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Expectant Mothers' Lived Experiences with Prenatal HIV Counseling and Testing

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ABSTRACT

This qualitative phenomenological study explored expectant mothers lived experiences with prenatal HIV counseling and testing in a tertiary-level hospital in Tondo, Manila. Fifteen pregnant women who had undergone HIV counseling and testing were recruited through purposive sampling and participated in individual, semi-structured, in-depth interviews. Interview data were transcribed and analyzed using Colaizzi's seven-step phenomenological method, supported by NVivo for coding and organization. Five major themes emerged: awareness toward HIV counseling and testing; consideration of HIV counseling and testing; experiences undergoing HIV counseling and testing; the crucial role of HIV counseling and testing; and knowledge of HIV counseling and testing. Women reported varying levels of prior awareness, reliance on healthcare professionals and relatives when deciding to undergo testing, and a range of emotional responses during the process. Clear explanations, informed consent, confidentiality, reassurance, and an understanding of maternal and infant protection shaped their experiences. The participants' reported results were nonreactive; accordingly, the findings describe experiences with routine prenatal testing rather than experiences of receiving a new HIV diagnosis. The study indicates that patient-centered pretest and post-test communication and accessible information are important to expectant mothers' understanding, confidence, and decision-making. Findings informed a proposed health-promotion and information-dissemination approach to prenatal HIV counseling and testing, guided by Nola Pender's Health Promotion Model.

Keywords: *prenatal HIV testing, expectant mothers, HIV counseling, phenomenology, maternal health, health promotion*

INTRODUCTION

HIV remains a significant public-health concern, particularly in antenatal care, where timely detection and access to appropriate services matter for maternal health and prevention of mother-to-child transmission. HIV testing has progressively become part of routine prenatal care, yet its implementation must be accompanied by understandable counseling, voluntary consent, and the assurance of confidentiality. The World Health Organization (2023) has emphasized the continuing burden of HIV, while national legislation in the Philippines formally recognizes the rights of individuals receiving HIV services (Republic Act No. 11166, 2018).

In prenatal settings, the offer of an HIV test is not merely a laboratory procedure. Women must interpret its implications for themselves and their babies, understand possible results, and manage anxiety about stigma and disclosure. Evidence has documented the tensions between routine antenatal testing and genuinely informed decision-making, including occasions when women perceived testing as compulsory or received limited

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counseling (De Zulueta & Boulton, 2007; Mitiku et al., 2017). Communication and service experience therefore form part of the quality of HIV-related maternal care.

The study originated in a tertiary-level hospital in Tondo, Manila, where prenatal HIV counseling and testing were part of maternal health services. In the researcher's clinical observations, some women were uncertain why testing had been offered and felt hesitant or judged. The hospital's established maternal care and HIV service arrangements made it a relevant setting for exploring whether women understood the process and how they experienced the offer, counseling, testing, and receipt of results.

Previous studies of antenatal HIV testing have examined awareness, acceptability, informed consent, counseling quality, and barriers to HIV services in several countries (Rujumba et al., 2013; Oshosen et al., 2020; Choi et al., 2022). Philippine population-level research has also examined factors associated with HIV testing among women (Pepito & Newton, 2020). However, these bodies of evidence cannot substitute for in-depth accounts of the distinct experiences of pregnant women undergoing routine counseling and testing at the selected hospital.

To address that gap, this study sought to understand the lived experiences of expectant mothers who had received prenatal HIV counseling and testing at a tertiary-level hospital. The analysis focused on awareness, considerations influencing testing, experiences during the procedure, perceived importance of testing, and knowledge gained. The findings were intended to inform nursing practice, maternal health information services, and a proposed health-promotion response consistent with Nola Pender's Health Promotion Model.

Literature Review

HIV counseling, prenatal screening, and maternal health

HIV counseling and testing during pregnancy have developed into essential components of antenatal services, especially in efforts to identify maternal infection and facilitate appropriate follow-up. Guidance on screening recognizes that early testing provides an opportunity to offer relevant care and information, but that services should respect a woman's decision and avoid coercion. The Centers for Disease Control and Prevention (2006) promoted routine testing in health-care settings, while Republic Act No. 11166 (2018) requires informed consent and safeguards the confidentiality of HIV-related services in the Philippines.

Access to antenatal HIV testing differs across settings. Awopegba et al. (2020) investigated prenatal care coverage and testing in sub-Saharan African countries, and Nwanja et al. (2023) examined approaches to improving HIV testing access for pregnant women in community birth centers. Both bodies of work reinforce the importance of effective service delivery and opportunities for maternal testing, although local implementation must also address how women perceive the testing process.

Acceptability, autonomy, and informed consent

Routine screening can normalize HIV testing, but normalization must not obscure women's right to consent or decline. De Zulueta and Boulton (2007) examined pregnant women's responses to routine antenatal HIV testing and the practical viability of informed consent. Mitiku et al. (2017) found that pregnant women could regard HIV testing favorably while also understanding it as a condition for receiving antenatal services, emphasizing the need to explain that participation is voluntary.

Qualitative research on compliance with antenatal HIV testing guidelines likewise identifies gaps between formal procedures and actual counseling experiences. Choi et al. (2022) documented how guideline adherence takes place in antenatal clinics, while Rothpletz-Puglia et al. (2011) reported concerns raised by women and the strategies used to address them. Taken together, these studies show that consent should be supported through genuine explanation, time for questions, and reassurance about confidentiality rather than assumed from routine attendance.

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Knowledge, awareness, and decision-making

Knowledge about HIV transmission, prevention, and antenatal testing can influence willingness to undergo screening and subsequent care-seeking. Maimaiti and Andersson (2008) examined awareness and attitudes among pregnant women, and Jahangiry et al. (2021) examined knowledge, attitudes, and behaviors regarding HIV and routine rapid testing in a high-risk setting. Such studies suggest that women may arrive at prenatal visits with uneven understandings of HIV and of the purpose of testing.

In the Philippine context, Pepito and Newton (2020) identified determinants of HIV testing among women, while Cherie et al. (2022) documented the role of pregnant women's knowledge, attitudes, and practices in the prevention of mother-to-child transmission. These findings support accessible, culturally appropriate explanations of testing benefits and limitations while underscoring that measured knowledge or testing uptake does not fully capture a woman's emotional and interpersonal experience of the process.

Counseling encounters, emotions, and support systems

HIV-related stigma and fear may shape expectations before counseling even begins. Oskouie et al. (2017) reported women's experiences of HIV-related stigma and discrimination, while Matseke et al. (2016) examined clients' perceptions and satisfaction with counseling and testing. These studies highlight the significance of respectful provider communication and clients' confidence that their circumstances will be handled without judgment.

Qualitative studies among pregnant women have described how counseling practices affect feelings of uncertainty, support, and readiness. Rujumba et al. (2013) found that women's experiences of routine HIV counseling and testing could include dissatisfaction with limited post-test guidance; Oshosen et al. (2020) described the need for compassionate and sufficiently detailed counseling among women living with HIV in Tanzania. Although the participants in the present study reported nonreactive results, these insights remain relevant to how women experience the counseling relationship, information exchange, and receipt of test results.

Health promotion, nursing practice, and synthesis

The thesis was grounded in Nola Pender's Health Promotion Model, which emphasizes individual characteristics and experiences, behavior-specific perceptions and affect, and health-promoting behavioral outcomes. Applied to prenatal HIV counseling and testing, the model directs attention to prior knowledge, anticipated barriers and benefits, interpersonal influences, and how these factors may shape informed engagement with testing and related care. Nursing practice can therefore support both understanding and autonomy through individualized explanations and a supportive clinical environment.The evidence reviewed points to three interconnected needs: clinically accessible prenatal testing, women informed and voluntary participation, and respectful counseling that addresses emotions, social influences, and knowledge gaps. Quantitative service research helps describe testing patterns, and prior qualitative work illuminates' aspects of informed consent and stigma. The present phenomenological study adds context-specific narratives from expectant mothers in a tertiary hospital in Tondo, Manila and connects those narratives with a proposed maternal health-promotion approach.

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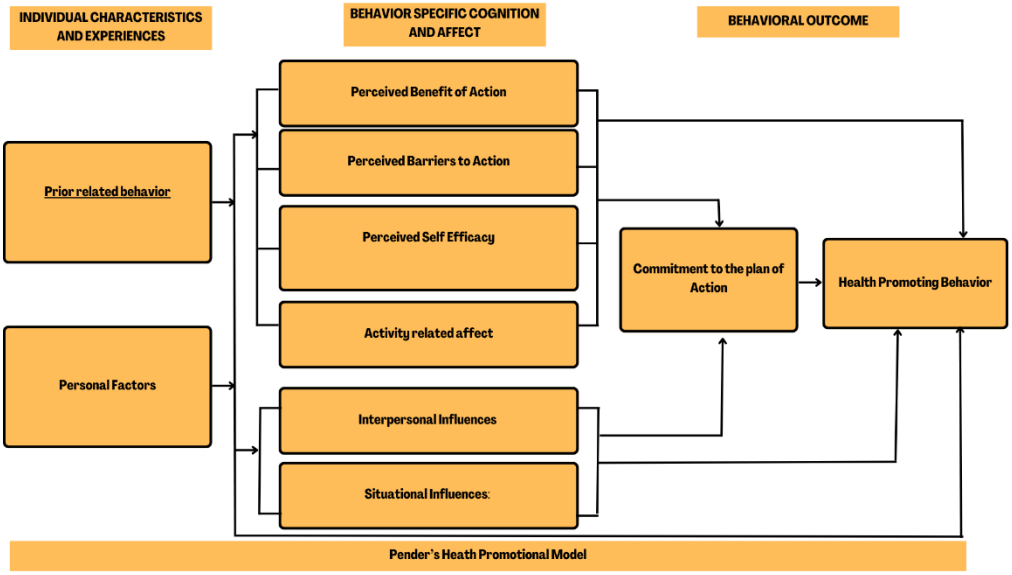


Figure 1. *Nola Pender's Health Promotion Model*

METHODS

Research Design

The study employed a qualitative phenomenological research design to explore and describe the meanings expectant mothers attributed to prenatal HIV counseling and testing. The inquiry was oriented toward participants' first-hand accounts rather than statistical comparisons or measurement of treatment effects. The researcher sought to recognize the distinctiveness of individual experiences while identifying shared meanings across interviews.

Research Locale

The study was carried out at a tertiary-level hospital in Tondo, Manila. The institution was identified in the thesis as a mother-Baby Friendly hospital and an HIV/AIDS treatment hub that provided inpatient and outpatient care. The hospital's antenatal setting offered access to women who had been requested to undergo HIV counseling and testing as part of routine prenatal services.

Participants and Sampling Technique

Fifteen pregnant women who had undergone prenatal HIV counseling and testing at the selected hospital participated in the study. Non-probability purposive sampling was used to recruit women who could describe their experiences and were willing to participate, regardless of parity or the number of previous HIV tests. Women unwilling to participate were excluded. Interviews continued until the researcher determined that the data were saturated. The study's summarized participant accounts concerned women with nonreactive HIV test results.

Research Instrument

The researcher developed a semi-structured interview guide combining prepared questions with open-ended opportunities for participants to narrate their experiences. Demographic information included age, marital status, occupation, gravidity, and previous exposure to prenatal HIV counseling and testing. Two pregnant women participated in a pilot interview procedure and were excluded from the final group. With permission, the researcher used voice or video recording to document the interviews accurately.

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Data Gathering Procedure

The researcher obtained permission from the Philippine Women's University and the selected hospital's ethics review authorities. Eligible women received an information sheet covering the objectives, procedures, potential risks and benefits, and participant rights, followed by an informed-consent process. Individual face-to-face interviews were conducted in designated spaces near the research locale; the thesis describes the interviews as approximately 15–30 minutes in its instrumentation section and approximately 30–45 minutes in its scope section. Recorded accounts were transcribed while maintaining confidentiality. Data gathering extended over approximately one to two months.

Data Analysis

Interview transcripts were analyzed using Colaizzi's seven-step phenomenological approach. The researcher repeatedly read transcripts, identified significant statements, formulated meanings, organized related meanings into theme clusters, developed a comprehensive description, articulated the essential structure, and sought participant feedback on interpretations. NVivo was used to assist with coding and organization. The study reported five major themes, which were further described through significant statements and subthemes. Because of the qualitative design, the analysis did not involve inferential hypothesis testing.

Ethical Consideration

The research obtained institutional and ethics-related approvals from the Philippine Women's University and the participating hospital. The study applied principles of autonomy, informed consent, confidentiality, anonymity, beneficence, justice, and respect for participants. Respondents could decline questions or withdraw without pressure. Codes were used to protect identities, and interviews and records were handled confidentially. The thesis states that study records were retained for five years. The sensitive nature of HIV testing required particular attention to nonjudgmental communication and privacy.

RESULTS AND DISCUSSION

Profile of the participants

The 15 expectant mothers represented different stages of pregnancy and varying prior experiences with HIV testing. Most participants were aged 25–34 years (80.00%); 66.67% were single, 60.00% identified as housewives, and 80.00% were multiparous. Most women (73.33%) reported undergoing HIV counseling and testing for the first time. This distribution provides context for interpreting the differing degrees of familiarity, uncertainty, and confidence described during the interviews. The participant profile does not support population-level generalization.

Table 1. *Selected demographic characteristics of participants (N = 15)*

Characteristic	Category	n	%
Age	15–24 years	1	6.67
Age	25–34 years	12	80.00
Age	35–49 years	2	13.33
Civil status	Single	10	66.67
Civil status	Married	5	33.33
Occupation	Housewife	9	60.00
Occupation	Own business	5	33.33
Occupation	Office work	1	6.67
Trimester	First	5	33.33
Trimester	Second	6	40.00
Trimester	Third	4	26.67
Parity	Primiparous	3	20.00
Parity	Multiparous	12	80.00

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Prior testing	First time	11	73.33
Prior testing	More than once	4	26.67

Overview of themes

Colaizzi's analysis yielded five principal themes about prenatal HIV counseling and testing. These themes describe the progression from initial awareness and consideration through experiences of counseling and the perceived significance and knowledge of HIV testing. Table 2 presents a concise synthesis without changing the original thematic organization.

Table 2. *Five principal themes identified in the phenomenological analysis*

Major theme	Central meaning in participant accounts
Awareness toward HIV counseling and testing	Expectations, previous exposure, and recognition of routine prenatal HIV testing differed among women.
Consideration of HIV counseling and testing	Provider recommendations, perceived necessity, and family or peer information shaped testing decisions.
Experiences undergoing HIV counseling and testing	Consent, procedures, counseling explanations, anxiety, reassurance, and receipt of results shaped the encounter.
The crucial role of HIV counseling and testing	Women related testing to maternal and infant protection and early awareness of HIV status.
Knowledge of HIV counseling and testing	Women described learning or clarifying facts about HIV, prevention, testing, and the meaning of results.

Theme 1: Awareness toward HIV counseling and testing

Participants differed in their expectations of prenatal HIV testing. Some had not anticipated being asked to undergo testing and reported surprise or uncertainty about why it was necessary. Others recognized it as part of antenatal care because they had experienced testing in earlier pregnancies or heard about it from healthcare providers and people they knew. This diversity in prior familiarity explains why an identical testing offer may evoke different reactions among expectant mothers.

The findings reinforce evidence that routine prenatal testing may be widely accepted without being uniformly understood. Mitiku et al. (2017) reported that women could interpret testing as a requirement even in settings intended to preserve voluntary choice. Maimaiti and Andersson (2008) similarly drew attention to variation in HIV awareness and attitudes. In the present study, these patterns support early, clear explanations that distinguish the clinical recommendation to test from any suggestion of personal blame or compulsory participation.

Theme 2: Consideration of HIV counseling and testing

When considering testing, women attached significance to the recommendation of their physician, the health of their baby, and the experiences of family members. Some viewed HIV counseling and testing as a necessary routine element of pregnancy care; others sought reassurance from sisters, cousins, or their partners. Thus, participants' decisions emerged from an interplay of professional guidance, personal interpretation, and interpersonal support.

This theme corresponds with evidence emphasizing informed autonomy in antenatal testing. De Zulueta and Boulton (2007) documented complexities surrounding responses to routine testing, and Choi et al. (2022) highlighted the importance of appropriate counseling and guideline implementation. Provider recommendation can facilitate engagement, but patients must still understand the purpose of testing and the option to decline it without losing prenatal care, consistent with Republic Act No. 11166 (2018).

Theme 3: Experiences undergoing HIV counseling and testing

Descriptions of the encounter addressed the testing steps, the importance of an explanation before testing, written informed consent, questions about the result, and emotional reactions. Several women described the procedure as straightforward after they understood its purpose; others initially experienced confusion, worry, or

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concern that they were being judged. Clear communication from health workers and reassurance about confidentiality helped participants make sense of the process.

These findings are consistent with studies showing that counseling experience matters independently of whether testing is completed. Rujumba et al. (2013) reported concerns about the adequacy of post-test communication, Abraham and Clow (2022) examined prenatal counseling experiences in a vertical-transmission prevention program, while Oshosen et al. (2020) documented women's need for empathetic counseling when HIV-related information generated distress. The participating women in the present study reported nonreactive results, so their narratives should not be confused with the experiences of pregnant women newly diagnosed with HIV. Nevertheless, pretest and post-test explanations were important to the meaning of the experience.

Theme 4: The crucial role of HIV counseling and testing

Participants associated prenatal testing with their own health and the protection of their unborn children. Counseling helped some women understand routes of HIV transmission and the reason HIV screening was offered during pregnancy. Women also discussed the relief and reassurance they experienced in relation to nonreactive results. The findings therefore emphasize the perceived preventive and educational value of prenatal HIV counseling and testing.

Knowledge of benefits may strengthen informed participation, as suggested by Cherie et al. (2022) and Jahangiry et al. (2021). Yet the study explored perceptions and experiences rather than measured effects on mother-to-child transmission, infant outcomes, or uptake in the wider population. It is consequently more accurate to conclude that participants recognized an important role for HIV testing than to claim the interviews demonstrated improved clinical outcomes.

Theme 5: Knowledge of HIV counseling and testing

The final theme concerned what women knew or learned about HIV, its modes of transmission, the testing procedure, and implications for pregnancy. Accounts indicated that counseling could clarify misconceptions and provide context for results. Some participants already held relevant knowledge, while others developed a clearer understanding through direct interaction with nurses and other healthcare providers. Differences in knowledge highlight the need for explanations tailored to each woman's starting point.

Research on pregnant women's HIV-related knowledge and behavior has similarly shown that information and understanding are relevant to testing decisions and prevention efforts (Jahangiry et al., 2021; Cherie et al., 2022). The findings also align with studies of client satisfaction that place emphasis on respectful, clear interactions (Matseke et al., 2016). Knowledge should be checked through responsive discussion rather than presumed merely because a woman has undergone a test.

Integration with Nola Pender's Health Promotion Model

Across the five themes, individual experiences and expectations influenced how women received an HIV testing recommendation; anticipated benefits and barriers shaped consideration; and interpersonal and situational influences affected their experience of counseling and consent. This pattern reflects the broad categories of Pender's Health Promotion Model, which was the theoretical lens of the original thesis. A patient-centered encounter can address relevant concerns while supporting an informed health-related decision.

On the basis of these narratives, the thesis proposed a health-promotion and information-dissemination response for pregnant women. The themes support clear prenatal counseling materials, opportunities to ask questions, nonjudgmental explanation of testing and results, and communication involving support persons when requested by the patient. Such a program remains a proposed practice implication; the thesis did not provide intervention outcome measurements establishing its effectiveness.

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CONCLUSION

The study concludes that expectant mothers lived experiences with prenatal HIV counseling and testing were shaped by their previous awareness, considerations influencing participation, the quality of their counseling encounter, their perceptions of testing's importance, and the knowledge they gained. The experiences of the 15 participants varied, but the five themes showed the importance of accessible information, supportive healthcare communication, informed consent, confidentiality, and reassurance throughout the testing process. The findings contribute qualitative evidence from a tertiary hospital in Tondo, Manila and provide a basis for improving patient-centered prenatal HIV counseling and health-promotion materials. They describe experiences and perceptions among women with nonreactive HIV results, not demonstrated improvements in maternal or infant clinical outcomes.

Recommendation

Hospital administrators, prenatal care providers, nurses, and HIV counselors should strengthen understandable, confidential, and nonjudgmental pretest and post-test counseling within routine antenatal services. Counseling should explain why testing is offered, how informed consent and the option to decline are respected, what test results mean, and where additional help is available. Health-promotion materials should be written in accessible language and be responsive to the different levels of knowledge and anxiety observed among expectant mothers. Healthcare providers may involve family members or partners when the woman wishes to do so, while safeguarding her privacy and autonomy.

The proposed health-promotion and information-dissemination activities should be reviewed and pilot-tested before broader implementation. Future research may include women receiving reactive results, participants from different facilities, and longer-term follow-up to examine counseling quality, service continuity, and maternal and infant outcomes. Such work would extend the present phenomenological evidence without attributing causal or population-level effects to the small purposive sample.

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