

# *Women's Role in the Prevention of Sexual Transmission of HIV within Marriage in Indonesia*

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**Abstract** - This paper discusses intersecting issue of the sustainable development goals aspects: gender and health. Drawing from the case of Warga Peduli AIDS (Local Residents Concerned about AIDS) in Bandung, West Java, this paper presented an empirical evidence on how women in Indonesia play significant role in the promotion of health and wellbeing for all, particularly in halting the spread of HIV infection. In Indonesia, injecting drugs and heterosexual activity have become two main modes of HIV transmission. The new cases of infection among married women keep increasing recently. Yet, there has been no model for prevention of sexual transmission of HIV in Indonesia that fit in the sociocultural context because sexual act is considered a private concern. While, the Indonesian government faces the dilemma of negotiating conflicting values in setting priorities and implementing programs for prevention of sexual transmission of HIV; a group of women in Bandung successfully tailored actions for this prevention. This paper draws from a qualitative research using ethnographic approach to examine the actions of female activists of Warga Peduli AIDS in Bandung. This research finds that the actions exemplify a model of local response to the HIV epidemic and demonstrate the significant role of women in the HIV prevention. Women play their important roles as a bridge between communities and formal programs, particularly in the effort to halt the infection from being transmitted through sexual contact.

**Keywords:** HIV, Prevention, sexual, transmission, women

## I. INTRODUCTION

The Indonesia Ministry of Health in early 2017 recorded 242.699 people living with Human Immunodeficiency Virus (HIV) and 87.453 people living with Acquired Immunodeficiency Syndrome (AIDS) in Indonesia. The epidemic has affected all provinces and most cities. The five provinces with highest number of HIV cases in 2017 are Jakarta, East Java, Papua, West Java and Central Java. 'Just the tip of the iceberg' was the popular description of the statistical data and means that the recorded and reported data were only of a small proportion of cases [1].

Bandung, the capital of West Java Province, has recorded more HIV and AIDS cases compared with the other 26 cities and districts in the province [2]. The Bandung City Health Office reported 3940 HIV and AIDS cases by August 2016. Of those,

2111 are HIV cases and 1928 are AIDS. There are 200 to 400 new cases reported each year [2]

Injecting drugs and heterosexual activity have become two main modes of HIV transmission in Bandung. Recently, new infections from heterosexual contact rapidly increased, 36.44 per cent of the total new cases in 2015 [2]. New infections from heterosexual contact are found among women whose husband is HIV positive. This trend has been confirmed by the Teratai Clinic at Hasan Sadikin Hospital, the largest HIV clinic in West Java Province. There has been an increase between 2007 and 2012 in the number of female patients found to be HIV positive and who have enrolled in HIV care at the hospital. In 2007, there were only 24 of 108 (22.2 per cent) women among the total of patients admitted to the clinic but in 2012 the figure was 39.9 per cent (129 of 323). Almost all of them were recorded as ibu rumah tangga (Ind.) or housewives and attested that they did not engage in sex work.

There has been no effective model yet for sexual transmission because it is considered a private concern. Meanwhile, the new infection among married women keeps increasing. The infection rate among women who are not engaged in sex work is highly likely to increase the rate of perinatal transmission through birth or breastfeeding. This, later on, will threaten the future generation of Indonesia. Amid the situation, the Indonesian government faces the dilemma of negotiating conflicting values in setting priorities and implementing programs; for example, should it implement a program that is known to be very effective in halting viral transmission (such as harm reduction programs which include promotion of condom use to prevent transmission from sexual contact) but is politically and culturally less accepted. In this regard, a model of HIV prevention that has a strong sense of immediacy, engages locally appropriate socio-cultural-religious elements and offers a more humanist approach is crucially needed.

This research examines the feature of a community-based action to prevent HIV and AIDS in Bandung that is initiated by women, named Warga Peduli AIDS (Local Residents Concerned about AIDS), or popularly known as WPA. It elaborates the actions by activists who are mostly women and the significant role of women in the initiative which aim to

promote prevention of sexual transmission of HIV among married men and women in their neighbourhood.

## II. RESEARCH METHOD

This research applied qualitative design, in particular ethnographic approach. The data was collected through fieldwork that was carried two rounds in Bandung: August 2012 to March 2013 and a second round from August 2016 to January 2017. In the fieldwork, participant observation toward WPA actions and in-depth interviews to the activists were applied to gather primary data. Interviews were conducted to 30 activists from three kelurahan. All the interviews were transcribed, coded; and categorized into a matrix of findings. Emic perspective was applied when presenting the data [3]; [4]. In this research, informants name have been changed in order to keep their confidentiality.

## III. RESULT AND DISCUSSION

### 1. *The group feature*

Warga Peduli AIDS group first emerged in 2006, initiated by some women who are community health volunteers in Bandung. Being intensively involved in health related actions, they were exposed to information about the epidemic and become very concerned about it. They understand that all local residents should be aware of the epidemic and should take an active part in the response regardless of their sex or social class. They decided to form a group and to initiate actions to disseminate information about the epidemic and to promote prevention.

Among the WPA activists, very few have direct experience of HIV and AIDS (that is, being themselves infected or having a family member affected or infected). Although most do not have such direct experience, they have a deep concern about the epidemic and about the people who suffer from it.

There are 151 kelurahan in Bandung and now almost all have a WPA group. To differentiate one group from another, each uses the name of the kelurahan where the group is located. Each WPA group has different activities but the general objectives of each group are similar: to participate in meetings that discuss HIV and AIDS (usually the meetings are held by non-government organisations, the City Health Office, or the Bandung City AIDS Commission), to disseminate information about the epidemic to people in their kelurahan, and to help neighbours who are infected. The members of the group disseminate information about the epidemic either through conversation with neighbours or through meetings. The groups hold regular meetings in which the members discuss their plans of action or evaluate their past activities.

Membership of the group is open to every local resident regardless their gender, age, social status, educational background, or religious denomination. The only requirement is concern about the epidemic and a willingness to take action. Most of the WPA activists are women. There are some male WPA activists but only a few. The women are usually mothers who describe themselves as *ibu rumah tangga* (Ind.) or housewives and have been engaged in government-sponsored voluntary health-based activism in their respective neighbourhoods as *kader kesehatan* (Ind.) or health volunteers.

WPAs are substantially financially independent. The WPA groups mostly fund their activities with their own money. They often use their *uang dapur* (Ind.) or housekeeping money to fund group activities.

The action by Warga WPA groups is the first manifestations of a community response in Indonesia. Women take a lead in action and become the engines of the activism that aim to inform people in their respective neighbourhoods about HIV and AIDS and to promote its prevention. Instead of following international guidelines on intervention, the activists develop their own activities. As group become familiar with the HIV prevention programs, they develop their ideas about the best and the most effective way to carry out HIV prevention in their own kelurahan, as well as to implement their own outlooks and ideas.

The actions by WPA, interestingly, could easily accepted by the community. While the government finds difficulty to implement programs which aim to prevent HIV transmission from sexual transmission, the WPA activist could easily deliver it to the community. WPA activists organise meeting for men in which they can share information about the epidemic and to encourage them take preventive action that can protect their family from HIV infection. WPA activists also initiate a discussion for housewives to increase awareness among them about the epidemic and to promote safe sex for them. These actions are very crucial in the HIV prevention as it gives people knowledge on prevention. In Indonesian context, women initiate a discussion about safe sex in public is very rare because sexuality is considered a private matter. Therefore the action by women of the WPA is a new phenomenon, yet important.

### 2. *Organise meetings for men*

One of the original ideas that the women activists of the WPA had was to deliver information to men. This idea came up after they became aware of women's lack of power in requesting safe sex, even within marriage. Thus, they think of the ineffectiveness of targeting women only with HIV information. They think that educating and giving information to men are the most effective ways to respond to the increasing number of infections among women and children. They implemented this idea by initiating an HIV meeting for men. It is probably only in Warga Peduli AIDS that women have the opportunity to give suggestions to men about their role to protect their family and, more particularly, in regard to their sexuality. In Indonesia, patriarchy is embedded in all social and cultural elements and therefore it is difficult for women to speak of their need, including their need for a safe sex. However, Rossy and Farida, two Warga Peduli AIDS activists are among few women who have such a rare experience: of organising men's meeting in their respective kelurahan and speak to them about the need of women for a safe sex.

Rossy is the leader of WPA grup in a kelurahan which is located in the eastern part of Bandung. She has attended information meetings, trainings and workshops on HIV prevention for PKK in which she is a member. Because the meetings were for PKK member, all the attendees were women. She noted that in every HIV information meeting that she attended, the host of the meetings, either City AIDS

Commission or NGOs, repeatedly suggested that PKK member promote condom use in marital sex to prevent sexually transmitted disease (STD) and HIV infection. According to her, such a suggestion was not easy to implement unless the husband and the wife have a similar level of knowledge about HIV. She considered HIV a new issue for most local residents, thus men and women should receive similar information about it and she wondered if men or husbands had received such information. She worried that if husbands and wives do not have a similar knowledge about HIV, the effort of the housewife to promote condom use to their husband for HIV prevention would cause tension between them, regarding issues of fidelity. She thought that promotion of condom use was more appropriate for men rather than women because men are the ones who take the decision to use or not to use condoms, not the women.

Rossy proved that her assumption about men's lack of HIV information was correct. She found the evidence of her assumption when she was attended meeting in which information about HIV was delivered. The meeting was at the kelurahan hall and all the attendees were women. What really struck her was, she saw several men, the staff of the kelurahan, standing beside the windows of the hall and carefully listening to the information. Since then Rossy came up with the idea to organise a meeting for men. She thought about the importance of giving information to men and involving them in the HIV prevention. Her reason to make men the recipients of information about HIV was because men are the household heads, and they have a responsibility to protect their family from HIV infection. She added that men's role in HIV prevention is very important. She shared her idea with other WPA activists in her kelurahan who then agreed with her idea. They received support from the Lurah or the kelurahan head for their planning. He sent an official invitation letter for the meeting to neighbourhood heads in that kelurahan (all males) and encouraged them to invite all men in their respective area.

Meanwhile, in other kelurahan in Bandung, Farida also came up with the idea to give information about HIV to men in her neighbourhood and to invite them to participate in the HIV response. She had the idea after she saw some men attend a meeting that she organised for young people in her neighbourhood, which led her to assume that men were also interested to know about it. At the beginning, the neighbourhood head hesitated to support her idea to organise the meeting because he believes that men in the neighbourhood are faithful to their wives and would not contract HIV. But after she and other WPA activists convinced him of the importance of giving HIV information to men, he agreed. He issued an invitation letter to all men in the neighbourhood. He also gave Farida IDR100,000 to buy snacks for the meeting and to photocopy the invitation letter. The meeting successfully attracted men. Almost all the household heads attended and the discussion went well. She was able to answer most of the questions using the brochures and booklets she got from the Bandung City AIDS Commission.

#### *Discussing and promoting safe sex for the housewife*

In Indonesia, rarely do people discuss the topic of sexuality in public, particularly women, because it is considered a private matter [5]. However, in the context of HIV prevention, this topic

has become part of public discussion, particularly because safe sex is an important aspect to preventing HIV transmission. Housewives in Indonesia are aware of the idea that men's sexual appetite need to be satisfied and that men possibly fulfill such needs outside the marriage. Thus, they are aware of the possibility that married men, including their husbands, have extramarital sex. This idea of men's sexuality has been widely accepted in Indonesia [6]. Most wives, do not dare inquire if their husbands are faithful to them. Also, they do not have the courage to think about it. They prefer to keep the topic private and avoid a discussion about it. As the consequence, they do not have the chance to ensure if they have practiced safe sex.

Some female Warga Peduli AIDS activists in Bandung have initiated discussions and promotion on safe sex within marriage with their peers. Even though women in some neighbourhoods said they have discussed sex in reproductive health and family planning in the PKK meeting, they never touch on the issue of safe sex. Thus, the discussion about safe sex they had in the women's group and initiated by the WPA activists was their first experience.

Farida, one of the female WPA activists, initiated a discussion on the safe sex topic with her female peers. It took place at the house of the PKK member and was held after the Posyandu. At the beginning, some women felt too shy to participate in the discussion and suggested they leave the topic as a private matter. Farida attempted to convince them about the importance of the topic and the importance of finding strategy to protect themselves from STD and HIV infection. She also introduced her close friend that she invited to the meeting. She is Lidia, a Family Planning Counsellor who is also a Warga Peduli AIDS activist of the kelurahan next to Farida's. Lidia helped Farida to convince her peers about the importance of discussing the topic. After a while, they finally succeeded in attracting women's attention by giving them information about one type of male sex: lelaki suka lelaki (LSL) or men who have sex with men (MSM) whose sexual partners are married men. Women in the meeting were new to such information and they wanted Farida and Lidia to tell them more about it. Later on, all the women engaged in the discussion without any hesitation.

Lidia pulled out something from her family planning kit bag and showed it to the women in the group discussion. She asked them if any of them know about it. No one responded to her question. When she introduced it as a female condom, all the women suddenly become very curious and took turns to have a look. They also asked Lidia to tell them the way to apply it. Lidia explained the function of the condom and demonstrated the way to use it using her hands. Participants raised their questions. 'How does it feel to wear a thing like a plastic bag inside our vagina? Will our husbands feel that thing inside us? Will it make noise esek-esek when we have sex?' All women in the meeting laughed at that question. The situation became very relaxed and they asked Lidia many questions.

Lidia explained to them the material of the female condom and the benefit of using it including its function to prevent HIV transmission. The discussion lasted more than two hours and was full of laughs because they finally found it quite fun and interesting to discuss sex with their peers. At the end of her explanation, she suggested women use female condoms if they

were not sure their husband were monogamous and if they were hesitant to ask their husband to use a male condom. She understood the barriers to discussing sex and safe sex with their husband because of gender norms. But she encouraged women to try to initiate a discussion about it with their husband. She said that women should know about safe sex and risky sex and that a wife should fight for the right for safe and pleasurable sex.

She also shared that she herself prefers to talk about HIV prevention openly with her husband. But one woman in the meeting said that Lidia's case was exceptional. She said, 'You are lucky because your husband works with PKBI . So, he is often exposed to information about HIV and safe sex. What about my husband? I do not think he has the privilege to receive such information'. For a moment, Lidia could not respond to the woman's statement. Farida helped her to overcome the awkward situation by sharing her own experience with her peers. According to her, there was a way to discuss safe sex with one's husband, but it needs a process. She said that she often left brochures, leaflets, and other material she got from HIV training or meetings on the table so her husband would see and read it. Her strategy had worked so far. For example, one day her husband suddenly asked her about sexually transmitted disease (STD). She was sure he read it from the brochures she left on the table. Thus she used that moment to explain to him about STD and to promote STD prevention for him. She suggested that the women try similar strategies with their husband's. All the participants nodded, indicating their agreement to Farida's suggestion. But some of them expressed their uncertainty about using female condoms. Besides the cost of the condom being quite expensive, they themselves are not yet familiar with it. There was a view that a man would be offended if his wife used it, as it implies that he might be unfaithful.

Almost all participants of the discussion said they enjoyed the discussion and found it useful. One woman said, 'It is because of WPA, we discuss this thing [sex]. I find it fun, interesting, and useful'. They also said they did not previously have experience of discussing sex in that way. They admitted they often discuss sex when they discuss family planning methods. But the substance of those discussions is completely different. In family planning the discussion focuses on condoms as contraceptive devices to prevent and manage pregnancy. It does not incorporate issues of HIV risk, pleasure, and safe sex. Farida, the Warga Peduli AIDS activist admitted that the discussion had given her a novel experience. Previously she did not have a partner to discuss the safe sex while she often felt the need of knowing information about it. There was no women's activism that touched on the topic, therefore she said that her activities in Warga Peduli AIDS had given her chance to discuss something important for women.

### *Discussion*

The community activities in which women take a lead in action that involves married men and women, such as those of Rossy and Farida in Warga Peduli AIDS, is relatively new in Indonesia. Women activists of WPA in Bandung demonstrate their capability and original thinking in response to the HIV epidemic. These characteristics are shown in the activities they choose to undertake and their methods, how they plan their work and the way they overcome obstacles. Each activist makes his

or her own decisions about how, when and what action to take and this decision depends on their assessment of the needs and urgency of what is needed in their neighbourhood. They use regular, scheduled meetings in their communities to disseminate information about HIV and AIDS and they choose the simplest methods of communication in meetings, such as conversation or discussion.

WPA activists use methods and styles that are different from those of NGOs. WPA activities are aimed at all members of the community, not specific groups that are considered to be the 'key population'. NGOs concentrate on specified demographic sets. For those reasons, the WPA activists' area of influence is larger than that of an NGO.

The WPA activists' work is original and sustainable and it vividly demonstrates the 'community competency' of Bandung residents towards HIV epidemic. The 'HIV competent community' is a concept introduced by Catherine Campbell and her colleagues (2007; 2010; 2013a; 2013b) that refers to a community whose members are likely to work together in responding effectively to HIV and AIDS. The key feature of this type of community is the opportunity for dialogue about HIV and AIDS for its members. This dialogue then ideally leads community members to share their HIV-related knowledge; to think critically about the obstacles to health-improving behaviour changes; and about obstacles to discussions of locally realistic strategies for tackling HIV and AIDS; to develop their sense of local ownership and responsibility for contributing to the struggle against HIV and AIDS rather than passively relying on government and NGOs; to identify individual and group strengths for this challenge; to develop bonding social capital (such as a sense of solidarity and common purpose in tackling HIV and AIDS); and also to develop bridging social capital (such as linking to supportive external groups in the public, private and NGO sectors) for their cooperation [6]. Their competency is shown through initiatives that create a space where positive responses can be discussed and formulated, rather than allowing stigmatism and fear to develop.

The women activists of WPA are able to tailored actions that are taken into account the local context, and to choose the appropriate method in order to make their action effective to improve prevention. They could easily bring sensitive issue such as sexuality into public discussion without inviting negative reaction from their neighbours. They are also able to create a space where women can voice their need for information about safe sex and HIV prevention. Instead of relying on government and NGO's initiative, the WPA activist decided to create space where community members could talk and discuss the epidemic, to bond and bridge social capital within the community and utilize them to initiate collective action.

### IV. CONCLUSION

The actions by women in Warga Peduli AIDS groups in Bandung exemplify a model of local response to the HIV epidemic and demonstrate the significant role of women in the HIV prevention. The women play their important roles as a bridge between communities and formal programs (in the face of the failure of formal programs to engage communities),

particularly in the effort to halt the infection from being transmitted through sexual contact. This model not only has meaning as a community-based health mission but also offering another yet promising response to the HIV epidemic that not only suits the local setting but also empowers the community.

In the context of sustainable development goals, the work of women through Warga Peduli AIDS actions demonstrate how women play a significant role in effort to eradicate health problem, that is HIV and AIDS, and to promote health lives among people. This type action is not only effective and fit with the local context, but also promise a long sustainability because human resources are available within the community.

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