

Characteristics, Source of Information and Knowledge of Housewives about Transmission of HIV and Aids

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ABSTRACT

Background: A female reproductive organs are more susceptible to contracting HIV than male reproductive organs because they are inside the body. The inside of the vagina is mucously webbed and has folds that make the vaginal section wider to be more susceptible to HIV infection than the male reproductive organs. Vaginal sexual intercourse with violence has the potential to cause injury to the female reproductive organs. The wound becomes the entrance for HIV that is in the sperm fluid into the female body.

Aim: The purpose of the research is to determine the characteristics, sources of information, and housewives' knowledge about HIV / AIDS and PMTCT.

Method: Research design is descriptive research. Research samples are housewives with a total sampling technique. Data analysis uses univariate.

Results: The research results show that ≤ 35 years were 63%, with secondary education of 50%, 65% lack of knowledge about HIV / AIDS and PMTCT. Respondents received information about HIV / AIDS from electronic media 56% and sources of information on PMTCT 34% from health officers.

Conclusion: The respondents are expected to increase knowledge about HIV and AIDS and PMTCT.

Keywords: Characteristics, HIV, AIDS

INTRODUCTION

The Epidemic of Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV-AIDS) has hit the world. AIDS, which was first discovered in 1981, has developed into a global problem. About 60 million people have contracted HIV, and 25 million have died from AIDS. In Asia, there were 4,9 million people infected by HIV; 440 were new infections and had caused the deaths of 300,000 people in 2007. The transmission media in Asia vary widely, but those that drive the epidemic are three high-risk behaviors, unprotected commercial sex, and syringes among drug users and unprotected sex among men [1].

The Health Department of Indonesia estimates that each year, 9,000 pregnant women with HIV positive give birth in Indonesia. It means that there will be around 3,000 HIV-positive babies born each year. This will happen if there is no intervention. The risk of HIV transmission from mother to baby ranges from 24-25%. However, this risk can be reduced to only around 1-2% with intervention measures for HIV-positive pregnant women, namely voluntary HIV testing and counseling services, administration of anti-retroviral drugs, section surgeries, and infant formula feeding baby [2].

Female reproductive organs are more susceptible to contracting HIV than male reproductive organs because they are in the body. The inside of the vagina is mucously webbed and has folds that make the vaginal section wider to be more susceptible to HIV infection than the male reproductive organs. Vaginal sexual intercourse with violence has the potential to cause injury to the female reproductive organs. The wound becomes the entrance for HIV that is in the sperm fluid into the female body. Statistics show that women are 2-4 times more susceptible to contracting HIV & AIDS than men [3].

A Survey of HIV/AIDS and Malaria indicators conducted in 2007/2008 in Tanzania showed that the national HIV/AIDS prevalence rate was 5.7%. Iringa has

the highest prevalence rate of 15.7%. Arusha has a prevalence rate of 1.6%, including some shallow prevalence areas [4]. The survey shows that women are generally more affected by HIV/AIDS than men: the national prevalence rate for women is 6.6%, while men are 4.6%. In Iringa, the prevalence rate of women is 18.6%, and men are 12.1%. On the other hand, in the Arusha, female prevalence rates were lower than men, 0.8% and 2.7%, respectively. Among women in mainland Tanzania, Iringa has the highest HIV/AIDS prevalence rate (18.6%), while Arusha has the lowest (0.8%) [5].

The trend of spreading AIDS to homemakers has been estimated by the Indonesian Information Development Institute (LEPIN) since 1999. This estimate is mainly based on the socio-cultural conditions of homemakers in Indonesia. Homemakers spend most of their time at home. They are most likely not reached by information about HIV & AIDS, which is often shared at work, school, or meeting places. Especially if mass communication, such as newspapers, radio, and television, also do not convey HIV & AIDS information. Besides, the husbands of the housewives were suspected of having insufficient knowledge about HIV & AIDS. This follows the results of Idele research, which shows that men's knowledge of HIV & AIDS is still shallow [6].

Based on PKBI data in 2015, the results showed that Kulon Progo was ranked 4th of 617 people living with HIV/AIDS after Yogyakarta and Sleman and Bantul. Based on age, the highest number of cases at the age of 20-29 is 1053 HIV / AIDS. HIV/ AIDS case data based on the highest type of work is in entrepreneurs. The exciting data from HIV/ AIDS cases on homemakers (363), two times the number of female sex workers (183) [7].

Homemakers who have received information about HIV/AIDS also have difficulty protecting themselves from transmitting this virus. They cannot play a role in regulating their husband's sexual behavior. They also tend to believe that their husbands are loyal. However, it turns out that

their husband's sexual behavior changes partners so that they are at risk of transmitting Sexually Transmitted Diseases(STDs) and HIV/ AIDS to their wives. When they are pregnant, they run the dual risk of transmitting HIV / AIDS. Homemakers tend to feel safe from HIV & AIDS because they only have sexual relations with their husbands, while they do not know that their husbands may have HIV & AIDS. They feel healthy even though they do not do blood tests to screen for HIV & AIDS. Blood tests are the only way to establish an infected diagnosis or not [8].

Following Kepmenkes. No. 1507 / MENKES / SK / X / 2005 concerning Guidelines for Voluntary HIV & AIDS Counseling and Testing Services (VCT), the VCT and PMTCT programs should be socialized to health officers, especially Doctors and Midwives, so that they can be immediately communicated to the public [9]. Based on the results of a research conducted by Widyawati, it obtained that 37.8% of respondents had less knowledge about HIV & AIDS and VC, based on the results of the research 97.3% of respondents did not know that HIV & AIDS answered incorrectly about how to transmit HIV, as many as 86 5% of respondents did not know that to prevent the transmission of HIV & AIDS from HIV-positive mothers to their babies by way of formula-fed babies and not getting ASI, as many as 75.7% of respondents did not know that for HIV positive prevention of HIV and AIDS to their babies that can remain breastfeeding the baby as long as the nipples are not scratched, as many as 75.7% of the respondents did not know that the services in VCT were one of them being mentoring activities for people with HIV & AIDS, as many as 75.7% of respondents did not know that in the KIA technique (Maternal Health & Child) able to serve VCT, as many as 73% of respondents did not know that the VCT procedure was carried out on a voluntary basis without coercion and the results of the test were guaranteed confidentiality, as many as 70.3% of respondents did not know that VCT services one of their activities is HIV testing to find out if someone HIV or not, as many as 70.3% of respondents did not know that VCT can be done at the Community Health Center (Puskesmas), as many as 70.3% of respondents did not know that one of the VCT targets was a housewife [10]. Based on this, the researcher wanted to examine the Characteristics, Information Sources, and Knowledge of Housewives on the Transmission of HIV-AIDS and the Benefits of the Prevention Mother To Child Transmission (PMTCT) Kulon Progo.

METHOD

This research uses a quantitative approach, which is used to determine the distribution of data. This type of research is included in descriptive research [11]. The population in this research is housewives. The number of samples in this research is the entire population / total sampling. Some of the sample criteria selected (inclusion criteria) were applied to select respondents, namely: a) willing to participate voluntarily in this research, b) at the time of the research living in Kulon Progo. The research tool used a questionnaire that tested validity using Pearson Product Moment and reliability tests using Alfa Cronbach. Data analysis using univariate analysis was carried out to

analyze the variables that exist descriptively by calculating the frequency distribution and proportion to determine the respondents' characteristics.

RESULTS AND DISCUSSION

Table 1 shows that most mothers (63%) were ≤ 35 years old. It means that majority of respondents were mature. Knowledge will influence behavior change. The maturation process causes behavioral changes. Through the journey of age, the more mature individual concerned will conduct behavioral adaptation to the environment in which adolescents are affected by experience during the task [12]. The green theory states that age is a demographic factor that cannot be easy and direct for behavior change. The results of this research are in line with Piaget's opinion; with the increasing age of a person, the more complex the nerve cell structure is, the more the ability increases. According to Notoatmodjo, age is the life span calculated from birth. The more a person grows, the more responsive he or she is, through the course of his age, the more mature individual adapts to his environment—characteristics of respondents based on age (Table 1).

Table 1: Frequency Distribution of Respondent's Age

Age	f	%
≤ 35	20	63
> 35	12	37
Total	32	100

Education Frequency Distribution: Table 2 shows that most of them are 50% secondary education. The study results show that most of them are 50% of secondary education, 9-12 years old. According to Notoadmodjo, learning is needed to acquire the skills needed by humans in community life. The results of education are changes in ability, appearance, and behavior. Then changes in behavior are based on changes in knowledge. Education provides knowledge directly related to the execution of tasks and the basis for developing themselves [13].

Tabel 2: Knowledge Frequency Distribution of HIV/ AIDS and PMTCT

Total	32	100%
Age	f	%
< 9	10	31%
9-12	16	50%
> 12	6	19%

Knowledge is influenced by education, media, exposure to information, culture, experience, and economic level. Education is a process of changing the attitude and behavior of a person or group and also attempts to mature humans through teaching and training efforts [12]; with the education of respondents entering secondary education, mothers can receive and process information related to HIV/AIDS and PMTCT as a form of knowledge.

Table 3: Knowledge Frequency Distribution of HIV/AIDS and PMTCT

The level of knowledge	f	%
Good	5	16
Enough	6	19
Less	23	65
Total	32	100

This research focuses on knowledge about HIV / AIDS and PMTCT. The results showed that most of the 65% of respondents had less knowledge about PMTCT. This shows that not all respondents understand how to prevent HIV transmission from mother to baby. The government already has this PMTCT program consisting of 4 prongs, where women can transmit HIV to their babies. So that the implementation is carried out comprehensively. The implementation of PMTCT starts from preventing the occurrence of HIV transmission in women of reproductive age, preventing unplanned pregnancies in HIV-positive mothers, preventing the occurrence of HIV transmission from HIV-positive pregnant women to their babies. The latter provides psychological support, social and care for HIV-positive mothers and their babies and their families [14].

The item analysis results as many as 82% did not know that HIV could be prevented from pregnancy. 88% did not know that mothers with HIV and AIDS had to plan their pregnancies so their children would not be infected with HIV, 73.6% of respondents did not know that mothers with HIV and AIDS could give birth naturally. As many as 50% of mothers answered that HIV could be transmitted through ASI, 50% of respondents had never heard of PMTCT.

The results showed that 88.2% of respondents did not know about VCT. With its VCT program, the government, which is one way or method of checking HIV / AIDS in someone, by voluntary HIV counseling and testing that is confidential and earlier, helps people know their HIV status. In examining a person's HIV / AIDS status, ideally, it is done through a VCT process.

To understand HIV and AIDS, 67% of mothers do not know where to test for HIV. VCT service models can be developed in various related services, such as STI clinics, TB clinics, ART, etc. VCT services' location should require clear instructions or signs to be easily accessed and easily known by VCT clients. The clinic's name is quite easily understood following local ethics and culture, and the naming does not invite stigma and discrimination [15]. VCT examinations can also be done in private clinics. This matter has been arranged in the Decree of the Minister of Health No. 04 of 2002 concerning Private Clinical Laboratories. The party responsible for examining the Private Clinical Laboratories is the local Health Office through coordination with the Directorate of Medical Support Services (DBPPM) of the Ministry of Health. In this case, the examination's quality is still the primary responsibility of the Ministry of Health's DBPPM [16].

The research results are in line with Abiodun that more than 50% of respondents in their research did not know how to prevent HIV transmission from mother to baby (PMTCT). This shows that women must know how to prevent HIV transmission from mother to baby [17]. Widyawati's research showed that 37.8% of respondents had less knowledge about HIV & AIDS, based on the results of the research, 97.3% of respondents did not know that HIV & AIDS answered incorrectly about how HIV was transmitted, as many as 86.5% of respondents not knowing that to prevent the transmission of HIV & AIDS from HIV-positive mothers to their babies by giving formula-fed infants and not breastfeeding, as many as 75.7% of

respondents did not know that to prevent HIV and AIDS from being positive for their babies, they could continue to provide breastfeeding to the baby. As long as the nipples are not scratched, as many as 75.7% of respondents do not know that services in VCT, one of which is mentoring activities for people with HIV & AIDS, as many as 75.7% of respondents did not know that in CHINESE (Maternal & Child Health) can serve VCT, 73% Respondents did not know that VCT procedures were carried out voluntarily without coercion and that their test results were guaranteed confidentiality, as many as 70.3% of respondents did not know that VCT services one of their activities was HIV testing to find out whether or not someone had HIV 70.3% of respondents did not know that VCT can be done at the Community Health Center, as many as 70.3% of respondents did not know that one of the VCT targets was a housewife, where homemakers are women who organize the implementation of various kinds of domestic work [10].

These research results are not in line with the research of Katapa states that most respondents have good knowledge about HIV / AIDS [5]. Knowledge will influence a person to behave well and will lead to the belief that adolescents will think in action, knowledge or cognitive is a domain that is very important in shaping a person's actions, this is following the Green theory, where knowledge and attitude is a person's predisposing factor in behaving [12].

According to Notoatmodjo, knowledge is the result of knowing and occurs after people sensing a particular object. Most human knowledge is obtained through the eyes and ears. The knowledge covered has six levels: 1) know; 2) understand; 3) application; 4) analysis; 5) synthesis, and 6) evaluation. Knowledge in this research is the respondents' understanding of respondents' ability to give correct answers according to questions about HIV / AIDS and PMTCT. Knowledge of reproductive health, one of which is HIV/AIDS, is the family's main task following Law Number 23/1992 and Law No. 10/1992. The National Reproductive Health Strategy is directed at the intervention plan to change behavior within each family [18]. The aim is to make family the main door for promoting efforts to promote reproductive health services. A person's behavior will not change if the meaning and benefits of changing behavior are not understood first.

Frequency Source Information Distribution about HIV / AIDS.

Table 4 shows that 56% received information about HIV / AIDS from electronic media. Frequency Source Information Distribution about PMTCT (Table 5).

Table 4: Frequency Distribution of information about HIV/AIDS

Source of Information	Frequency	Percentage (%)
Health Officer	10	31%
Friend	13	41%
Husband	2	6%
Cadre	2	6%
Elektronic Media	28	56%
Print Media	10	31%

Table 5 shows that about 34% received information about PMTCT from health officers, and 16% percent said they had not received information about PMTCT. Knowledge is influenced by education, media, exposure to information, culture, experience, and economic level. The media is specifically designed to reach an inclusive community; examples of this mass media are television, internet, cellular media, radio, newspapers, magazines, etc. Information can be known as a technique for collecting, preparing, storing, manipulating, announcing, analyzing, and disseminating information with a specific purpose.

Table 5: PMTCT Knowledge Frequency Distribution

Source of Information	Frequency	Percentage (%)
Health		
Officer	11	34%
Friend	0	0%
Husband	0	0%
Cadre	0	0%
Elektronik	0	0%
Media		
Print Media	5	16%

The research results showed that respondents received sources of information about HIV/AIDS mostly from electronic media, around 56%. The information sources related to PMTCT are 34% stated from health officers, and 16% is from print media. It can be seen from the results of the research that 50% of respondents who did not answer were received information from any sources.

The research results indicate that the lack of source of information obtained or accessed by housewives—both from health officers, cadres, and from the mass media. The lack of information will create a stigma about HIV/AIDS. The half-measures understanding arises because of mass media dysfunction. Mass media is a source of information for the community, and it provides unclear information. News is dominated by the danger of HIV/ AIDS, not the efforts to prevent its spread. This incomplete information causes the wrong public interpretations in responding to HIV/AIDS cases. Moreover, this less comprehensive mass media coverage has caused people to be mentally affected to discriminate against people living with HIV/AIDS [19]. So the media's role is vital as a source of information for the community, especially housewives, about HIV/ AIDS.

CONCLUSION

The research results show that most respondents aged ≤ 35 years, i.e., 63%, most of the respondents, i.e., 50% secondary educated, 65% of the respondents have less knowledge about HIV/AIDS and PMTCT. The respondents get information sources on HIV/AIDS, most of the electronic media for 56%. For information sources related to the PMTCT, 34% claim health workers and 16% of print media. Judging from the research results, 50% of respondents who did not answer get information from any source.

Acknowledgements: This research supported by Universitas 'Aisyiyah Yogyakarta Indonesia.

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