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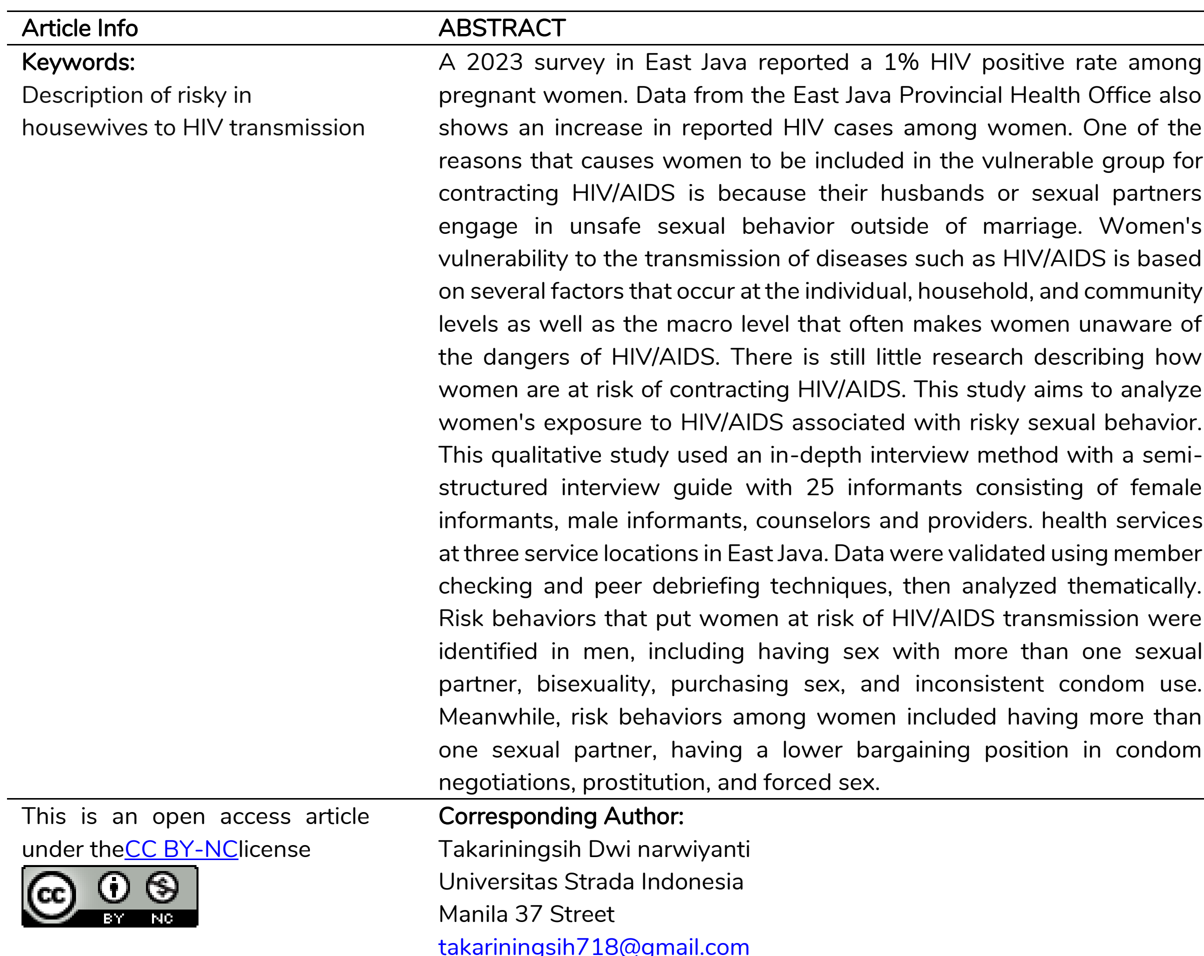
Vulnerability of Housewives to HIV Transmission: A Picture of Risky Sexual Behavior

Takariningsih Dwi Narwiyanti[1], Rofiq Damayanti[2], Noer Soelistyaningsih[3]
Universities Strada Indonesia, Manila 37 street, Kediri , Eastjava



Article Info	ABSTRACT
Keywords: Description of risky in housewives to HIV transmission	A 2023 survey in East Java reported a 1% HIV positive rate among pregnant women. Data from the East Java Provincial Health Office also shows an increase in reported HIV cases among women. One of the reasons that causes women to be included in the vulnerable group for contracting HIV/AIDS is because their husbands or sexual partners engage in unsafe sexual behavior outside of marriage. Women's vulnerability to the transmission of diseases such as HIV/AIDS is based on several factors that occur at the individual, household, and community levels as well as the macro level that often makes women unaware of the dangers of HIV/AIDS. There is still little research describing how women are at risk of contracting HIV/AIDS. This study aims to analyze women's exposure to HIV/AIDS associated with risky sexual behavior. This qualitative study used an in-depth interview method with a semi-structured interview guide with 25 informants consisting of female informants, male informants, counselors and providers. health services at three service locations in East Java. Data were validated using member checking and peer debriefing techniques, then analyzed thematically. Risk behaviors that put women at risk of HIV/AIDS transmission were identified in men, including having sex with more than one sexual partner, bisexuality, purchasing sex, and inconsistent condom use. Meanwhile, risk behaviors among women included having more than one sexual partner, having a lower bargaining position in condom negotiations, prostitution, and forced sex.
This is an open access article under the CC BY-NC license	**Corresponding Author:** Takariningsih Dwi narwiyanti Universitas Strada Indonesia Manila 37 Street takariningsih718@gmail.com

INTRODUCTION

AIDS has become a leading cause of death for women. Many women are vulnerable to HIV because their husbands/partners engage in unsafe sex outside of marriage. According to an exclusive report on the Development of HIV/AIDS and STIs (Ministry of Health, 2023), 620,270 pregnant women were tested for HIV between January and March 2023 in Indonesia. A total of 2,133 pregnant women tested positive for HIV. A total of 356 pregnant women who tested positive for HIV were given antiretroviral therapy. A total of 1,755 pregnant women tested positive for syphilis out of a total of 291,646 pregnant women. A total of 818 pregnant women received syphilis treatment. Meanwhile, 1,220,360 pregnant women were tested for hepatitis B in the first half of 2023. Of Indonesia's 514 districts/cities,

473 have reported cases of HIV infection since the virus was discovered in 1987 until March 2023. After DKI Jakarta with 82,033 cases, East Java with 79,026 cases, Central Java with 50,689 cases, and Papua with 44,086 cases are the top five provinces in terms of the total number of HIV infections. East Java Province is in first place with 79,026 cases. (Ministry of Health, 2023).

Data from the East Java Health Office shows 552 cases of HIV among pregnant women. By 2023, pregnant women undergoing HIV, syphilis, and hepatitis B testing will not reach 100% of the target of 385,990 pregnant women. HIV, syphilis, and hepatitis B cases will arise due to the low number of pregnant women undergoing testing for these diseases, thus increasing the number of newborns with HIV, syphilis, and hepatitis B (East Java Health Office, 2023).

According to research in the medical literature, the majority of infectious diseases, including HIV, syphilis, and hepatitis B, are transmitted from mothers to their babies. Vertical transmission can occur when a woman is pregnant, giving birth, or breastfeeding . With proper care, babies born to pregnant women with HIV, syphilis, and hepatitis can be prevented. The Triple Elimination Program *for Early Risk Detection* is one of the prevention activities carried out by the Ministry of Health of the Republic of Indonesia. This program is regulated in Minister of Health Regulation No. 15 of 2017 which serves as a reference and guideline for the central government, regional governments, health workers according to their competence and authority, the community, and relevant stakeholders. One example of such action is screening for syphilis, hepatitis B, and HIV as part of antenatal care (ANC) (Ministry of Health of the Republic of Indonesia, 2019).

A 2023 study of women in Jombang Regency found that women were generally not afraid of contracting HIV from their partners. Although they knew their partners engaged in risky behavior, they assumed they were unlikely to contract the infection because they were faithful to their husbands. Furthermore, despite their fear of contracting STIs and HIV, they did not use condoms because their husbands disliked them or feared they would be angry if they offered to use condoms. This clearly demonstrates that women are a particularly vulnerable group to HIV, with them being at least twice as likely to contract STIs and HIV through sexual intercourse as men. If women become infected, the impact can be significant. According to *the Beijing Platform for Action* (BPFA), the consequences of HIV and AIDS have impacted women's health in their roles as mothers and as the family's economic breadwinner. This demonstrates that women are not only responsible for giving birth to children, but also for the quality of their children, caring for them, performing housework, caring for sick family members, and being the family's economic backbone. This means that if a woman has HIV, her family's economy will suffer, and the quality of the children she gives birth to will be poor, which will impact her life in the future.

The first cases of HIV and AIDS were identified in the 1980s as a disease affecting men who have sex with men (MSM). Although the disease was soon identified as affecting women, experts disagreed on women as the target population and categorized them as a risk group because they were partners of men engaging in risky sexual behavior. Interventions for men appeared to focus heavily on groups perceived as at risk, such as sex workers, MSM, and

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prisoners. However, there was no *balanced approach* that also targeted women. HIV and AIDS research also focused largely on key populations, with very little research focusing on women in the general population.

Given the significant challenges women face related to HIV and AIDS, this study aims to explore in-depth women's vulnerability to STIs and HIV transmission associated with risky sexual behavior. This study captures risk behaviors that can increase women's vulnerability to STIs and HIV transmission.

METHODS

This study employed a qualitative approach, with in-depth interviews using semi-structured interview guidelines with 25 informants, consisting of both female and male informants, at three service locations. The interviews were conducted by the researcher herself using a recording device and notes. Informants were selected purposively, with the criteria being that they were aware of their HIV infection, cooperative and communicative, and willing to be interviewed. The criteria for informants who were counselors and health service providers were: they have or are caring for clients or patients with HIV, are cooperative and communicative and willing to be interviewed.

Researchers provided information regarding informant criteria for the Community Health Center's service area, focusing on the Jombang Regency Peer Support Group. If officers identified male and female informants who met the criteria, they explained the study, requested their participation, and requested permission to be contacted by the researchers.
If the informant agreed to participate, the service provider or officer completed a contact form and then contacted the researcher to inform them of their willingness and availability to participate in the interview. If no agreement was reached regarding the time and location of the interview, the researcher contacted the informant to re-explain the research and arrange an appointment to meet and conduct the interview. During the interview, the informant was re-explained the purpose of the research. The informant was then asked to sign *a consent form* as a sign of their willingness to participate in the research. In-depth interviews lasted 45-60 minutes and were conducted in a closed room. The interviews were recorded with *a tape recorder* . The results of each informant's interview were transcribed and analyzed. Each data item, including the informant's identity, was coded. The collected and transcribed interview results were then analyzed thematically, grouping them by theme. or variables that emerged during the interviews and conclusions drawn. The results are then presented in narrative form. Data are validated using *triangulation techniques.*

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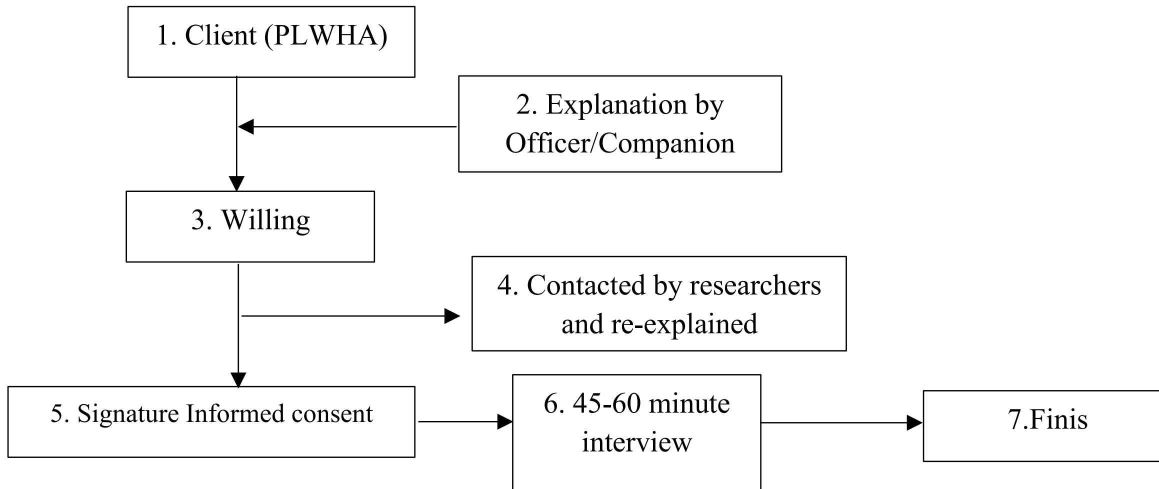

Figure 1 Flowchart of the recruitment process for male and female informants

RESULTS AND DISCUSSION

The informants in this study numbered 25 people, consisting of fifteen female informants, four male informants, and six male informants. Triangulation informants (three companions and three HIV counselor informants). Of the female informants, five were highly educated and employed, five were highly educated and unemployed, two were low-educated and employed, and three were low-educated and unemployed. Meanwhile, for male informants, two were highly educated and employed, and two were low-educated and employed.

Most of the informants in this study were still in their productive age range. Their educational levels varied, from junior high school to university. Most of the informants worked in the private sector, while the unemployed were housewives and students. The longest period since they first learned they were infected with HIV was ten years, and the most recent was two years. Triangulation Informants In this study, there were three PLHIV companions and three Community Health Center service officers.

The informant's longest work experience with HIV clients was 11 years, and the shortest was one year. For the three triangulation informants (officers), the longest work experience with HIV clients was twelve years, and the shortest was three years. All triangulation informants in this study had a higher education (Bachelor of Nursing).

Most female informants suspected that their HIV infection was caused by their partner's past or current behavior. These behaviors included having more than one sexual partner, infrequent condom use during sex, and their partner being bisexual.

This can be seen from the following interview excerpt:

My ex-husband is gay:

> *"...my husband passed away. Maybe he already knew he was HIV positive but didn't tell me. Maybe he was embarrassed and ended up getting sick and dying. I only found out after he died and I tested positive. I was infected because of him..." (Informant 1, PLWHA)*

> *"...because one of my clients was infected by her gay husband, but because she didn't understand and didn't understand, she continued to serve him and never used contraception. She only found out when she was pregnant and tested for HIV, and the result was positive." (TriA, Officer)*

Couples who have more than one sexual partner:

> *"...with another couple (W) during the Jamboree event, we met there, after that... we met, we immediately became a couple... yes, we just wanted to... The couple (A, the informant's permanent partner) didn't know at first... they had dated A, then they dated, met W, it happened a long time ago... there was another girl before... (my name), they had dated several times, I forgot... said a high school student, (Informant 2, PLHIV)*
>
> *.... I have an application like a chat, if I meet someone who wants that (sexual relations), I go.... with someone else, it's the same (D)... sometimes up to 3 times a day, I once gave him his phone number, asked to meet, and immediately (had sex)... this is D who is a widow, he said.... .... I just met E at a cafe last week, we've had (sexual relations) 5 times.... Not many, it's hard to count..." (Informant 5, PLHIV)*

Couples who have sexual relations with the same sex:

> *"Her mother said that she used to have a partner, but it was a man, she said, the man who paid for her college, who provided the capital, or something. He... "I had a relationship with a man. He didn't know about HIV/AIDS before. His wife was the first to get sick, so he went to the community health center for treatment. After being tested, his wife was HIV positive. Then he was tested again, and even his child was HIV positive." (Tri A, Officer)*

Couples who use WPS services and do not have condoms:

> *"...when I wasn't married, yes, because of my casual sex and teenage sex. When I was a teenager, I was having fun with my boyfriend, so I tried to buy sex, without using contraception. That's how I used to seek commercial sex." (Informant 6, PLHIV)*
>
> *"...most of them are housewives, so they got it from their husbands. Why do I say that? Because after I counseled their partners, they said, 'Yes, I did seek out sex workers, even though I didn't tell my wife.' So I thought, 'Oh, so it's because of this man.' There are also general patients whose partners like to swap partners." (Tri A, Companion)*

However, a small number of female informants in this study also felt that their current infections were not solely caused by their partners, but were more likely caused by their past and current risky sexual behaviors, including having more than one sexual partner, infrequent condom use, and commercial sex work. This is evident in the following interview excerpt:

> *"...before I married him (my current partner), I also changed partners like that because I was a prostitute. To be honest, before I was with him, my son didn't invite me to work with him, didn't introduce me to his clients, and in the end, my son died, I didn't know what his illness was. Then, when I was pregnant, I got tested and the result was HIV positive, I never used contraception..." (Informant 7, PLWHA).*
>
> *"There was someone who was in counseling yesterday. She's a sex worker in the red-light district, serving 10-22 clients a day," she said. When she felt ill, she was taken to*

the doctor for a test, and the result was positive. Another person ordered a test; she's a widow and asked for help taking her to the doctor. (Tri A, companion)

Another risky behavior that increases women's vulnerability to HIV is forced sexual intercourse because they feel weak and are under pressure from their partners.

"With my partner, Mr. (G), he was the one who proposed (to have sex). I didn't understand anything, right? He proposed, said he would pay for my college education, and he said he was ready to take responsibility. So I was forced to do it. During sex, I didn't feel anything, just pain." (Informant 11, PLHIV)

"IF0 12 once felt reluctant, because of menstruation and fatigue. It was like being forced. I wanted to refuse, to fight, but as a man, no matter how hard we fought, she was still stronger than me, right?" (Informant 12, PLHIV)

Inconsistent condom use during sexual intercourse also increases women's vulnerability to HIV transmission. This study found that most female informants admitted to rarely using condoms consistently during sexual intercourse. Some underlying reasons for inconsistent condom use include ignorance of their benefits, condoms reducing pleasure, condoms not being available during intercourse, embarrassment about purchasing condoms, and partners' reluctance to use condoms.

"... the reason I sometimes use condoms and sometimes I don't is because they say using condoms is uncomfortable because they feel thick." (Informant 14 PLWHA)

"...I have never used contraception with my current husband. I once told my husband, but he refused" (informant 15, PLWHA)

"Do you use condoms? If you never use condoms, your husband said you don't need them, right?" (Informant 15, PLWHA)

"I've used it before, but it tasted the same. But I haven't used it since then because I've run out of stock. My husband said it tastes different, so I stopped using it." (Informant 16, PLHIV)

"Sexual intercourse requires a condom, but I don't use a condom, my husband says it's not necessary... just take ARVs regularly and on time, " (Informant, 17 PLHIV)

Sexual intercourse requires the use of a condom, but I didn't use a condom, my husband said it wasn't necessary... I didn't dare force it (18 PLWHA informants)

Discussion

Risky behaviors that can increase women's vulnerability to a disease can be described as in Table 1. Some risky behaviors of women and their female partners (men) can increase women's vulnerability to HIV, because in heterosexual relationships without condoms, women are twice as likely to contract HIV from infected male partners.

Women are also more vulnerable to HIV because of the conservative hierarchy that does not recogniz

Table 1 Description of Risky Behavior of Male and Female Informants

Informant	Risky behavior
Man	Having more than 1 sexual partner
	Bisexual
	Buying sex

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	Inconsistent condom use
Woman	Having more than 1 sexual partner Low bargaining position in condom negotiations Prostitute Forced sex

CONCLUSION

Risky behaviors that make women vulnerable to HIV transmission include male behavior, including having sex with more than one sexual partner, bisexuality, purchasing sex, and inconsistent condom use. Meanwhile, female risky behaviors include having more than one sexual partner, having a lower bargaining position in condom negotiations, prostitution, and forced sex. Forced sex is a reality or a woman's right. An emphasis on mutually faithful relationships is fundamental for many at-risk women high probability of being infected with HIV.

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