

Analysis Factors Used Condom among Patient with HIV/AIDS Transmission to Housewife Living at Ex-Prostitution Area in Surabaya

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Abstract: Since 2007-2011 as many as 2% of the 350 housewives under the management public health focus to HIV/AIDS. The objective of the research was to analyse factors used condom among People Living with HIV and AIDS (PLWHA) transmission to housewife living at ex-prostitution area. This research used cross-sectional research. The population in this study were 103 housewives who were married, as a housewife and at the age of 17-49 years. Samples were taken by purposive sampling according to inclusion and exclusion criteria of 60 samples. Data were analysed by using correlation and logistic regression with significance level $\alpha < 0.05$. The results showed that there was all factors namely knowledge, attitude, and behaviour on using condom among PLWHA with significantly level respectively knowledge $p = 0,001$; $r = 0,432$), attitude and behaviour, the value of significance ($p = 0,001$, $r = 0,420$). PLWHA who had a good in knowledge, attitude, and behaviour, impact on condom used as prevention effort of HIV/AIDS. From this study, it can be concluded that knowledge, attitudes and skill of housewife with HIV infection effect on the used of condom for prevention of HIV/AIDS transmission.

1 BACKGROUND

Current developments the initially high-risk groups of HIV are those with certain sexual behaviors, homosexual groups; heterosexual groups multiple partners; sex workers; and those who use unsterilized needles, such as injecting drug users, now HIV & AIDS also infect women, wives or housewives loyal to their husbands or spouses. So the exposure was no longer only in groups that had been stigmatized, or considered "worthy of a bad stamp", but also extended to the most vulnerable groups, women and infants (Yulianti, 2013). The number of women with AIDS in the world continues to increase, especially in reproductive age (Sarwono, 2008). Facts that happened in preliminary study that got data of Sememi Public Health Center from 2007 until 2011 years, there is 7 prevalence of housewife who suffer from HIV/AIDS. One of the most common attempts to reduce HIV/AIDS prevalence is that 100% condom use programs, not multiple partners during sex, are primary prevention efforts to respond to high risk of sexual transmission (RI,

2007). Unprotected heterosexual transactional sex is one of the major drivers of the HIV epidemic in Indonesia. Indonesia's efforts have focused on increasing AIDS awareness and access to male condoms among sub-populations at high risk of sexually transmitted HIV infection, such as female sex workers (FSWs) (Puradiredja and Coast, 2012). However condom use in Indonesia is considered less significant when compared with the large population and the spread of HIV/AIDS (UNAIDS, 2006).

Condom use being a part of HIV prevention in the world including Indonesia, start in Uganda at the end of 80's decade with ABC slogans contains: Abstain, Be faithful, Condom. And The right way to use condoms is the most efficient protection against HIV and Sexuality Infectious Infection (STI) (Oktavian and Krismawati, 2015). So it can be concluded that HIV/AIDS is one thing that can harm women, especially (Harahap, 2012). Factors that influence behavior include: personal experience, culture, others that are considered important, mass media, institutions or educational institutions and religious institutions, emotional factors in the

individual (Azwar, 2008). However, until now, factor analysis affecting the behavior of condom use in HIV/AIDS prevention efforts for housewives living in area ex-prostitution still cannot be explained. The objective of the research was to analysed factors effect on used of condom among housewife living at ex-prostitution area.

2 METHODS

This research used descriptive-analytic research design with cross-sectional design that is research which emphasizes time measurement/ data observation of independent and dependent variable only once at one time. In this type, independent and dependent variables are assessed simultaneously at a time, so there is no follow-up(Nursalam, 2016). The population in this study were 103 housewives who were married, as a housewife and age range start from 17 until 49 years. Samples were taken by purposive sampling according to inclusion and exclusion criteria of 60 samples. Data were analysed by using correlation and regression logistic

with significantly level alpha <0.05.

2.1. Ethical Consideration

The study was approved by The Health Ethics Committee, Airlangga University Surabaya, Agency for National Unity and Politics of East Java Provincial Government and public health office East Java. Letter of permission of the Agency for National Unity and Politics of East Java Provincial Government on January 3, 2013 number 23 / H3.1.12 / PPD / 2012 concerning the request for data collection facilities research results in the form of research conducted must be in accordance with the letter of application and researchers must comply with the provisions applicable during the study. After the research is completed and in getting the results to be reported to the agency concerned Respondents were informed that the study was voluntary and that they could withdraw at any time without permission. All participants provided informed consent. All participants were assured of the confidentiality and anonymity of their data, data stored in secured place.

Table 1: Characteristic demographic of the respondents.

Respondent's characteristic		n	%
Age:	20-24 years	2	3.33%
	25-29 years	9	15%
	30-34 years	8	13.33%
	35-39 years	19	31.66%
	40-44 years	8	13.33%
	45-49 years	14	23.33%
Total		60	100%
Education Level :	Elementary School	18	30%
	Junior High School	20	33.33%
	Senior High School	22	36.67%
	Academic	0	0%
Total		60	100%
Type Working of Husband:	Government Employees	6	10%
	Private Employees	49	81.67%
	Entrepreneurship	4	6.67%
	Not working	1	1.66%
Total		60	100%
Marital Age:	1-10 years	20	33.33%
	11-20 years	18	30%
	>20 years	22	36.67%
Total		60	100%

Table 2: Distribution factor used condom.

Factors	Category	Σ	%
Knowledge aspect			
Knowledge about HIV/AIDS (for example: sign and symptoms of the disease)	Good	22	36.67%
Transmission of HIV/AIDS (for example: Switching sexual partners, blood transfusions of people with HIV/AIDS, alternating non-sterile needles with HIV/AIDS sufferers)	Average	16	26.66%
	Bad	22	36.67%
	Total Σ	60	100%
Prevention of HIV/AIDS (faithful to the couple, used of condom during sexual intercourse)			
Knowledge about condom (for example: contraception that can reduce the risk of infection transmission)			
HIV / AIDS due to sexual intercourse			
Benefits used of condom (for example: Prevent contagion and free relations)			
Type of condom (male and female condom)			
The right time to used a condom (for example: any time or when will sexual intercourse with anyone)			
Advantages of condom used (for example: cheap, easy to get, not require surveillance and reduce the possibility transmission of venereal diseases)			
Disadvantages of condom used (for example: Irritation, loss of sexual sensation, easily damaged or leaking)			
Attitude aspect			
Always used condom during sexual intercourse	Positif	37	61.67%
Not used condoms during sexual with a husband	Negatif	23	38.33%
Advise to husband used condom during intercourse	Total Σ	60	100%
Make a condom do not reduce comfort during intercourse			
Used condom can reduce satisfaction during intercourse			
Difficult to used condom during sexual intercourse			
Difficult to get condoms in the area			
Behavior aspect			
Used condoms during sexual intercourse with husband	Good	17	28.33%
Discussion with sexual partner about used condom for prevention transmission HIV/AIDS	Bad	43	71.67%
	Total Σ	60	100%
Discussion with sexual partner for how to used condoms properly			
Discussion with sexual partner for used condom during intercourse			
Providing condoms when going to have sex with a partner			

Table 3: The result of research on the attitude of house wives to the behaviour used condom used

Variable	Determination Coefficient	Regression Coefficient (B)	B	Sig.	Information
Knowledge about HIV/AIDS, used condom during intercourse with sexual partner, advantages and disadvantages used condom	1.00	0.280	0.238	0.00	Significant
Attitude and respon sexual partner for used condom during intercourse	0.280	1.000	0.533	0.003	Significant
Behavior partner sexual for discussion and using condom during intercourse	0.432	0.420	0.233	0.001	Significant

3 RESULTS

All of the respondents were housewife living at ex-prostitution area, Sememi district, Surabaya. Overall 60 females most respondents on age criteria in the age range 35-39 years (31.66%) (see Table 1).

Table 1 showed the characteristic of PWHLA in ex-prostitution are in Surabaya. Most of PWHLA on age 35-39 years with educational level on non-academic. Their husband mostly works in private and length of the marital status after 20 years.

Table 2 indicates the distribution of factors affecting on the use of condom among housewife

with HIV AIDS. The used of condom among housewife always discuss with their husband. Most of them have bad on knowledge on prevention of transmission of HIV.

Table 3 showed the result of regression logistic test that all of the factors effects on the used of condom among housewife with HIV AIDS are significantly correlated. Knowledge of housewife is better compare two other factor

4 DISCUSSION

Based on the results of the study showed that respondents who have good knowledge and knowledge have the same value, while a small percentage for respondents who have enough knowledge.

According to (Notoatmodjo, 2007) the factors that influence knowledge are education. Education affects the learning process, the higher a person's education the easier the person is to receive information. The more information that comes in the more the knowledge gained about health. Knowledge is closely related to education where it is expected that someone with higher education, then the person will be more knowledgeable. It should be emphasized, however, that a person with a low level of education does not mean an absolute low knowledge. The economic status of a person will also establish the availability of a facility necessary for a particular activity, so that this socioeconomic status will affect one's knowledge. Based on the theory of adaptation if the level of knowledge can at least encourage to have a good attitude and behavior as well (Natalia *et al.*, 2014). Given the knowledge about HIV/AIDS, there is an attitude of awareness and intention to use condoms.

Of the respondents with less knowledge, can be influenced by education because the average respondent with high school education level. According to (Notoatmodjo, 2007). Someone with low education can also have good knowledge due to experience, age and number of members in the family. Age affects the ability to catch and the mindset of a person (Notoatmodjo, 2010). So the more age will increase also the ability to catch and the mindset, so the knowledge gained better. At middle age, more active individuals will be more active using much time to read. Someone also knows new things by reading. Of the majority of knowledgeable respondents less impact on attitudes. It is viewed from the education taken by the respondents, got mostly educated with high school

graduates. In residential area RW 02 Klakah Rejo this knowledge of the respondents about the use of condoms as an effort to prevent HIV/AIDS is still lacking, this can be seen when researchers do research some respondents asked about the use of condoms is good and true because there is still no extension from doctors and nurses Puskesmas Sememi and health cadres in ex-prostitution area used condom for housewives as an effort to prevent HIV/AIDS.

Based on the results of research most respondents have a positive attitude and a small percentage of respondents have a positive attitude. Among the factors that influence the formation of attitudes are personal experiences, cultures, other people, considered important, mass media, institutions or educational institutions and religious institutions as well as emotional factors in individuals (Azwar, 2008).

That in the absence of any experience with a psychological object tends to form a negative attitude toward the object (Azwar, 2012). Alport (1954) in (Notoatmodjo, 2010) states that attitude is a readiness or willingness to act, and not an exercise of a particular motive. In other words the function of attitude is not yet an action (open reaction) or activity, but is predisposing to behavior (action), or a closed reaction

From a small percentage of respondents with negative attitudes this can be affected by one's experience, education and age. A housewife who is never experienced in using a condom also affects her attitude in using condoms during sexual intercourse with her husband. In this case the attitude of housewives is still relatively less responsive to the use of condoms and also still taboo in discussing the use of condoms with her husband. This is because there is no counseling from doctors and nurses at public health center in condom use as an effort to prevent HIV/AIDS.

Based on the results of the study showed that most respondents have poor behaviour in the use of condoms when housewives intercourse with her husband, while a small part of good behaviour of housewives in the use of condoms during sexual intercourse with her husband.

One of the most potent factors for influencing the behaviour of a person is the socio-economic and structural factors. Socio-economic and structural factors that are the level of welfare, level of education, access to health services (Puradiredja and Coast, 2012).

Less knowledge turned out to also affect the behaviour of poor housewives. There are still many

housewives who have not realized that they belong as a high-risk group. This makes housewife unaware that they are very vulnerable to HIV/AIDS so there are still many who have less behaviour, where there are still many housewives who do not use condoms during sexual intercourse with her husband. Due to the lack of intensification of monitoring and evaluation program of HIV/AIDS program by Surabaya Health Office, especially in P2 which cooperate across sectors with health cadres, community-based organizations, self-help organizations, community leaders and related mass media.

Based on tabulation of analysis with Spearman's Rho (r) test according to table 5.4 shows that there is a correlation between knowledge and behavior of condom use as an effort of preventing HIV/AIDS in housewife with value (p) = 0,001 and got correlation coefficient (r) = 0,432 means having a relationship with a moderate correlation power. According to (Notoatmodjo, 2010). Good knowledge obtained results with a good indicator as well. Factors affecting knowledge is education, education affects the learning process, the higher a person's education the easier the person is to receive information. So the more information that comes in the more the knowledge gained about health. Housewives are found that some understand about the use of condoms, because there are health cadres that are there. And the peanut butter age also affects, it is known that the age of respondents more at age with ranged between 35-39 years. From this age affects the experience of knowledge about condoms. In the respondents with good knowledge has a bad behavior as well. Supported by explanation according to (Notoatmodjo, 2010). That knowledge is a cognitive domain that is very important formation of a person's actions. If the adoption of a new behavior or adoption of behavior is based on knowledge, then what is learned, among others, the behavior will be lasting, otherwise if the behavior is not based on knowledge it will not last long. This is because the housewife is less familiar with the use of condoms itself. This is influenced by the lack of socialization of health workers. For enough knowledge only a small part has good behavior. Based on the theory of adaptation if the level of knowledge can at least encourage to have a good attitude and behavior as well (Natalia *et al.*, 2014). This is found when researchers do research that housewives are still asking about the use of condoms as an effort to prevent HIV/AIDS. For enough knowledge can also be said most of the mothers with bad behavior. It is viewed from the mother more

never use condoms during sexual intercourse with her husband because the function of condom use as prevention of HIV/AIDS in housewife less understanding. On the knowledge less a few mothers with good behavior. This is due to the possibility of low knowledge of the respondents and the action of condom use because there are still many who have not been exposed to information about HIV/AIDS and the level of knowledge is still at the stage of understanding not yet through the application stage, analysis, synthesis and evaluation as described (Notoatmodjo, 2010). At the research site found that no mother with no schooling education. at least the mother's education is in elementary school. So that only a small part of the mother is lacking in education. Most of the knowledge is less experienced behavior is less good as well. Can be said if the better the knowledge of respondents about HIV/AIDS, it affects the action to always use condoms during sex. This is because housewives are still taboo in discussing with husband about the benefits of using condoms as an effort to prevent HIV/AIDS.

Based on tabulation of analysis with Spearman's Rho (r) test according to table 5.4 shows that there is a correlation between attitude and behavior of condom use as prevention effort of HIV/AIDS in housewife with value (p) = 0,001 and got correlation coefficient (r) = 0,420 means having a relationship with a moderate correlation power. Azwar (2012) argues that most positive attitudes experience good behavior. In this study more emphasis on the formation of attitudes in the form of personal experience, while we know that to be the basis for the formation of attitudes, personal experience must leave a strong impression. Therefore, attitudes will be more easily formed when personal experience occurs in situations involving emotional factors. In situations involving emotions, appreciation of the experience will be more profound and longer lasting. An attitude has not been automatically manifested in action (overt behaviour). For the realization of the attitude to be a real difference required supporting factors or a condition that allows, among others, facilities. Besides facilities also needed support factor (support) from another party (Notoatmodjo, 2007).

When the implementation of the study found that respondents are more well behaved and supported with a good attitude as well. Respondent addressing the use of condoms as an effort to prevent HIV / AIDS. As for the positive attitude of behavior tend to be less good. Among the factors that influence the formation of attitudes are personal experience,

culture, other important people, mass media, institutions or educational institutions and religious institutions and emotional factors in individuals (Azwar, 2008). The formation of respondent attitude is more triggered by the means of information obtained from health, education, and media officers. Only a minority of respondents' attitudes are negative with good behaviour. While most of the negative attitude has bad behaviour. This is because the influence of others who are considered important can be interpreted that others around us is one of the social components that influence our attitude. In general, individuals tend to have a conformist attitude or direction with the attitude of people who are considered important. Behave in certain situations and against a certain stimulus will be much found by how his beliefs and feelings toward the stimulus. The tendency to behave consistently, in harmony with these beliefs and feelings, shapes individual attitudes (Azwar, 2012)

In addition, the influence of others who are considered important can be interpreted that other people around us is one of the social components that influence our attitude. In general, individuals tend to have a conformist attitude or direction with the attitudes of people who are considered important. Behave in certain situations and against a certain stimulus will be much found by how his beliefs and feelings toward the stimulus. The tendency to behave consistently, in harmony with these beliefs and feelings, shapes individual attitudes (Azwar, 2012)

In this research attitude of housewife can influence behavior in condom usage because mother attitude still awkward in talking and using condom during sexual intercourse with husband, this is seen by researcher during research, there are housewife that exist at time of group discussion took place the mother asked how it feels to wear condoms during sexual intercourse because the housewife and her husband never use condoms during sexual intercourse and rarely discuss about condoms, then there is one housewife who is one of the group discussion organizers said about his experience using condoms when having sex with her husband it feels different when not using condoms, but to break the spread of HIV/AIDS from husband to wife would be nice if using condoms. Based on current research talks, researchers can conclude that there is still a lack of knowledge of housewives about condoms. This affects the lack of condom use behavior. This is because the program of monitoring and evaluation of HIV/AIDS program by the Surabaya Health Office has not been intensively

monitored, especially in section P2 in cross-sectoral cooperation with health cadres, community-based organizations, self-help organizations, community leaders and related mass media.

5 CONCLUSIONS

Knowledge, attitudes and behaviours in the prevention of HIV / AIDS transmission are important factors in providing insight and understanding to housewives living in ex-prostitution sites. so it can at least suppress the rate of HIV / AIDS transmission through sexual intercourse. It is recommended that the role of health worker in preventing transmission of HIV to the housewife is to educate and to involve the housewife by increasing knowledge, fostering a positive attitude and change a better behaviour through regular meeting and public discussion.

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