
RATIONALITY OF HIV-POSITIVE HOUSEWIVES IN OPENING HIV STATUS IN SURAKARTA INDONESIA

Achmad Syarifudin¹, Argyo Demartoto², and Yulius Slamet³

¹Master Study in Department of Sociology, Faculty of Social and Political Sciences, Universitas Sebelas Maret, Surakarta, Indonesia

²Department of Sociology, Faculty of Social and Political Sciences, Universitas Sebelas Maret, Surakarta

³Department of Sociology, Faculty of Social and Political Sciences, Universitas Sebelas Maret, Surakarta

ABSTRACT

The lack of public knowledge of HIV/AIDS cases will cause the People Living With HIV/ AIDS (PLWHA) often get negative stigma and discrimination. It became one of the causes of PLWHA do not dare open their status to couples, families or society. This research aims to determine the underlying rationality of HIV-positive housewives to open their status. This case study was conducted in Surakarta for two months from January-February 2018. The results showed that instrumental rationality of housewives opened HIV status is to get social support from couple, family, society or the government. HIV-positive housewives will get support and motivation including assisting so that the psychological burden is not so heavy. This means that by opening the HIV status then the purpose of having a better life will be more easily achieved. While the rationality of value that support HIV-positive housewives opening their status is based value of honesty despite getting family rejection. Human values to support each PLWHA other also underlies housewives to open status. The solidarity that has been established with Peer Support Group (PSG) will help PLWHA to be able to rise from adversity and lead a life of positive activities.

KEYWORDS: Rationality, Housewives, HIV, Status.

1. INTRODUCTION

Health problems such as HIV and AIDS cases to be one of the problems currently faced by the people of Indonesia. It can be seen that the number of PLWHA increased the amount from year to year. The number of HIV case in Indonesia increases over years. The number of HIV infection cases is reported 41,250 distributed in all provinces of Indonesia up to December 2016. Central Java Province ranks fifth for the number of HIV infection during 2016, following West Java with 16.867 cases. Considering cumulative data of Local AIDS Commission or KPAD Surakarta, there are 2,528 people with HIV/AIDS in the period of October 2005 – December 2017 consisting of 859 HIV and 1,669 AIDS patients. Data of HIV/AIDS case by sex shows that there are 447 men and 413 women with HIV. [1,2]

The lack of community knowledge regarding HIV/AIDS poses a negative stigma for PLWHA. HIV/AIDS is often considered a curse disease for free sex and PLWHA is considered to have low morale. Despite the fact that many PLWHA who also as victims such as the housewives who are

infected by a HIV-positive husband. The existence of negative stigma causes PLWHA withdraw from the society because of the psychological distress even felt their lives are meaningless.

There is the dilemma experienced by the HIV-positive housewives to open their status to others. Fears of discrimination and rejection are one of the obstacles for the housewives to open status, especially if housewives are a single parent after the husband died. Open the status of PLWHA is not only posing the risk for herself but also her family. However, the housewives does little pick open their HIV-status. Some among HIV-positive housewives in the Surakarta City belong to a Peer Support Group (PSG). PSG can become an organization for PLWHA who want to be engaged in some activities for PLWHA's interest, and to participate in the event, as both speaker and participant. Considering Spiritia Foundation's data, there are 273 groups enlisted throughout Indonesia up to March 2017 and it is expected that PSG will be established in every regency and city throughout Indonesia.[3,4] Central Java Province is the one with largest number of support groups, 43 groups, compared with other areas, one of which is Solo Plus PSG.

Social actions carried out by HIV-positive housewives that opened their status are based on certain reasons or rationality. Rationality refers to cognitive abilities to sort between right and wrong from what is and in reality. [5] According to Weber, in broad outline there are two types of human rationality, namely objective rationality or instrumentality and value rationality. Objective rationality is a social action carried out by someone based on conscious considerations and choices related to the purpose of the action and the availability of the tools used to achieve it. While the rational act of value has the nature that the existing tools are only conscious considerations and calculations, while the objectives already exist in relation to absolute individual values. The concept of rationality proposed by Weber is part in the theory of social action where this approach is more directed at an action patterned on the objectives to be achieved. [6] Therefore, this theory is considered relevant to find out more about the rationality of HIV-positive housewives in opening HIV status.

2. MATERIALS AND METHODS

2.1 Location and Time Research

The research location was conducted in Surakarta City by specializing Manahan Public Health Center (Puskesmas) as one of the health services or access to ARV for PLWHA and the place where PSG routine gatherings were held. Therefore, the researcher considered that the location has data availability and according to the theme raised in the study. Whereas data collection is carried out two months from January - February 2018 .

2.2 Research Type

This study uses a case study strategy because in general it can provide broad access or opportunities to researchers to examine in depth, detail, intensively and comprehensively towards the units studied. Case studies are intensive analyzes of one unit (for example, someone, group, event, project, program, policy) that emphasizes developmental factors in relation to the context. Case studies can be descriptive or explanatory. [7] Whereas the case study design model used is a descriptive case

study, so that researchers can clearly describe the rationality of HIV-positive housewives in opening HIV status.

2.3 Research Subject and Source Data

The informants in this study were 11 people consisting of 4 key informants including the Counselor of Manahan Public Health Center (Puskesmas), peer supporter, Solo Plus PSG, and Local AIDS Commission Surakarta. The main informant and the main subject of this study were PLWHA with risk factors of HIV-positive housewife are 5 persons. While supporting informants of 2 people consisted of the Chairman of the PEKA Foundation and “Warga Peduli AIDS” Sondakan. While to complete the primary data from the informants some secondary data in this study include books as good literature that supports the theories or problems studied, namely HIV / AIDS.

2.4 Sampling Technique

The research subjects were sought with the maximum variation sampling technique which was to be able to capture and describe a central theme of the study through cross-cutting information from various types of respondents. The researcher tried to take samples with different characteristics purposively based on the consideration that the person who had more information. [8] Various types of informants have been explained on the points of the research subject.

2.5 Data Collection Technique

Data collection in this study using in-depth interviews, observation and documentation. Interviews in this study were addressed to informants based on the categorization described earlier, namely key informants, main and supporters. the problem that forms the basis of the interview is the rationality of HIV-positive housewives in opening their status.

The researcher seeks to take part in the Solo Plus PSG activities which take place every month to support and correct the research data and get a real picture of the PLWHA assistance activities. In addition, the researchers also observed the rationality of HIV-positive housewives so that they dared to open their status. Meanwhile, the researcher used data with documentation, namely data originating from the literature in the form of books, journals and articles relate to the problems under study and also photo documentation about the activities carried out by the research subjects.

3. RESULTS

Based on the research that has been done it was found that the main informants in this case were HIV-positive housewives who had different characteristics. Differences in these characteristics can be seen from several indicators such as years knowing HIV status, risk factors, partner's HIV status and openness of HIV status to both partners or families. From some of these indicators, it can be seen that there are housewives that infected by their husbands or because of the results of their work as direct or indirect sex workers. It can be said that there are housewives that actually becomes a “victim” because they infected by an HIV-positive husband. Knowing the background of an HIV-positive housewives is important because it is also related to the openness of the status of PLWHA.

More clearly the description of the characteristics of informants can be seen in the 3.1 matrix as follows.

Matriks 3.1
The Characteristics of Informants

No.	Name of Housewife (Initial)	Year Know Status	Risk Factors	HIV-Status Partner	Openness HIV-Status	
					Partner	Family
1.	NS	2009	Infected by Husband	Positive	Yes	Yes
2.	LI	2015	Infected by Husband	Widow	No	No
3.	F	2011	Infected by Husband	Negative	Yes	Yes
4.	RN	2017	Direct Sex Worker	Widow	No	Yes
5.	LR	2015	Indirect Sex Worker	Negative	Yes	No

Seen from the table above, there are two housewives who have open status to their partner and family, namely NS and F. Both have initiatives to open up HIV status under the pretext of getting support from the family. NS and F open status even though initially they were not fully accepted by the family. How not, both of them only work as housewives who can get HIV from their partners who have entered AIDS phase. The condition of the partner who experienced the illness demanded that the two housewives check their HIV status because it was classified as a high-risk group. The hospital then initiated NS and F to immediately test for HIV because her husband was already HIV-positive at that time. This rejection of HIV status is mainly from the in-laws of the previous partner. The lack of knowledge and information about HIV made them not understand the transmission of HIV which is not only because of free sex but also sharing Injection Drug User (IDU), like the NS and LI's husband.

It is undeniable that housewives experience severe psychological disorders because they know HIV-positive status was infected by their partner. This psychological burden is experienced when a partner is hospitalized and is threatened to become a single parent with HIV status being a heavy burden on a housewives. Therefore, NS and F then open HIV status to their families. They assumed that opening the status will at least reduce the burden and gain support. The psychological burden increase when one family is also infected with HIV, such as NS's daughter. There is still a fear of not being able to live long and take care of their children to adulthood later, even though NS has become PLWHA for 10 years without any significant pain complaints.

Different from LI which seemed calm and no psychologically burdened in bearing status as PLWHA. LI also chose not to tell his family or siblings. That is because of housewives realized that the behavior carried out is very risky from the “affair” who is also an IDU’s, she had to take turns and have a daughter from the partner. Even though she was in good health, LI still realized that she was HIV-positive by taking medication immediately for her survival and health. LI's attitude seemed that has not psychologically burdened to accept herself as an PLWHA strengthened her not to open his HIV status to his family for 3 (three) years.

Openness of HIV status to other people is indeed an option for each housewives as evidenced by LI who are still not able to open HIV status to their ex-husband and family. LI chose to bear it herself. Whereas, she had been hospitalized but did not make it a lesson to open up HIV status to the family to prepare if later she will be sick again. LI did not open the status and chose to maintain her health so that she will not get sick and treat in the hospital. Besides being afraid of the family being shocked, LI also did not want to be shunned by her brother because LI was a PLWHA. The same is true with LR which does not open status to its parents and only to their partners. LR did not want her parents burdened and until they fell ill because knowing the status of LR.

Otherwise, NS and FI have opened status to partner and other family members. NS, who has an HIV-positive husband, can also each strengthen other psychologically and remind them to take medicine. Not only, they was care for each other not to get sick, for example immediately to the Manahan Public Health Center (Puskesmas) or other health services to request medication if they seemed less fit. Being PLWHA must be clever in maintaining the health condition of their body. The same is true of the FI which got support from a partner even though her husband is not PLWHA, but she warned that FI taking drugs is not even worried about contracting HIV. RN as a widow chose to open status to her brother and nephew. This is important for her because she did not want to bear the psychological burden of being an alone PLWHA and a single parent for her son.

This risk factor is quite sensitive because of they can be seen that a housewives are really infected by her husband or her own risky behavior. Informants have the potential to take different actions regarding these risk factors. Most housewives who are infected by their husbands will clearly explain the chronology of their being infected with HIV. It is different from sex workers who are sometimes reluctant to open their status or blame others for the conditions experienced.

4. DISCUSSION

Social action is a process of actors involved in subjective decision-making about means and ways to achieve certain goals that have been chosen, these actions concerning all types of human behavior, which is directed to the behavior of others, that have passed, that know and that is expected in the future. Openness HIV-status as PLWHA is one of the social actions because they have certain goals, among others, to get support and motivation from other parties. Social structure and social institutions are two interrelated concepts in shaping social action. [9]

The concept of rationality is one of Weber's ideas related to social action. Although, there are four kinds of social actions but specifically the rationality expressed by Weber is divided into two namely instrumental rationality which focuses on achieving goals and rational values that base social actions on certain values adopted. In the context of openness of the HIV-positive housewives, we can see both instrumental and value-oriented rationality.

Opening status for HIV-positive housewives is not something easy because it has a considerable risk. Not a few PLWHA experienced rejection and discrimination not only from the general public and even from families. Therefore, openness of HIV-status by HIV-positive housewives must have courage and strong reasons. In fact there are PLWHA still not dare to open status because they are afraid of experiencing rejection or creating new problems. Housewives have the potential to take different actions regarding these risk factors when counseling at the begin of receiving HIV status in health services. [10]

Housewives as 'victims' of HIV transmission do not hesitate to open HIV status to obtain social support from the family environment, even though at the risk of being ostracized by the family. This is due to the low level of knowledge about HIV in the community and the negative stigma of PLWHA. Housewives that only take care of the household will certainly arouse suspicion for the family, how the housewives can infect the virus. Housewives as 'victim' does not want to be blamed entirely for the HIV virus suffered because of her husband's behavior. The process of housewives accepting is not an easy matter, but a continuous and long-lasting process that accepted HIV status is not a consequence of her own actions but her husband. This means that opening HIV status is one of the instrumental rational actions. Rationalization of housewives actions in opening HIV status can be strengthen her psychological, accept his condition and survive.

Housewives who have received social support from their families can live their lives without burdens. Housewives carried out ARV therapy immediately for their survival and health as other PLWHA according medical procedures. Housewives have the motivation to continue to live for his family, so ARV therapy is a consequence that must be carried out. In the context of assisting, housewives without much argument maintain a continuous 'theoretical understanding' on the basis of their activities.[11] ARV therapy is understood as the only therapy to maintain the immune system for PLWHA who are vulnerable to disease attacks. According to context of social actions carried out by informants then opening the status as an instrument or tool to achieve the goal of support from various parties including getting assistance and care for the disease. Rational consideration from informants by opening their HIV status to be able to continue their life by bearing status as PLWHA. Housewives who have opened their status and accessed several ARV drugs will join in the Solo Plus PSG activities. Peer support as a social system is able to be understood by PLWHA as a place to gather and gain knowledge. Repetition of the peer support process and counseling activities with health services will create a change for housewives in particular, then reduce discrimination on PLWHA in general as research conducted by Moses H. the category is that peer support not only has

a social impact, but also the clinical impact on PLWHA. [12] Human values can be seen from the solidarity that exists between PLWHA in Solo Plus PSG. New members will get a lot of knowledge and motivation from members who have long joined. Thus they quickly rise from adversity because they felt that they have many friends with the same conditions.

5. CONCLUSION

The characteristics of the housewives in opening HIV status difference from one another. There are those who only open to their partners, some open to their partner and families, but some do not dare to open their status. Openness of HIV-positive housewives status based on certain rationality. The instrumental rationality can be seen from the housewives actions in opening status which aims to get motivation, support, assistance and care in order to be able to live life with the status of PLWHA. While the value rationality that underlies the housewives to open HIV status is honesty and the value of humanity and solidarity between PLWHA in Solo Plus PSG by providing mutual support.

6. REFERENCES

- 1) Laporan Terakhir Kemenkes, Spiritia, www.spiritia.or.id, Retrieved 03 March, 2018.
- 2) Data Komisi Penanggulangan AIDS Kota Surakarta, Sumber: Klinik VCT RSUD Dr. Moewardi RS Dr. OEN Surakarta, dan Puskesmas se Kota Surakarta, 2018.
- 3) National Standards for Peer Support in HIV, 2016, <http://hivpeersupport.com/>, Retrieved 13 March, 2018.
- 4) Yayasan Spiritia, Daftar Kelompok Dukungan Sebaya untuk ODHA di Indonesia. www.spiritia.or.id, Retrieved 03 March, 2018.
- 5) Santoso, L. 2007. Epistemologi Kiri. Yogyakarta : Ar Ruzz Media
- 6) Ritzer, G. 2001. Sosiologi Ilmu Berparadigma Ganda. Jakarta : Rajawali Press
- 7) Slamet, A. 2014. Studi Kasus : Sebuah Pendekatan Kualitatif. Surakarta : Ikatan Sosiologi Indonesia
- 8) Slamet, A. 2001. Teknik Pengambilan Sampel : Untuk Penelitian Kuantitatif dan Kualitatif. Surakarta : PT Pabelan
- 9) Wirawan, I. B. 2012. Teori-Teori Sosial dalam Tiga Paradigma. Jakarta: Kencana Prenadamedia Grup
- 10) Giddens, A. 1984. The Constitution of Society: Outline of The Theory of Structuration. Cambridge: Polity Press. ISBN 0-520-05728-7
- 11) Giddens, A. 2010. Teori Strukturasi Dasar-Dasar Pembentukan Struktur Sosial Masyarakat. Yogyakarta: Pustaka Pelajar
- 12) Bateganya, M. H. 2015. "Impact of Support Groups for People Living With HIV on Clinical Outcomes: A Systematic Review of the Literature." *Journal Acquir Immune Defic Syndr*