

Perception on history of husband and wife relationship and HIV risk behavior in the household from housewives infected with HIV in Surabaya

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Introduction: HIV is increasing among housewives. The main transmission factor is because of the partner. The existing programs so far, PMTCT (Prevention Mother to Child Transmission) and PIT (Provider Initiated Test), are when there is a risk of being exposed to HIV. Prevention handling starting from upstream has not been maximized because the population is not specific. The purpose of this study is to find overview of history of relationships and risk behaviors of HIV/AIDS in households from HIV-infected housewives perspectives, so that we can find intervention programs that are specific to families in Indonesia. **Method:** This is a descriptive research using cross sectional method. There were 58 respondents involved in answering validated retrospective questionnaire. We use accidental sampling to find respondent that fit in our inclusion and exclusion criteria from January to May 2019. **Results and Discussion:** From this study it was found that out of 58 respondents, 44 (76%) did not experience domestic violence and 14 (24%) experienced it. From this study it was also found that more than 50% of the housewives did not believe that their husband had an affair with another woman or had a mistress. **Conclusion:** HIV/AIDS can be experienced by any family that either has good relations or experiences violence. It is recommended that outreach be carried out at each reproductive period (adolescents, couples of childbearing age) and must involve men, enter material about STIs in the program for reproductive age and not just about contraception.

Keywords: *perception, husband and wife relationship, housewife, risk behavior, HIV*

Introduction

Data showed that HIV is increasing in Indonesia, especially in East Java Province. There were 8.608 newly infected people in 2018 in East Java, increasing from 8.2014 in 2017(1). Nationally, the percentage of HIV positive cases according to known risk factors for HIV transmission is through male sex relationships (MSM) by 20.4% and followed by heterosexuals by 19.6%. From the same data, the percentage of AIDS cases according to the risk factor for most AIDS transmission was through heterosexual contact (73.4%), far higher than the second highest risk factor, which was homosexuality by 16,5%.(2) Based on occupational groups affected the most is non-professional staff (employees) in the amount of 2,693 people, followed by the second most are housewives in the amount of 1,576 people. The HIV service program for early detection of HIV could be done through two approaches: 1) Voluntary counseling and test (VCT); 2) Provider Initiated Counseling and Test (PICT). All pregnant women in primary health care will be asked to do PICT. For pregnant mother

who are detected to be infected with HIV, they will receive PMTCT (Prevention Mother to Child Transmission). PMTCT is integrated program for HIV positive mother so she would not transfer the virus to her baby.(2)

Another way to overcome HIV/AIDS is health promotion. The main target of health promotion is key populations which injecting drug users (IDU), female sex workers directly or indirectly, female sex customers or partners, gay, transvestites, and male customers/partners of sex with fellow men (MSM) and prisoners (3). In addition to that, there are also populations that are "susceptible" to HIV infection, meaning that populations caused by social, cultural, political and economic factors make them more vulnerable to HIV/AIDS infection (4). In this definition means a group of housewives, children of mothers living with HIV, migrant workers, adolescents, health workers are some of which are included.

According to the projected number of new infections from the AIDS Commission (2015), if there is no intervention is taken, in the future, IDU groups and women or men at low risk are the three highest groups affected by new HIV infections (Figure 1).

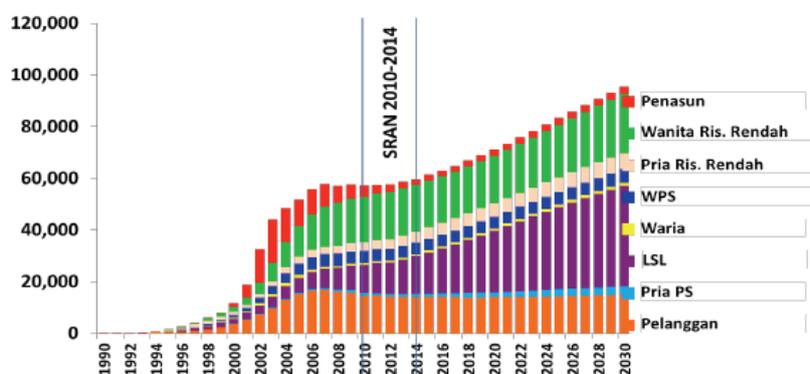


Figure 1. Projected number of new infections in non-Papua regions without intervention after 2013 up to 2030(5)

Yulianti (2014) stated in her research of a housewife with HIV/AIDS in Pati Regency, Central Java, that a housewife could become a vulnerable group to contract HIV/AIDS through her husband who had sexual relations with multiple partners, or because of drug addicts and lack of knowledge and awareness of them (6).

Therefore this research is conducted to find out more about this group’s characteristics so the researcher could find HIV/AIDS prevention strategy models based on the characteristics of HIV/AIDS vulnerable groups. This research is specifically conducted through the perspectives of housewives that were diagnosed with HIV and discusses about their perceptions of historical relationships in the household and risky behavior that might have happened then.

Method

This research was descriptive research with a cross sectional study research design. The duration of the research was from January to May 2019. The population of the study were housewives that living with HIV/AIDS in the city of Surabaya. Sampling was done by accidental sampling with inclusion criteria: (1) had the main role as a housewife, (2) only married once, (3) could read and write, (4) cooperative. While the exclusion criteria for the sample were: (1) Commercial Sex Workers/former commercial sex workers both directly and indirectly, (2) IDU/former IDUs, (3) married more than once, (4) could not read and write, (5) uncooperative. All samples would be asked to fill out a willingness sheet to become a respondent and the identity of the respondents will be kept confidential. Respondents would fill out a questionnaire containing retrospective questions about their perceptions about the history of relationships in the household and HIV/AIDS risk behaviors in the household.

Results and Discussions

Results

1. Respondent's Characteristics

Based on the description of the characteristics of respondents, from the age variable, the highest age of respondents was in the range of 30-39 years (64%), the most age at marriage was at the age of 20-29 years (48%), and the second most was the age of 10-19 years. (43%), most husbands at marriage were 20-29 years old (65%). In terms of the education of respondents, the majority of respondents had high school education (45%) and most of the husband's education was high school (55%). In terms of husband's work, most husbands work as private employees (49%) and there was a small percentage (3%) of husbands who do not work or become civil servants. When the research took place, respondents who had a living husband were 31 people (53%) and had a husband who had died were 27 people (47%).

Table 1. Respondent's Characteristics (N=58)

Characteristics	Category	n	%
Age (years)	20-29	7	12
	30-39	37	64
	40-49	11	19
	50-59	2	3
	60-65	1	2
Education	No formal education	6	10
	SD (elementary school)	9	15
	SMP (middle school)	12	21
	SMA (high school)	26	45
	Diploma	0	0
	Bachelor	5	9

Married Age (years)	10-19	25	43
	20-29	28	48
	30-39	5	9
	40-49	0	0
	50-59	0	0
Husband's married age (years)	10-19	5	9
	20-29	38	65
	30-39	12	21
	40-49	3	5
	50-59	0	0
Husband's occupation	No occupation	2	3
	Private employee	28	49
	Government employee	2	3
	Entrepreneur	10	17
	Others (driver, labourer, etc.)	16	28
Husband's education	No formal education	0	0
	SD (elementary school)	5	9
	SMP (middle school)	8	13
	SMA (high school)	32	55
	Diploma	1	2
	Bachelor	12	21
Husband's existence	Still alive	31	53
	Pass away	27	47

2. Perception of relationship history in the household

Out of 58 respondents, 14 (24%) experienced domestic violence in the form of physical or verbal violence. Of the 14 people who experienced violence, believe that the cause of violence is not because of their mistakes (92%) but because they do not follow the wishes of their husbands (64%). All respondents believed that in fact they did not deserve such treatment from their partners.

Table 2. History of Domestic Violence (N=58)

No	Statement	Yes	No
1	I experienced domestic violence	14 (24,1%)	44 (76%)
2	The violence I experienced was physical violence (beaten, slapped, kicked, etc.)	14 (24,1%)	44 (76%)
3	The violence that I experienced was verbal abuse (insulted, bullied, cursed, etc.)	14 (24,1%)	44 (76%)

Table 3. Perception of Domestic Violence History (N=14)

NO	Statement	Strongly disagree	Disagree	Agree	Strongly agree
1	I experienced violence usually because of my own mistakes	1 (7%)	12 (86%)	1 (7%)	0
2	I experienced violence usually because I don't follow my husband's instruction	0	9 (65%)	3 (21%)	2 (14%)
3	I deserve to be treated violently by my husband	3 (21%)	11 (79%)	0	0

Regarding relationships in the household, respondents who admit to having emotional closeness with their husbands (71%), feel safe in relationships as husband and wife (69%), feel protected (72%), adequately outwardly (65%) and inner (65%) and is believed to manage finances (75%) and children (91%).

Table 4. Perceptions about Relationship History in the Household (N=58)

NO	Statement	Strongly disagree	Disagree	Agree	Strongly agree
1	I have emotional connection with my husband	3 (5%)	14 (24%)	34 (59%)	7 (12%)
2	I feel safe in our relationship as husband and wife	2 (3%)	16 (28%)	29 (50%)	11 (19%)
3	My husband always tries to fulfill my physical needs	2 (3%)	15 (26%)	31 (54%)	10 (17%)
4	My husband always tries to fulfill my psychic needs	5 (9%)	15 (26%)	26 (44%)	12 (21%)
5	I am trusted to manage household finances	2 (3%)	12 (21%)	31 (53%)	13 (23%)
6	I am trusted to manage children	5 (9%)	0	39 (67%)	14 (24%)

3. History of HIV risk behavior in the household

Some findings obtained from this variable were out of 58 respondents, only 3 people (5%) have husbands who are former injecting drug users (IDUs) and the rest are not IDUs, of the 58 respondents, there were 24 people (41%) who believed that their husband used to have affair with other women in the past, of the 24 people, 58% admitted that their husbands often did not go home or were often on duty outside the city for a long time, of these 24 people, 22

(91%) had their husbands directly cheated on other women and repeated their actions more than once (75%). They also believe that her husband had an affair with not the same woman but a different woman (79%). From this study it was also found that out of 58 respondents, there were 34 people (59%) who did not believe that their husband had affair with other women. Out of 24 respondents that believe her husband had affair had memory that her husband often didn't come home (58%) and have long-term business habits (58%). They also believed her husband had a mistress (79%) and ever found him directly having an affair with someone else (92%).

Table 5. History of HIV risk behavior in the household (N=58)

No	Statement	Yes	No
1	I believe my husband had an affair	24 (41%)	34 (59%)
2	I believe my husband still uses injecting drugs while we are married	3 (5%)	55 (95%)

Table 6. Perceptions about Sexual Risk Behavior in the Household (N=24)

NO	Statement	Strongly disagree	Disagree	Agree	Strongly agree
1	My husband often does not come home	1 (4%)	9 (38%)	13 (54%)	1 (4%)
2	My husband is often on duty/working out of town for a long time	1 (4%)	9 (38%)	13 (54%)	1 (4%)
3	My husband had mistress	0	5 (21%)	17 (71%)	2 (8%)
4	I once got my husband having an affair with another woman	0	2 (8%)	21 (88%)	1 (4%)
5	I know the woman my husband is having an affair with	0	14 (58%)	9 (38%)	1 (4%)
6	My husband repeated his cheating behavior several times	0	6 (25%)	17 (71%)	1 (4%)
7	My husband is having an affair with the same woman	0	19 (79%)	5 (21%)	0
8	My husband is having an affair with a different woman	0	5 (21%)	19 (79%)	0

Discussion

An interesting finding of the characteristics of respondents is that the age of most respondents at marriage is 20-29 years and second highest married age is 10-19 years. The last age group is middle school and high school age (<18 years). Outreach to this age group at the educational stage can be a positive impact. (7) Empowering teachers as educators for HIV/AIDS can also be a solution, from research by Islam, *et al.* (2017) which shows significant results in Bangladesh. (8)

Interventions for young adults including 20-29 years also have their own challenges. Chandra-Mouli, *et al.* (2015) study states that youth centers, peer educators and public meetings in the community no longer show effectiveness in the delivery of messages of sexual and reproductive health in adolescent although these interventions are more popular. Chandra-Mouli, *et al.* (2015) emphasize an evidence-based, comprehensive, integrated and long-term approach (9).

Relationships that are not harmonious in the household, even more experienced violence both physically and verbally can open the way for the presence of other people in marital relationships. Small et al (2015) stated that gender attitudes and incidents of violence would be related to greater risk of HIV infection among women in Malawi(10). In several other studies also found that dominance of men causes negative knowledge, attitudes or behavior of housewives ladder on HIV/AIDS and related programs (11). However, from the results of this study, it was found that a small proportion of housewives experienced domestic violence and more than 50% felt quite safe in their marital relationships.

Regarding risky behavior, it turns out there are 24 people who suspect that their husbands have other partners or are in contact with other women. When they find out, do they conduct HIV prevention behavior? This is a limitation of this research. However, the researchers see the importance of intervening efforts for couples of childbearing age both husband and wife regarding HIV/AIDS risk behavior and the consequences of the disease. This is supported by research on childbearing couple in the Kretek Puskesmas which shows that there is still a lack of PICT participation and the majority of the current level of knowledge in both husband and wife. (12)

The outreach program for low risk or vulnerable groups, such as housewives, has its own challenges and advantages. The challenges in the form of knowledge, attitudes and behaviors related to HIV prevention are still low. Even though they are vulnerable to contracting HIV, in reality many housewives do not make efforts to prevent the transmission of HIV / AIDS. A study of housewives whose husband were inter-city bus driver in Tanah Bumbu district shows that mothers have low knowledge, attitudes and behavioral prevention regarding HIV / AIDS (13). This was also obtained from the study of Setiyawati, Shaluhiah and Cahyo (2014) which stated that the attitude of IRT especially those who do not have a husband vulnerable to HIV / AIDS was low (felt unlikely to be infected with the virus). From this study it was also found that this attitude was related to the husband's attitude towards HIV/AIDS testing (13). This also relates to the stigma and discrimination of HIV/AIDS itself.

On the other hand, outreach to this group has the advantage that this group is a population that can be a partner in the prevention of HIV/AIDS or also called empowerment of PLHA. As a qualitative study from Silitonga (2018) shows that PLWHA from low risk groups, such as housewives, can apply the prevention of transmission behavior well and

become a partner to help other PLWHA live better quality. (14) This can be achieved if the PLWHA is accompanied and empowered. Andini, *et al.* (2014) also showed that CCS cadres (continuous comprehensive services) related to HIV/AIDS prevention efforts in the majority community were mostly housewives (91.7%) because they had a lot of free time to do their duties as cadres. (15)

It is important to reach this vulnerable group, not only with early screening or detection, but prevention in every reproductive period is also an ultimate necessary. The outreach for this vulnerable group is closely related to their spouse or husband, therefore the program itself will benefit the most if both men and women are equipped with information about HIV/AIDS.

Conclusions

Findings in this study shows more than 50% of housewives did not believe that her husband had an affair with another woman or had a mistress. Therefore, we can say that HIV/AIDS can be experienced by any family whether they have a good relationship or who experience violence. On the other hand, respondents that had strong perception about their husband's risky behavior must be encouraged to undergo HIV testing and counseling. It is recommended that outreach is done at each reproductive period (adolescents, couples of reproductive age) and should involve men. Integration into basic health services with more *friendly users* to teens and young adults, including inserting material about sexual transmitted disease in the program for childbearing age, not just about contraception. Interdisciplinary approaches such as family counselling can also be input for comprehensive solution of HIV risk behaviors in the family.

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CERTIFICATE

this is to Certify that

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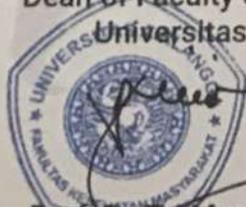


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