiretroviral therapy (ART).

Women's Negative Reactions to HIV when They Find Out They Are Pregnant and Pregnant Women's Negative Reactions When First Diagnosed with HIV

Seven studies clearly revealed that pregnant women experienced fear, surprise, disbelief, rejection, disappointment, anger, and confusion when they first learned they were diagnosed with HIV or found out that they were pregnant while they had been living with HIV for a long time (Akinsolu et al., 2023; Fords et al., 2017; Leyva-Moral et al., 2017; Lingen-Stallard et al., 2016; Madiba, 2021; Monteiro et al., 2018; Worku et al., 2023). Many pregnant women with HIV ask for a repeat HIV test before they are confident in the results (Lingen-Stallard et al., 2016). Some of them are angry, blame, and even reject the partner who has transmitted it (Akinsolu et al., 2023; Contreras et al., 2019). Others just blame themselves for the bad deeds they have done (Akinsolu et al., 2023; Madiba, 2021) and the trust they have placed in their partner (Fords et al., 2017) until they are exposed to HIV.

HIV status makes pregnant women sad, ashamed, guilty, and feels like they have let their parents down (Akinsolu et al., 2023; Brittain et al., 2023; Contreras et al., 2019; Fords et al., 2017; Madiba, 2021; Worku et al., 2023). They also stated that HIV status causes pressure, suffering, anxiety, stress, depression, self-isolation, to the desire to hurt their pregnancy and commit suicide (Hatcher et al., 2016; Leyva-Moral et al., 2017; Lingen-Stallard et al., 2016; Madiba, 2021; Meza-Rodríguez et al., 2023; Waldron et al., 2022; Worku et al., 2023). After being diagnosed with HIV, a pregnant woman locked herself in her room, started crying, and didn't want to see her children's faces because she was worried about crying if she saw her children's faces (Lingen-Stallard et al., 2016)

Another emotionally related difficulty after being diagnosed with HIV is that pregnant women experience uncertainty about their health conditions (Worku et al., 2023), feeling vulnerable to their health (Major et al., 2019), and fear of premature death and abandonment of their children (Madiba, 2021; Monteiro et al., 2018). Pregnant women with HIV wonder about their future and their babies (Leyva-Moral et al., 2017). Another pregnant woman with HIV said she felt like she was going to die and that 'death lurked in the room' (Lingen-Stallard et al., 2016).

Worried about the Baby Dying or Transmitting HIV to the Baby

Pregnant women with HIV in the U.S. study experienced stress over pregnancy and childcare (Waldron et al., 2022). This is in line with the results of a study in South Africa which found that pregnant women with HIV feel regretful about their pregnancy (Fords et al., 2017). A woman who had been diagnosed with HIV before becoming pregnant said she had previously wondered if she could have children (Akinsolu et al., 2023). But after she found out about her pregnancy, she actually thought about whether her child would live or die. Likewise, a study

in Thailand revealed that adolescent female respondents experienced anxiety due to unwanted pregnancies and HIV diagnoses (Phonphithak et al., 2022)

Some pregnant women are worried about transmitting HIV to their babies, but they are also sad to imagine not being able to breastfeed their babies to prevent mother-to-baby transmission of HIV (Akinsolu et al., 2023; Contreras et al., 2019; Leyva-Moral et al., 2017; Madiba, 2021; Major et al., 2019; Phonphithak et al., 2022; Vescovi et al., 2014). They experience fear and uncertainty as long as the HIV status of the baby is not yet known (Leyva-Moral et al., 2017; Waldron et al., 2022; Worku et al., 2023). They are overwhelmed with guilt towards their future baby and worried about their future (Contreras et al., 2019; Worku et al., 2023). In fact, they are afraid that the baby will die soon after being born (Akinsolu et al., 2023).

Difficulty Disclosing HIV Status to Spouses, Family, Friends, Communities, and Health Care Providers

Disclosing HIV status to others can provide benefits so that pregnant women with HIV get emotional support and good health. However, this scoping review found that pregnant women with HIV have difficulty or refuse to disclose their HIV status to their partners, family, friends, the community, and even health care providers (Akinsolu et al., 2023; Hatcher et al., 2016; Waldron et al., 2022). They fear losing support and experiencing other negative consequences from their families (Phonphithak et al., 2022). Some pregnant women with HIV worry that disclosing their HIV status to their partner will lead to the assumption that they are unfaithful to their partner, and they fear the emotional and physical abuse and isolation that may occur afterwards (Akinsolu et al., 2023).

In one study, pregnant women with HIV revealed that they could not open up to others and chose to isolate themselves from others (Lingen-Stallard et al., 2016). Although HIV status is not written on her face, pregnant women with HIV do not want others to realize that they have changed. Similarly, other studies have shown that pregnant women with HIV are afraid to disclose their HIV status because they hear about the stigma that society has against people who have HIV (Waldron et al., 2022). Pregnant women with HIV mentioned feeling as if others would treat them differently if others knew their status, such as they were sick or should be avoided.

Difficulties in Dealing with HIV Stigma from Spouses, Family, Friends, Communities, and Healthcare Providers

Living with HIV not only has an impact on personal health, but also has an impact on social life (Leyva-Moral et al., 2017). Almost all studies show that pregnant women with HIV face stigma from their partners, family, friends, and society (table 1). They experience poor attitudes, discrimination, pressure, and social rejection from those closest to them and their environment (Jolle et al., 2022; Leyva-Moral et al., 2017; Lingen-Stallard et al., 2016; Major et al., 2019; Modi et al., 2019; Phonphithak et al., 2022; Waldron et al., 2022; Worku et al., 2023). Social rejection is defined as an apparent act or attempt to exclude pregnant women with HIV from social relationships and/or social interactions in a way that is visible to the victim (Jolle et al., 2022).

Environmental stigma can lead to the onset or worsening of emotions in pregnant women with HIV such as fear, suffering, loneliness, and feelings of not getting interpersonal support (Fords et al., 2017; Leyva-Moral et al., 2017; Waldron et al., 2022). Some family members tell a pregnant woman with HIV that the person with HIV cannot be cured, that the pregnant woman with HIV cannot meet her baby, and that the baby to be born only lives 1, 2, or 3 months (Leyva-Moral et al., 2017). In another study, some pregnant women with HIV were upset that others did not want to hang out with them or their children, avoided their homes, and did not allow pregnant women with HIV to carry other people's children (Jolle et al., 2022). Similarly, in a study in the United States, many pregnant women with HIV described not being able to

access child care outside the home because of the difficulty of obtaining child care and finding a child care provider they could trust (Waldron et al., 2022).

After informing their partners of their HIV status, some pregnant women have difficulty entering marriage after their partners find out that they have HIV (Worku et al., 2023). A pregnant woman with HIV said that no one wants to marry someone with HIV. While some married pregnant women feel changes in their partners, rejection from their partners, and face difficulties in maintaining their marriage after they inform their partners of their HIV status (Fords et al., 2017; Worku et al., 2023) . In other studies, pregnant women with HIV experienced intimate partner violence and negative control from their partners, so they lacked access to help and support from their family and friends (Hatcher et al., 2016).

Worse, some studies show that pregnant women with HIV experience stigma, inempathy, discrimination, and rejection from health care providers (Leyva-Moral et al., 2017; Lingen-Stallard et al., 2016; Major et al., 2019). Studies in the United States and South Africa revealed that pregnant women with HIV feel frustrated with the poor characteristics of health care providers and do not want to continue treatment in health care because they feel uncomfortable (Fords et al., 2017; Waldron et al., 2022). Pregnant women with HIV do not like to go to the doctor because they feel judged and have no self-esteem (Leyva-Moral et al., 2017). They often think that their confidential information (e.g. HIV status) is shared with caregivers who are not directly involved in their care.

Several case managers in the case management program for pregnant women with HIV said that various difficulties make pregnant women with HIV experience physical, cognitive, emotional, and behavioral stress (Waldron et al., 2022). The case manager mentioned that the signs of physical stress found in pregnant women with HIV are lethargy, weakness, increased blood pressure, protruding blood vessels from the forehead, blurred vision, panic attacks, and sleep disturbances. Signs of cognitive stress include giving up thoughts, feelings like 'going crazy', racing thoughts, difficulty concentrating, and self-criticism. While signs of emotional stress consist of sadness, depression, irritability, frustration, fear, and anxiety during stress. The signs of behavioral stress include neglecting personal needs, daily responsibilities, compliance with ART treatment, and diet. In addition, pregnant women with HIV also behave less in communication with others and often yell and fight with others.

Economic and Time Difficulties

Four studies in Ethiopia, Nigeria, the United States, and Brazil revealed that pregnant women with HIV experience financial and time difficulties in obtaining food, transportation, and medication (Contreras et al., 2019; Major et al., 2019; Waldron et al., 2022; Worku et al., 2023). Some pregnant women living with HIV report difficulties in finding work because of the stigma about HIV in the workplace, while they need a living for their lives (Worku et al., 2023). Others have jobs but still experience financial insecurity to pay their bills every month, stress in the face of competition for responsibilities at work, and difficulty getting childcare in order to work (Waldron et al., 2022). While other studies mention that pregnant women with HIV feel that their careers will be ruined because they often spend a full day traveling and waiting for ART at the hospital so they cannot work (Major et al., 2019).

Difficulties Related to ART

The next difficulty most likely for pregnant women with HIV to experience is the stress associated with ART. Four studies in the United States, Brazil, Uganda, and Nigeria found that the obstacles faced by pregnant women with HIV to meet ART were feeling healthy so they did not take ART, forgetting the dose of ART, taking a long time to take ART in the hospital, can't stand the side effects of ART, and feel unhappy because of consuming ART every day (Ashaba et al., 2017; Major et al., 2019; Vescovi et al., 2014; Waldron et al., 2022). Although pregnant women with HIV feel the health benefits of using ART, they also experience despair

in consuming ART every day to stop ART (Major et al., 2019). They also revealed that there were side effects they felt after using ART, namely feeling hot at night, dizziness, and weakness.

Coping Strategies for Pregnant Women with HIV

Once pregnant women with HIV know their HIV status, each copes with it in different ways depending on their social context and perceptions (Phonphithak et al., 2022). Based on the analyzed study, this scoping review also found six types of coping strategies, both positive and negative, that pregnant women with HIV use to overcome the difficulties they face, namely: (1) accepting HIV status, (2) expressing HIV status and getting support, (3) ignoring difficulties and focusing on the child's future, (4) consuming ART regularly, (5) taking positive actions for themselves and their families, (6) committing negative actions.

Receiving HIV Status

When going through a variety of negative emotions in the first days after being diabetic to HIV, pregnant women in most studies mentioned that self-acceptance was the main coping strategy for them to move on with their lives (table 1). Seven of the eighteen studies analyzed revealed that pregnant women with HIV use spirituality methods in going through the process of accepting themselves and their HIV condition(Ashaba et al., 2017; Contreras et al., 2019; Fords et al., 2017; Jolle et al., 2022; Leyva-Moral et al., 2017; Vescovi et al., 2014; Worku et al., 2023). They recognize that belief in God can shape their outlook on life and inner strength in the face of uncertainty and despair, especially related to the stigma and risk of transmitting HIV to their children (Jolle et al., 2022; Worku et al., 2023). Specifically, some pregnant women with HIV ask God to add more days of life for them, forgive their sins, and leave their present and future lives to God (Jolle et al., 2022; Leyva-Moral et al., 2017).

In one study, pregnant women with HIV underwent spirituality methods individually or in groups (Jolle et al., 2022). Pregnant women with HIV feel calm by praying to God even though they previously felt very angry at their partner who had transmitted HIV to them and even tried to commit suicide (Ashaba et al., 2017; Contreras et al., 2019). After following the spiritual journey, they realized that everything that happened to them, including suffering from HIV, was a destiny that had been planned by God so that they no longer blamed their partners, and even showed affection to their partners.

Meanwhile, a study in South Africa reported that the integration of psychosocial services into PMTCT programs in antenatal clinics is an important activity to facilitate the self-acceptance process for pregnant women with HIV (Madiba, 2021). This is done because pregnant women with HIV are practicing social isolation or withdrawing from social activities due to stigma and discrimination from health professionals that make them increasingly distant from accessing HIV treatment services (Akinsolu et al., 2023; Ashaba et al., 2017; Contreras et al., 2019; Lingen-Stallard et al., 2016; Payán et al., 2019). In addition, some pregnant women with HIV say that self-acceptance comes as personal resilience grows in overcoming the challenges of living with HIV (Lingen-Stallard et al., 2016). They try to seek knowledge about HIV and carry out daily activities more independently, assertively, and organized.

Revealing HIV Status and Getting Support

Based on the studies analyzed, almost all pregnant women with HIV make careful considerations before disclosing their HIV status to their partners, family, friends, the community, and health care providers. Some pregnant women who initially hid their HIV status ended up revealing their status (Fords et al., 2017; Hatcher et al., 2016; Lingen-Stallard et al., 2016; Madiba, 2021; Modi et al., 2019; Monteiro et al., 2018; Phonphithak et al., 2022; Vescovi et al., 2014; Waldron et al., 2022). Some pregnant women disclose their HIV status only to their spouses or family to avoid more stigma from others (Brittain et al., 2023). They mentioned

that disclosing HIV status in certain situations brings benefits, such as getting emotional, financial, and support for ART compliance.

Some pregnant women with HIV receive a lot of support from their partners, especially in terms of taking and using ART after they disclose their HIV status to their partners (Major et al., 2019; Phonphithak et al., 2022). Meanwhile, pregnant teenagers with HIV often disclose their HIV status to their parents first. Parents are key figures who help pregnant teenagers through difficult times. If these vulnerable subjects do not receive support and understanding from their families, they will face a lower quality of life. After disclosing HIV status to families, some pregnant teens receive excellent support and care from their families.

In addition to support from spouses and family, some pregnant women with HIV also report that emotional and social support from friends, other people living with HIV, and health care providers is a key coping strategy for them (table 1). Doctors and nurses provide a lot of advice in counseling activities, support to comply with ART, good care, and help pregnant women with HIV until childbirth (Akinsolu et al., 2023; Ashaba et al., 2017; Worku et al., 2023). Meanwhile, the forms of support provided by other people with HIV to pregnant women with HIV are solidarity, sharing experiences and reminding each other about compliance with using ART that makes their lives normal, as well as support that pregnant women with HIV can be good mothers for their children (Akinsolu et al., 2023; Brittain et al., 2023; Contreras et al., 2019).

In addition, 6 other studies showed that social support from friends and the environment who know the HIV status of pregnant women can be a source of energy that has a positive impact on the pregnancy of pregnant women with HIV (Akinsolu et al., 2023; Ashaba et al., 2017; Jolle et al., 2022; Madiba, 2021; Waldron et al., 2022; Worku et al., 2023). This is in line with other studies that say that support obtained from partners, family, friends, and health care providers can reduce stress and psychological distress and improve treatment adherence, all of which can improve the quality of life of pregnant women living with HIV (Ashaba et al., 2017; Behboodi-Moghadam et al., 2016).

Ignoring Difficulties and Focusing on the Child's Future

The next coping strategy is revealed by studies in Ethiopia, Uganda, Thailand, and Spain that some pregnant women with HIV are able to live with HIV status by releasing all stress and ignoring the difficulties they face (Jolle et al., 2022; Leyva-Moral et al., 2017; Phonphithak et al., 2022; Worku et al., 2023). They overcome HIV-related stigma by ignoring what others say or do to them and prefer to focus on their medication use, concentrating on the future of their children whether they are in the womb or already in the womb or before they were diagnosed with HIV, and optimizing their role as mothers (Fords et al., 2017; Hatcher et al., 2016; Lingen-Stallard et al., 2016; Vescovi et al., 2014; Worku et al., 2023). Especially in pregnant women with HIV who are teenagers. Some of them choose to live their pregnancy until the delivery is good and then continue their education so that they can get a good job to raise their children (Phonphithak et al., 2022). This is in line with a study in Brazil that states that pregnant women with HIV choose to rate antenatal care positively despite discriminatory health care providers (Vescovi et al., 2014).

Consuming ART Regularly

After accepting their HIV status and status, five studies revealed that the majority of pregnant women with HIV tried to implement compliance with ART (Fords et al., 2017; Leyva-Moral et al., 2017; Madiba, 2021; Major et al., 2019; Worku et al., 2023). Some of them take ART at the nearest hospital or health care provider either by themselves or assisted by their spouse or family. They realized that effective ART allows pregnant women with HIV and their children to live normal lives (Madiba, 2021). Similar to the results of a study in Nigeria, pregnant women with HIV consider that ART is beneficial in reducing viral load, improving physical

health, prolonging life, and giving birth to HIV-free babies (Major et al., 2019). In fact, some of them are willing to get ART from private suppliers in order to get ART that is easier and does not interfere with other activities such as work, so that their use of ART is not interrupted (Fords et al., 2017).

Taking Positive Actions for Yourself and Your Family

Not enough with self-acceptance and regular use of ART, this scoping review found that the majority of pregnant women are able to continue living with strong determination and courage to maintain the health of themselves, their partners, and their children as best as possible so as not to contract HIV (Worku et al., 2023). They said they were very careful in using sharp objects at home to prevent HIV transmission from them to their families. This is in line with the results of a study in Mexico which revealed that some pregnant women with HIV use positive coping styles such as controlling themselves from negative emotions related to their HIV status and being responsible for continuing to live well (Meza-Rodríguez et al., 2023).

Meanwhile, in a study in the United States, pregnant women with HIV liked coping strategies to open up, spend time with friends, and participate in group activities consisting of fellow HIV patients (Waldron et al., 2022). They consider this group to be an environment that is non-judgmental and can trust each other. Each of them described how they use different self-care or calming techniques, including listening to music, taking a hot bath, reading inspirational quotes, walking, dancing, journaling, and self-talk. As for some pregnant women with HIV who are still experiencing stress and symptoms of mental illness, they use traditional mental health care, psychiatric treatment, and hospitalization.

More interestingly, a study in Nigeria states that healthy foods play an important role for those who consume ART (Major et al., 2019). Pregnant women with HIV feel that food, especially fruits and vegetables, is necessary when taking strong drugs such as ART which have various side effects.

Committing Negative Actions

Among pregnant women with HIV who are able to overcome difficulties by applying the positive coping strategies above, there are some of them who still fall into negative coping strategies (table 1). The Scoping Review found that some pregnant women with HIV in five studies persisted in hiding their HIV status from both their loved ones and their surroundings (Hatcher et al., 2016; Lingen-Stallard et al., 2016; Monteiro et al., 2018; Vescovi et al., 2014; Waldron et al., 2022). This is done to keep herself safe from the stigma about HIV which can break her spirit and make her life difficult.

As for facing the problem of not being able to sleep at night either due to the side effects of ART or stress related to HIV status and stugma, some pregnant women with HIV use marijuana, alcohol, or flu medicine to be able to rest (Waldron et al., 2022). Although all pregnant women with HIV in this scoping review succeeded in continuing their pregnancies, not a few of them had considered ending their pregnancies, self-harm, and suicide (Hatcher et al., 2016; Lingen-Stallard et al., 2016).

Conclusion

Based on the above analysis, this scoping review found two themes related to the condition of pregnant women with HIV, including: (1) the difficulties faced by pregnant women with HIV and (2) coping strategies carried out by pregnant women with HIV. The difficulties faced by pregnant women with HIV stem from the negative emotions of themselves, their partners, family, friends, the community in the surrounding environment, and health care providers. However, all pregnant women with HIV in this study successfully passed their pregnancy after undergoing positive and/or negative coping strategies first. The experience of pregnant women with HIV who have successfully faced their difficulties with positive coping strategies needs

to be considered by the government and health service providers in managing the reduction of HIV prevalence.

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