

Qualitative Study Attitude Of Housewife To Hiv Aids In Bengkulu City

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Abstract-Data shows the first rank based on the type of work for women infected with HIV / AIDS in Indonesia are housewives with a total of 11,725 cases. The prevalence of AIDS infection in the province of Bengkulu is increasing every year. Data shows the cumulative number of PLWHA in Bengkulu Province from 2014-2016 as many as 738 cases, in 2015 there were 64 Cases consisting of 34 (53.3%) women and 30 (46.8%) men. The purpose of this study was to describe the attitude of housewives to HIV / AIDS in the city of Bengkulu. This research is qualitative research using FGD (Focus Group Discussion) in a group of housewives. The results of the study obtained housewives already have a positive attitude towards HIV AIDS, there is no stigma and discrimination against PLWHA, will continue to care for them and do not need to separate equipment and eat ODHA with family members.

Keywords: Attitude, Housewife, HIV AIDS

I. INTRODUCTION

HIV / AIDS is the number four killer in the world with the most sufferers at risk of age 15 to 49 years. Often HIV / AIDS is known late, people often do not know if they are infected and the group most at risk of HIV / AIDS infection is young women. [1]

The results of behavioral surveillance in several cities in Indonesia show that more than half of the groups of men with high mobility buy sex services in the past year. Most of the men have permanent partners, namely their wives. [2]

The number of people living with HIV / AIDS in Indonesia by sex up to September 2016 was 17,512 (62.6%) and 10,451 (37.4%), while the data for 2006 were 6797 (65.6%) and 3,565 female. (34.4%) [3]. This shows that women who have HIV / AIDS have increased over ten years, namely from 2006 to 2016. Women are at risk of HIV / AIDS through sexual relations with their partners so that during pregnancy can transmit to their babies.

Based on the type of work for women infected with HIV / AIDS in Indonesia the highest were housewives with a total of 11,725 cases. Bengkulu Province currently has a population of 1,844,800. Based on the Bengkulu population, it is ranked 7th in Indonesia, the number of HIV / AIDS cases. The prevalence of AIDS infection in the province of Bengkulu is increasing every year. The data shows the cumulative number of PLWHA in Bengkulu Province from 2014-2016 as

many as 738 cases, of which 168 (22.8%) died, in 2014 the number of HIV cases was 390 consisting of 217 (55.64%) Women and 173 (44.36%) Man. In 2015 there were additional cases of 64 consisting of 34 (53.3%) women and 30 (46.8%) men. For 2016 data there were 90 cases, and 16 people died [4]. This shows that the prevention and handling of HIV must be a priority in making health program policies. The number of housewives in Bengkulu Province was 436,800. The highest number is in the city of Bengkulu, which is 101,287 (23.2%). [4]

HIV / AIDS cannot be immediately addressed because of the insufficient knowledge of the community so that they often assume that HIV / AIDS only attacks certain groups such as sex workers or the notion that HIV / AIDS is a dirty disease, which often stigmatizes and discriminates against people with HIV. / AIDS. This stigma sometimes makes people feel clean and does not want to do an HIV test.

According to Fishbein Ajzen in reason action theory, that attitude is the result of *outcomes behavior* as well as the consequences that will occur *evaluation regarding the outcome*. Therefore it is necessary to research the attitude of housewives to HIV AIDS. [5]

II. MATERIALS AND METHODS

The method used in this research is a qualitative descriptive study approach phenomenology. Subjects or informants in this study were young obtained by a purposive technique sampling amount to 15 people housewives who have husbands with occupational risk of HIV AIDS, then divided into two groups. Data collection techniques with FGD (Focus Group Discussion). The data analysis was done by the description of the contents (contents analysis).

III. RESULTS

1. The characteristics of the informant

Table 1 Characteristics of the informant

Characteristics of the informants	Intervensi	
	F	%
Ages		
a. 20-35 years	3	20
b. > 35 years	12	80
Religion		
a. Islam	15	100

Education		
a. Elementary school	2	13
b. Secondary school	2	13
c. High school	9	61
d. College	2	13
The number of children:		
a. 0	1	6
b. 1	2	13
c. 2	3	19
d. >2	8	62
Work husband:		
a. Worker	6	40
b. Military	7	47
c. Driver	2	13

Based on table 1. the characteristics of informants are the majority in the age group > 35 years, as many as 12 people. All Islamic informants, the majority of whom have the latest education are a high school with the number of children living a majority of more than 2. The husband's work in a risk group; the majority of her husband's work, is military.

2. Attitudes Towards HIV AIDS

Informants' opinions about people living with PLWHA should receive PLHIV as part of the family that must be supported, but for eating utensils must be separated, for fear of transmitting the HV virus to other family members. Almost in line with other groups, the opinions of informants about people living with PLWHA are as follows:

... jangan dijauhi jangan sampai dio merasa terkucil kasihan nyo mungkin ingin bercerita...kasihan..... (A, 33 tahun, suami buruh). Do not be shunned, do not let him feel ostracized, maybe they want to tell, sorry ... (A, 33 years old, husband of worker).

...yo harus merawatnya lebih dari biasanyaalat-alat disendirikan karena bisa menular lewat air liur seperti alat makan, (M, 36 tahun, suami Militer).

We have to take care of it more than usual. The tableware is distinguished because it can spread through saliva. (M, 36 years old, Military husband)

The opinion of informants if their partners are PLWHA, most of the informants stated that they were still willing to treat.

... dekat jugo idak apo-apo , cak biaso-biasolah... kalo peralatannya mungkin cuma risi ajo tapi kalau sampe dipisahkan rasonyo idak ... (R, 44 tahun, suami buruh). It is okay we are close to them, as usual. Tableware does not need to be separated (R, 44 years, husband of worker)

...ya harus tetap merawatnya, minta suami terus terang kalo terkena HIV (M, 36 tahun, suami militer). We must continue to care for him, ask the husband to be frank if exposed to HIV (M, 36 years, military husband).

Opinions if other people or neighbors who are PLWHA according to a group I in the community there are still those who discriminate while half of the informants said they were accepted even the PLHIV was invited to share their experiences. In line with the statement above in the opinion of group II if there were neighbors whose PLWHA would not be ostracized but some thought the community still had discrimination Opinions if other people or neighbors who were PLWHA for most informants stated there was no stigma and discrimination against the ODHA neighbors and gave support to them.

Opinions about discrimination against PLWHA most of the group I informants stated that there was no need to discriminate against PLWHA, but there were those who argued that discrimination emerged because of the influence of the media that described PLWHA as a terrible person. The attitude of these group informants towards stigma is influenced by their attitude towards people living with PLWHA, partners of PLWHA and others who are PLWHA. The informant stated that there were no discrimination against PLWHA in the family but the group I stated that if possible the tools were separated while the other group stated that they did not need to be separated. If some people are living with HIV / AIDS in the community who can accept and support, but some are discriminating, this is because of the lack of public knowledge about HIV / AIDS and the influence of the media that describes PLHIV as a terrible person. Attitude if the couple who are PLWHA are they still want to take care of her.

IV. DISCUSSION

The attitude of informants who have husbands with risk work to get HIV AIDS is influenced by their attitude towards people living with PLWHA, partners of PLWHA and others who are PLWHA. The informant stated that there were no discrimination against PLWHA in the family but the group I stated that if possible the tools were separated while the other group stated that they did not need to be separated. If some people are living with HIV / AIDS in the community who can accept and support, but some are discriminating, this is because of the lack of public knowledge about HIV / AIDS and the influence of the media that describes PLHIV as a terrible person. Attitude if the couple who are PLWHA are they still want to take care of her.

Alemu's research, S, et al. (2004), states that city dwellers are more accepting of PLWHA compared to rural residents by eating together, caring for their partners at home and eating the food of PLWHA. Respondents prefer that PLHIVs do not keep their status confidential. [6] In this study, most of the groups that were temporarily ready to eat together from healthy reproductive age groups were pregnant or not pregnant, still thinking about seeing the condition of PLWHA first. Husband groups at risk with lower middle socioeconomic are more able to accept and care for couples who are PLWHA compared to the risky husband group with upper middle socioeconomic.

The results of research from Melyana, 2008 which examined attitudes in pregnant women showed that the attitudes of pregnant women to HIV / AIDS and VCT were good by 62.2% and only 37.8% of pregnant women were not good towards HIV / AIDS and VCT. [7] in line with Kanoa et al's research, 2015 states that 48% of respondents have a willing and accepting attitude with PLWHA, 35.5% refuse to work in the same place as

PLHIV. [8] but in contrast to Zarel's research, et al., 2018 that only 15.4% of Iranian women were willing to accept and behave well towards PLWHA. [9] Other studies have shown that women who stigmatize PLWHA will not take an HIV test. [10]

In theory *reasoned action*, the consequences of the results shape the informants' attitude towards the HIV / AIDS stigma. [5] The informants thought that women's feelings were more subtle, so far their husbands were the ones who provided for themselves and their children so that if a couple of PLWHA needed treatment, they would be ready to care for them. This attitude of caring is very evident in pregnant and nonpregnant-aged informants, and it could be because their condition is pregnant they need a husband's figure as the father of the child he conceived no matter the husband's condition. Some even argue that based on religious values there is an obligation to worship their husbands and they cannot be separated only because of PLHIV partners.

According to Utami, emotional factors influence the formation of a person's attitude, as well as the treatment of PLWHA. [8] Emotionally, the informant has a strong bond with his partner when compared to other people or neighbors so that there are those who feel very disappointed and cannot accept their partners who are ODHA and choose to end their relationship when compared to accepting other people or neighbors who are ODHA. Besides that, the media factor contributes to the stigma of PLWHA who display PLHIV as a terrible person and the negative behavior of PLWHA that is not by the norms of the community also makes PLWHA discriminated against. The form of discrimination in the community, especially in the city of Bengkulu, is not by blatantly excommunicating but limited by gossiping about ODHA. Attitudes toward HIV / AIDS are influenced by the consequences of being a wife and being financially incapable of serving her husband. Besides social factors such as information about care for PLWHA, culture also influences attitudes towards HIV / AIDS.

V. CONCLUSION

The results of the study obtained housewives already have a positive attitude towards HIV AIDS; there is no stigma and discrimination against PLWHA, will continue to care for them and do not need to separate equipment and eat ODHA with family members.

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