

# Spread of Human Immunodeficiency Virus among Housewives: A Qualitative Study in Kediri City

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## ABSTRACT

**Introduction:** Human Immunodeficiency Virus (HIV), which is caused by Acquired Immune Deficiency Syndromes (AIDS), has spread among housewives group. Number of case proportion is rising significantly in compare with other groups.

**Purpose:** This study aims to identify key factors that contribute to HIV transmission among housewife in Kediri City.

**Materials and Methods:** This study employed qualitative approach based on AIDS Risk Reduction Model. 10 HIV-infected housewives actively involved in in-depth interview. Those are members of a group named Peer Support Group Friendship Plus Kediri City. Coordinators of the group established the interviewee and helped to gain trust with them.

**Results:** The results showed that most of HIV-infected housewives could not identify (labeling) HIV-risk behavior, neither their own behaviors nor others, including their spouse. They have no awareness to the transmission (perceived susceptibility), because they have a lack of knowledge of HIV transmission. Moreover, they were quite anxious about the possibility stigmatized by others, as a result they tended to avoid HIV test. Even though they realized their husband's behaviors, it is still hard for the infected housewives to prevent the transmission of HIV, due to their poor knowledge.

**Conclusion:** Housewives still have a lack of knowledge about HIV and AIDS in general and as well as transmission process in particular. That is the main factor which contributes in spreading HIV among housewives.

**Key words:** Housewives, Human immunodeficiency virus spread, Knowledge, Labeling, Stigma

## INTRODUCTION

Human Immunodeficiency Virus (HIV) which is caused by Acquired Immune Deficiency Syndromes (AIDS) has spread among housewives group. In Indonesia, the first case of HIV and AIDS was discovered in 1987, up now it is been almost 30 years. During that period HIV cases increased in all regions in Indonesia. The number of people with HIV up to December 2015 was 191.073, whereas people with AIDS were 77.112 and, it caused 13.319 deaths.<sup>1</sup> AIDS cases also occurred in East Java and tend to increasing. According to Provincial Health Department data, the total number of HIV cases from 1987 to December 2015 reached 15,461 cases, and 3381 patients are dead.<sup>2</sup>

The spread of AIDS reached low-risk groups including housewives and babies. Housewife is a group that spend most of their times by doing chore and children, none of their activities

were risky of HIV infection. However, the number of housewives with AIDS was three times higher than among Commercial Sex Workers (CSW) who were consider of a high-risk group. Provincial Health Department data showed 979 sex commercial workers infected AIDS surprisingly, 2.563 housewives were infected AIDS.<sup>3</sup>

In Kediri City, HIV/AIDS increased significantly among housewives. Housewives with HIV/AIDS cases approximately 4.35% of all HIV/AIDS cases in 2009. The percentage roses sharply to 20.63% in 2012, and it slightly to 5.79% in 2013, but in 2014, the cases went up again by 24.80%.<sup>3</sup> A problem had occurred by looking at the increase number of HIV/AIDS among housewives by 25-50% from 2009 to 2015. It showed that the trend of HIV transmission had shifted from high-risk groups, such as injecting drugs user, male sex male, transvestites and sex buyer, and to the low-risk group (i.e., housewives).<sup>4-7</sup>

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This study aims to identify key factors that contribute to HIV transmission among housewives in Kediri municipality. After the factors would be discovered, the prevention would be made. Stakeholder may use the factors to establish prevention program. Housewives group and high-risk groups are the main target.

## MATERIALS AND METHODS

This study employed a qualitative approach based on AIDS risk reduction model.<sup>8</sup> Ethical review has been done by Health Research Ethic Committee Faculty of Public Health Airlangga University to ensure respondents received ethical manners.

The respondents are members of a group named Peer Support Group (KDS) Friendship Plus Kediri City. Purposive sampling<sup>9,10</sup> technique was used for defining respondents.

About 10 HIV-infected housewives joined in-depth interview session. KDS coordinator selected the respondents who were ready and able for in-depth interviewed. Participants informed briefly before interview and they signed on the informed consent. Author and interviewees established trust with KDS coordinator support. Few minutes before the interview session, the author explained briefly the research and interview process.

The author arranged interview outlines. It consists of several questions related to knowledge of HIV transmission, pre-HIV positive detected, stigma, and knowledge about spouse's behaviors.<sup>8</sup> To obtain valid data, triangulation approach was applied.<sup>9,10</sup> Data were obtained from secretary of Kediri City AIDS Commission, counselor of Kediri City Gambiran Hospital and officer of Kediri City Health Office.

Data analysis of this study employed the framework that developed by Miles and Huberman (1994). They are data reduction, data display and conclusion drawing, and verification.<sup>9</sup> The interview results were converted into verbatim then the data were organized and reduced. The reduction data would be represented into a form then interpreted as a conclusion.

## RESULTS

A total of 10 housewives HIV positive have been interviewed. Various responses have elicited. To some questions occur and some answers about the same in the majority of participants.

### Knowledge about HIV Transmission

Most of the participants stated that they have no idea about HIV transmission. They only knew that HIV is a contagious and deadly disease brought by CSWs and also transmitted through sexual intercourse. Several respondents completely have no idea HIV transmission.

"Before I was told that I am HIV positive, I have no idea HIV and AIDS, also how it is transmitted" (MR).

Almost of participants has known about HIV/AIDS after they were diagnosed with HIV. They received an explanation from health officers and counselor in charge. They also received much information from the group (i.e., KDS) where they belong to.

"The only thing I know is something like having a sexual intercourse can transmit HIV/AIDS. But soon I understand all after I have known that I am HIV positive. I received all

information from Voluntary, Counseling and Testing and also from KDS group" (MR).

Only one of 10 respondents knew about how HIV transmitted through blood, sexual behaviors, and syringe, before she diagnosed with HIV. She received much information as well as HIV counseling because of her activity in the local organization.

"I knew HIV disease from counseling program held by Family Welfare Program when I lived in Surabaya" (SUN).

### Perceived Susceptibility

HIV-infected housewives in Kediri City never realized they have HIV. They assumed not to be infected because they did not have any information about HIV/AIDS before.

"I never got any information about HIV before, that is why I never expected that even myself could get at risk of HIV" (MI).

One HIV-infected housewife did not perceive she could get HIV because she did not do high-risk behaviors neither doing sexual intercourse except with her partner, nor using syringe. Therefore, she did not do any HIV prevention.

"I never imagined I would contract HIV. As I said before, I never used non-sterile syringe and had free sex" (RH).

Similar to the statement above, one of interviewee could not imagine of acquiring HIV and AIDS because she had not any risk for HIV infection.

"I had no thought of getting HIV because I never did anything like free sex, used syringe, etc." (OL).

### HIV Prevention

None of the participants did a prevention act against contracting HIV transmission before they had been tested. Since they did not know about how HIV being transmitted, they did not think at risk and did not do any prevention.

"Before I knew I am HIV positive, I did not do anything to prevent it, because I never thought I would infected by HIV" (RY).

HIV-positive housewives in Kediri City started to do prevention, either not doing sexual intercourse even with their partner or using condoms every time they had sex after they were diagnosed by HIV and were explained by health officer.

"...my husband is kind to me, nevertheless I decided to leave him. I avoid having sex with him and wishing he could find a better wife than me" (RY).

"Being an HIV/AIDS person (ODHA) I changed my lifestyle into the safer ones, like using condoms every time my husband and I have sex" (RH).

Another way to prevent HIV was consume antiretroviral (ARV) regiment to maximally suppress the HIV virus, stop the progression of HIV disease and avoid AIDS.

"I am taking ARV to make my body stronger and prevent the growth of the virus in my body" (RH).

### HIV Stigma

People living with HIV will always face many stigmas, including the infected housewives in Kediri City. Most of the respondents were stigmatized from their society around home and workplace. Stigma had been expressed in a variety of ways: Isolated, gossiped, and disapproved by society around them.

“The rumor is spread by the neighbors, and they would not greet me anymore” (SR).

“I was drop (depressed), people gossiped about my disease and it makes me feel sad” (MR).

One out of all participants had different experience she got no stigma from family because her family already knew that her husband was a drugs user and had high-risk behavior.

“I never face stigma. My family understands me and they knew I got infected HIV from my husband” (OL).

A respondent was afraid of being stigmatized, too. She was reluctant once she would take HIV test, she was scary with the possibility of contracting HIV. She felt worry with her condition and wanted to hide it to others, therefore she took ARV quietly.

“I am still afraid of my current condition. That is the reason why I took ARV quietly. First time I got tested, I was so fearful of the possibility to get HIV” (SNR).

### Knowledge about Spouse's Behavior

All interviewees were convinced that they infected HIV through sexual intercourse with their partners. Most of them had already known that their husband's had high-risk behaviors, but they still did not have any idea how to prevent HIV, because of their knowledge is still lacking. Therefore they could not detect and prevent HIV earlier.

“I married a man, who loves to sleep with sex workers. I knew it but I have never imagined that I would get infected HIV from him. Once my husband experienced painful soars in his penis, blister and purulent, yet I had no thought he had kind of disease because he had still healthy body, I mean he was still fat” (RY).

“I am convinced that I got HIV from him. I knew my husband had sex with others before, because he was a widower” (SR).

“Before I married my husband, he had ever told me that he was injection drug user. Easy thought, that was his last and I never seen it has any effect” (RH).

Meanwhile, several respondents did not realize about their husband's behaviors at all. Consequently, they never thought they were at risk of HIV and did not get tested earlier.

“I have just known my husband's behavior right after I was diagnosed with AIDS. If only I knew my husband was injection drugs user before, I might not have married him” (OL).

## DISCUSSION

The result from the in-depth interviews helped in framing general view of how HIV occurred among housewives in Kediri City, who were low-risk group. This study found that the HIV-infected housewives had poor knowledge about the disease. Therefore, they have no perception of the chances of contracting HIV. Moreover, their lacking knowledge has made them less anticipation of the HIV transmission, even though they knew their husbands has high-risk behaviors. In addition, they were afraid of being stigmatized from their surrounds.

### Knowledge about HIV Transmission

The housewives who living with HIV did not know how HIV was transmitted. None of the participants could call at least three ways of HIV transmission. This study's result showed similar study in Brazil. That research found approximately 1.4%

of 278 female respondents could name three ways HIV was transmitted.<sup>11</sup> A study in Pakistan that selected 189 women respondents, who accessed obstetrics and gynaecology clinics, more than a half (59.3%) respondent could call out the ways HIV (i.e., transmitted through sexual intercourse, infected blood, transmission from mother to children, and non-sterile syringe).<sup>12</sup>

The low knowledge caused the housewives has no for prevention, no perception of HIV risk and unable to detect their condition earlier even they knew their husbands has high-risk behaviors.

### Perceived Susceptibility

There were two reasons why all respondents did not perceive they were susceptible to the risk of HIV. First, the housewives thought as low-risk because of their poor knowledge about HIV and AIDS. This reason made them not to get HIV test, even they know their husbands behavior outside, and some of them were injection drug users.<sup>13</sup>

Second, the respondents did not think an HIV test was needed. They considered they had no high-risk behaviors. However, those who felt they were not at risk for HIV/AIDS had weaker testing intentions.<sup>14</sup> Hence, they never did prevention like using condoms when they had sex with their husbands.

### The HIV Prevention

The in-depth interviews showed none of the participants did prevention before they were diagnosed with HIV. Their lacking of knowledge caused they had no perception of HIV risk and did nothing for prevention.<sup>14</sup> They had just realized to do prevention after they were tested by health officer. They got information from health officers and KDS group about the ways to cure HIV, namely: Use condoms when having sex, take ARV regularly, and keep the healthier lifestyle.

### HIV Stigma

Stigma is still big problem to eradicate HIV. It plays a role in people's willingness to disclose their condition, to do the prevention and treatment. The fear of stigma was the main reason why people were reluctant to get tested.<sup>15,16</sup> This study result exposed that housewives with HIV positive felt stigmatized from surrounds both at home and at workplace like socially isolated and insulted. They prefer hide their condition even from their family. The study about accessing post natal care in Kenya shows HIV patients prefer to access ARV confidentially.<sup>13</sup>

### Knowledge about Spouse's Behavior

The large number of participants living with HIV in Kediri City were convinced that they were infected HIV from their husbands. Similarly to the study's result about HIV in Asia Pacific region that husband transmitted HIV disease to their wife.<sup>6</sup> The wife knew that their partner engaged in unsafe behaviors, like injection drug use and clients of sex workers (non-monogamy).<sup>6</sup>

Due to the lack of HIV and AIDS knowledge, housewives, do not take HIV test even they knew their husband's behaviors. Pre material HIV test was assumed as a kind of method to make sure and confirm the trustworthy and commitment in a relationship. When the bridal candidates still have disagreement about the importance of HIV test, they are unreliable each other. Furthermore, this test also can confirm an accusation or issue of promiscuity. Therefore, premarital HIV test still assumed as an extraordinary thing to do for a particular problem, not as the need of screening a disease.<sup>4</sup>

## CONCLUSION

This study highlighted that HIV transmission knowledge is important. It is the first phase of perceived susceptibility among housewives. When the perceived susceptibility occurs, the housewives can voluntarily take HIV test as prevention. Another contributed factor in spreading HIV among housewives was the stigma from both internal and external. They were reluctant to take HIV test because worrying other people knows their status. Education was a main weapon to reduce social stigma. The activity should be applied to all levels of society. Even though housewives know about their husband's behaviors but they still could not prevent the transmission of HIV, unless the housewives have enough HIV knowledge.

HIV should be socialized continuously, especially to the low-risk groups including housewives as well as high-risk group.

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