



The Potential of Stigma and Gender Related Local Wisdom to Conduct Region Based HIV and AIDS Prevention

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Abstract

Prevention of HIV and AIDS Transmission requires a program approach to solve the problem. The red zones of HIV and AIDS in Banyumas Regency are Cilongok and Purwokerto Selatan. The data from Banyumas Regency Health Office showed that until September 2015 there were 301 cases of HIV, while in 2016, there were 279 cases of HIV and AIDS cases, hence, there was a cumulative increase of cases every year. This study was conducted in August to October 2017. This study used qualitative approach with phenomenology design which was done to understand the potential of local wisdom regarding prevention of HIV and AIDS in relation with stigma and gender based on region. The data were collected through in-depth interviews on household targets in Cilongok and Purwokerto Selatan districts, represented 7 male informants and 16 female informants. The data were analysed using content analysis with narrative form. This study found that the informant did not know about the stigma, but they knew about the risk factors of HIV transmission. The informant knew about gender equality and the division of roles between husband and wife. Potential local wisdom that could be developed to prevent HIV and AIDS in the community were mutual respect, communication, mutual assistance in the division of roles in the household.

Introduction

HIV and AIDS prevention policies have not fully overcome efforts to minimize stigma and improve gender equality. One of the constraints in HIV and AIDS prevention is caused by the stigma and gender bias that occurs in society. The complex condition of the society especially in region that have strong patriarchal culture could lead to lack of information and inadequate health services in efforts to prevent HIV and AIDS.

Banyumas Regency Health Office recorded 301 HIV cases, 97 AIDS cases, and 17 cases of people which died from HIV/AIDS until September 2015. In 2016, 279 HIV and

AIDS cases were found which consisted of 166 HIV cases and 113 AIDS cases. Accumulation of the annual cases made the total number of patients reached 2,634 cases of HIV/AIDS which consisted of 1,615 HIV cases and 1,019 AIDS cases, while the mortality was 230 cases. Most people with HIV were found in the productive age group. The number of patients in the age range of 15-34 years was 325 cases, in age range of 35-44 years was 234 cases, and in age range of over 45 years was 117 cases.

The red zone areas of HIV and AIDS cases in Banyumas Regency were Cilongok District and South Purwokerto District. This condition was the reason for the selection of

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research locations in the rural area of Cilongok District and in urban area of South Purwokerto District.

Based on the results of previous study, there were differences in the role of reducing stigma and increasing regional-based gender equality between villages and cities. This result could explain the gap in the aspects of empowerment in the two regions. (Sistiarani, 2017)

The potential of local wisdom related to stigma and gender for HIV and AIDS prevention is an approach to identify local potential that can be developed in an effort to empower the community in carrying out HIV and AIDS prevention. This local wisdom potential should be developed to empower the efforts to overcome the problem of HIV and AIDS transmission.

Previous study found that there was an increase in women's bargaining power in promoting adequate HIV prevention strategies, namely the use of condoms in marriages and husband and wife communication related to HIV. This was the impact of campaigns on prevention behavioral efforts and increasing HIV prevalence over time. This finding placed greater emphasis on empowering women to effectively combat the spread of HIV, especially in developing countries (Berit, 2016)

This study aimed to explore the views of household subjects, especially Fertile Age Couples (PUS), regarding the stigma, gender and potential of local wisdom as an approach to prevent HIV and AIDS transmission.

Methods

The research was carried out with a qualitative research approach using a phenomenological design. Data collection was carried out for 2 months, from August to September 2017 in Cilongok District and South Purwokerto District. Data collection was carried out through in-depth interviews with husbands and wives who represented household subjects which consisted of 7 male informants and 16 female informants. Comparative informants consisted of the local community leaders, namely the head of neighborhood association (RT/*rukun tetangga*) and head of residents association (RW/*rukun warga*) as many as 3 people.

The main informants were selected using purposive sampling technique. The inclusion criteria were fertile age couples aged between 15-49 years, each household was represented by either the wife or the husband, permanent residence in Cilongok District and South Purwokerto District. Data collection was carried out using semi-structured interview method. Interviews were recorded using audio recording media, therefore the verbatim interview results could be easily analyzed. Data analysis was performed using content analysis. The data was presented in narrative form.

Results and Discussion

The informants from Cilongok District consisted of 4 male informants and 10 female informants, while informants from South Purwokerto District consisted of 3 male informants and 6 female informants. Based on the age of the informants, the oldest male informant was 45 years old while the youngest was 36 years old. Meanwhile, the oldest wife informant was 42 years old and the youngest was 27 years old. Based on the informant's occupation, 5 male informants worked as private employees, while the remaining 2 were laborers. Twelve female informants were housewives while the remaining 4 were merchants.

This study identified informants' understanding of HIV/AIDS transmission, stigma/discrimination against HIV/AIDS, gender equality, the role of family in prevention of HIV/AIDS transmission, and views on the potential of local wisdom related to efforts to reduce stigma and increase gender equality.

Based on the results of the study, the informant explained the reasons why people who have HIV and AIDS must be avoided. That were because they were afraid of being infected and because other people also avoided HIV/AIDS patients. Meanwhile, other informant stated that HIV and AIDS patients should not be avoided but they must remain careful because the informants knew how HIV and AIDS was transmitted and tried to avoid contracting HIV and AIDS.

"Don't come close to HIV patient. We only fear of being infected, people stay away from them, therefore we

also stay away from them to prevent getting the infection ...” (Y, 28 years)

“Maybe we should stay away... keep the distance and not too close ...” (K, 42 years old)

“Avoiding them is a no ... but we have to be careful, we know how it is transmitted, therefore we should not get infected” (S, 36 years old)

“The patient that should not be shunned. If someone suffers from the disease, he/she should not be excluded, we should find a solution, how to communicate with each other, they should not be isolated” (N, 45 years)

Stigma related to HIV and AIDS at the individual level still could not be completely eliminated, this was evident from the answers of informants who stated that they still limit the distance for fear of contracting the disease even though they also stated that HIV patient should not need to be avoided. According to Earnshaw (2013), ethnic/racial HIV disparity could be reduced through efforts to strengthen economic empowerment and community trust, promote contact with people who live with HIV at the individual level, and increase social support and adaptation at the individual level, therefore the resilience against stigma in society will be increased.

Research regarding stigma found that respondents who had low stigma about HIV/AIDS had more VCTs compared to respondents who had higher stigma. Other research found that the sign to accept or reject is a trigger factor to take action to prevent HIV and AIDS. (Tasa, 2016; Fibriana, 2013)

According to a study by Lili (2009), it is important to understand social norms and personal attitudes in studying HIV-related stigma and to integrate existing human resources into HIV stigma reduction programs. Stigma is related to the similarity between their personal views and views according to most people in society.

The informant stated that individual perceptions/views related to HIV and AIDS

prevention were related to the views in the community which considered HIV to be a disease caused by deviant behaviors. Individuals tend to perceive that interactions with HIV patients must be limited because there is still an assumption that HIV is a disease which is suffered by people who have indecent behavior. Social norms and personal attitudes must understand that HIV is not always the result of behavior conducted by immoral people. The informant stated that HIV and AIDS is a disease that occurs due to bad behavior. HIV is caused by promiscuity through sexual contact, partner change, drug use and injection.

“HIV and AIDS occur because of human carelessness, for example, like partner change” (Y, 40 years old)

“Habit of promiscuity, fooling around with naughty women, usage of injection drugs could cause HIV” (S, 37 years old)

One of people behaviors in Papua is free sex which is related to the decline in negative religious and cultural values, therefore the people have a risk of HIV-AIDS. Economic/occupational factors and lifestyle could affect HIV-AIDS transmission. Specific local program that was developed against this matter consisted of two concepts, namely: Faith and AB (Abstinancy and Be Faithful). After a model trial of around 3 years, this program was effective enough to overcome the risk of HIV-AIDS disease in Papua. (Zeth, 2016)

Informants did not yet fully know the causes of HIV and AIDS transmission and the prevention efforts. Informants had negative/stigmatized view of people living with HIV/AIDS (PLWHA) but they still had compassion towards PLWHA and had a view that PLWHA were not to be avoided, but they consider it must keep their distance from them.

“I don't know, it says that it is contagious, but I don't know” (S, 39 years old)

“Poor people, in my opinion, they should not be excluded because they are also human being who were

unfortunately contracted the disease. Maybe we should keep a little distance as protection against infection.”(SH, 42 years old)

The results of the study by Masaudnia (2015), showed that the prevalence of discriminatory attitudes towards PLWHA in the population was 60.0%. There was a negative correlation between people’s awareness about HIV/AIDS, HIV-related attitudes, negative perceptions of people who show symptoms of HIV/AIDS against discriminatory attitudes of PLWHA. Public perception about HIV/AIDS is the most influential factor towards discriminatory attitudes of PLWHA. Negative public perception about HIV/AIDS is related to discriminatory attitudes towards PLWHA and cultural beliefs which tend to stigmatize and discriminate.

Based on the results of in-depth interview, 1 informant stated that he had once accessed an HIV and AIDS examination service. Protection in the prevention of HIV and AIDS was done through VCT when his wife was pregnant. The informant only received medical examination when he was accepted to work overseas or when he went to community health center when he had certain health problem.

“I never had HIV prevention examination, but my wife underwent blood examination when she was pregnant.” (M, 45 year old)

“I underwent medical examination in Jakarta a long time ago.” (S, 40 years old)

The results of in-depth interviews from 2 informants showed that they never use condom as HIV/AIDS prevention. The wives had faith in their husbands. Condom has never been used as HIV and AIDS prevention method during sexual intercourse.

“We never use a condom. I believe my husband never do something like that.” (T, 30 years old)

“No, it’s normal not to use a protection method like that when we had

intercourse.” (SF, 32 years old)

Factors which influence the transmission of HIV in women involve different social units namely, individual, family and community levels. At the individual level, it consists of vulnerability to STIs and the absence of psychosocial resilience because social rights and security are not guaranteed. At the family level, it is related to the lack of attention and protection of women and children, therefore gender issues arise. It also related to economic conditions, limited authority to make decisions, inadequate levels of women’s health and lack of access to basic living needs. At the community level, it includes poverty, low education, lack of policy and political support, lack of women’s role in the decision making process, low community involvement and low community accessibility to healing efforts. (KNPP, 2008)

Research on the problems faced by women in preventing the spread of HIV/AIDS related to the status and empowerment of women is important for combating HIV disease. Access to education, media exposure, participation in employment opportunities, awareness of HIV/AIDS, and economic independence are important considerations in improving the status of women. Policy makers need to focus on gender inequality to combat the spread of HIV/AIDS. Men are more likely to be infected with HIV/AIDS. Low status of women in society could cause obstacles in the prevention of the spread of HIV/AIDS. (Mitra, 2011)

Female informants were predominantly housewives. The wives did not fully understand that HIV transmission could be prevented through the practice of using condoms. In reality, this was not done by the informant. Only 1 male informant that used condom to prevent HIV infection. HIV prevention efforts could also be done through HIV status examination in VCT clinic. In reality, the informant never undergo HIV status examination. Only 1 male informant who stated that his wife had checked her HIV status while she was pregnant.

In regards to informant’s understanding of gender equality, only 2 informants could explain gender equality. However, there were also informants who did not know about gender equality. In regards to the role in increasing the gender equality, informants stated that there

was a division of tasks between husband and wife. Husbands have obligation to make a living while women can help the family economy.

“What is it ..., I never know ...” (Y, 28 years old)

“Never heard of it, I don’t know” (S, 29 years old)

“I have never know about gender equality” (S, 40 years old)

“The division of tasks of husband and wife, what is the duty of the husband, what is the duty of the wife. Do not become too domineering, it’s better to be together as husband and wife.” (R, 31 years old)

“Equality between men and women, no one stands out between husband or wife” (SH, 42 years)

“Men should not be arbitrary” (Y, 40 years old)

The potential local wisdom which were related to the dimension of stigma according to the informant’s perspective were mutual tolerance, understanding, caring, and helping. In informant’s point of view, social support is really needed, especially from the family.

“Social support is very much needed” (Y, 40 years)

The potential local wisdom is related to increasing gender equality, namely mutual cooperation in the family. This statement was strengthened in the opinion of the informants that honest and open factors between husband and wife would be able to prevent risky behavior that could cause HIV and AIDS transmission.

“Mutual cooperation, we do it together, if I’m having a hard time, my husband will help.” (US, 41 years old)

“If we are honest, we will be in peace, especially if the wife is far from the husband, so we instill honest values first” (N, 45 years)

Efforts to prevent HIV and AIDS need a unique approach related to the local wisdom in a particular place. In rural areas, it is still possible to practice caring and mutual cooperation because the culture of the community in those areas still has the potential to hold fast to their local wisdom. The following is the statement of the informant which is related to this matter.

“Yes, in the village, it’s still good, many still helping each other, if in the city maybe it’s already rare, who is close to each residents, in the village relation between residents is really good, like family” (H community leader, 55 years)

The community plays a large role in HIV prevention, this contributes to prevention, care and support. Social transformation has proven effective in several places. The existence of local responses can strengthen local wisdom in the community. This can be an important part of the global HIV and AIDS response. (Garcia, 2013)

The informant stated that socialization activities in the community about HIV and AIDS prevention were still minimal. Socialization activities were also rarely attended by the informants. This socialization was usually given by the village midwife at the PKK (Family Welfare Empowerment) gathering. The following is the statement of the informant about this.

“Information is rarely available ... because this village does not have such patients.” (K, 42 years old)

“There should be a counseling activity on health so that the people will understand, but there has never been such an activity ...” (R, 31 years old)

“Most of the activity here are social gathering, PKK gathering, sometimes there are midwives coming, but they rarely gave information related to HIV counseling ...” (T, 46 years old)

“Empowerment does not yet exist, there are also no counseling from the District or even the Community Health Center...” (R, community

leader, 50 years old)

The concept of community mobilization consists of 6 domains. Those domains are shared concerns, critical awareness, organizational/institutional structure, leadership (individuals/institutions), collective activities/actions, and social cohesion. Social cohesion is the commitment and ability of individuals related to common norms and values so that an individual relationship with the institution occurs. (Lippman, 2013).

Community participation in HIV-related activities is still low and there is inequality in access between adult and young groups and also between men and women. Adoption of the program was hampered by the low commitment of the village government and limited resource support. (Nopiyani, 2014)

According to Olgetree (2015), husbands and wives who work full-time tend to be very likely to share child care together even though men are more likely to agree to work full time while their partners are responsible for childcare/primary households.

Informants' perception that women naturally do household work is perceived because women conceive, give birth and breastfeed their children so that they have a greater role in the household. Wives who work can increase the income of the family, but domestic/domestic affairs have the risk of lying untended.

When the wife is not fully dependent to her husband economically, the highly independent attitude could lead to vulnerable condition of faltering family harmony even though all economic needs of the family can relatively be fulfilled. Working wife whose income is only enough to meet the family's food needs will usually continue to perform household duties because she still has economic dependence on the husband. That low independence attitude produce husband and wife interdependence, therefore the family remains in the harmonious category. (Nurhadi, 2009)

Most of the informants in this study fell into low independence category because they stated that their husbands work and most of them also worked as merchants in order to help meet family needs. This could be seen from the informants' answers as follows.

"Roles and responsibilities arrangement are like I said earlier, my husband works, I also help a little, a woman must obey her husband ..."
(W, 34 years old)

"In regards of economic implementation, we help one another as husband and wife ... my husband is the main figure but I am allowed by my husband" (S, 33 years old)

More independent working wife would have more negative attitude towards domestic violence and she tended to reject violence. Conversely, lower independence led to more positive attitude towards husband violence on his wife. Independence through working is an effort to reduce wife dependence on her husband, therefore she could have better determination in dealing with domestic problems, particularly domestic violence. (Astuti, 2006)

A study by Putri (2015) found that a husband and wife couple has 3 roles, namely husband as decision maker, while the wife has roles in family financial management and child care. The division of those roles could be done flexibly.

The informant stated that the wife must have more time at home because her duty was to take care of the child and perform household work. The following is the statement of the informant.

"A wife can be allowed to work by her husband but she still has to take care of the children" (F, 34 years old)

"Oh, we are doing everything together, if I am busy, my husband would help me." (S, 32 years old)

"In most of the families here the wives help their husband to meet economic needs by working as merchants ..."
(A, community figure, 58 years old)

Dynamic and multiple roles can be played by coparenting approach in the overall family system. This can have important practical implication for the family. Research on model analysis can include wives and husbands to take the role of coparenting in the family system. The traditional indirect model is related to childcare practices while in the direct model, the alternative coparenting cooperation system means that childcare can be adapted to the conditions of both partners. (Morill, 2010)

The role of stay at home dad can contribute well to form a healthy and harmonious family, both in nurturing, communicating, decision making, and roles sharing in Indonesian families. That role and status does not mean to degrade the husband but it has its own meaning and role for the family in large city if the traditional system cannot be fully implemented. (Widhiastuti, 2013)

The fundamental difference in the concept of gender roles according to the informant's view is the sharing attitude i.e. mutual help in the tasks and roles in the household between wife and husband. This condition is an effort to prevent gender disparities that can indirectly play the role of individuals at the family level to understand the conditions between husband and wife. This could reduce the potential of HIV and AIDS transmission.

Conclusions

Informants had perceptions that HIV/AIDS patients should be avoided because the informants were afraid of being infected and other people also stay away from the patients. People with HIV and AIDS should not be excluded because the informants know how transmission of HIV and AIDS occurred, therefore they try to avoid contracting HIV and AIDS. The potential local wisdom which were related to the dimension of stigma were mutual tolerance, understanding, caring, and helping. Social support was also needed, especially from the family. The potential local wisdom was related to increasing gender equality, namely mutual cooperation in the family. Honesty and openness between husband and wife would be able to prevent risky behavior that could cause HIV and AIDS transmission.

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