PERCEPTION, ATTITUDE, AND CONDOM USE FOR HIV & AIDS PREVENTION AMONG MARRIED WOMEN: A QUALITATIVE STUDY IN SEMARANG CITY, CENTRAL JAVA PROVINCE, INDONESIA

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ABSTRACT:

The highest cumulative AIDS cases in Indonesia in 2011 are found to be among housewives. Condom use is one of the strategies to prevent HIV through sexual transmission; however, Indonesia is one of the few countries to record a decline in the use of condoms during a time when condoms have beeb promoted as part of the global fight against AIDS. To get an understanding perceptions and attitudes of condom use to prevent HIV & AIDS among married women, four focus group discussions with general married women and seven in-depth interviews with potentially high-risk married women, that is truck drivers' wife were conducted in a sub-district in Semarang, Central Java Province, Indonesia. Data were coded and analyzed using analytical comparison methods.

This study found that participants have low knowledge of HIV/AIDS. Married women are unfamiliar with condoms. None of them uses condoms to prevent HIV & AIDS, however some of them use condoms to prevent pregnancy, especially after giving birth. Married women have low risk perception of HIV & AIDS, even if they are in the potentially high-risk group. There are some misconceptions related to condom use. Participants perceive condom as contraceptives. Even though condoms are used by female sex worker, participants think they are related to pregnancy prevention. Other kinds of contraception methods are also perceived to have similar function to condoms in preventing HIV & AIDS. It was also found that husbands have a strong influence on decision making related to condom use.

It is recommended in this study that promoting information, education, and behavior change communication programs targeting married women should be strengthened to increase their knowledge about HIV&AIDS and safe sex practices. The programs should also highlight the vulnerability of women who may get HIV infection from their partner as well as empower women to be able to discuss and negotiate their husband about safe sexual behavior.

KEY WORDS: PERCEPTION&ATTITUDE/ CONDOM USE/ HIV&AIDS PREVENTION/ MARRIED WOMEN/INDONESIA

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AIDS	Acquired Immune Deficiency Syndrome
BKKBN	Badan Kependudukan dan Keluarga Berencana Nasional (Family Planning and Population Board)
BPS	Badan Pusat Statistik (Statistics Bureau Indonesia)
FSW	Female Sex Worker
IDHS	Indonesia Demographic and Health Survey
IPSR	Institute for Population and Social Research
HIV	Human Immunodeficiency Virus
KPA	Komisi Penanggulangan AIDS (The AIDS Commission)
NGO	Non-Government Organization
HBM	Health Belief Model
TRA	Theory of Reasoned Action
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund

CHAPTER I
INTRODUCTION

1.1 Background and Rationale

Number of people infected with human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) in Indonesia is increasing significantly every year. The Ministry of Health of the Republic of Indonesia reported heterosexual transmission accounts for 71% in Indonesia, and the highest cumulative cases of AIDS in 2011 is in housewife, who were previously considered to be low risk, and were not included in the traditionally defined vulnerable groups for HIV/AIDS.

In the period 1993-2010, total AIDS cases in Central Java is 3362. The risk factor of transmission is 78 % by heterosex, and housewife is in second rank in term of classification AIDS cases by occupational category. The City Health Department (DKK) of Semarang reported that the numbers of people living with AIDS were mostly housewives and children. In 1998 the number reached 57 cases, and 1999 reached 91 cases. That number continued to increase until 2008 reached 148 cases, and 95 percent of them died.

The Ministry of Health estimated that in 2010 3,170,000 males had sex with 214,000 female sex workers, 1,938,650 of these males were believed to be currently married, and only 10-20% of them were willing to use condom at that transaction. Based on these data, an estimated 2 million people Indonesia have the risk of contracting HIV & AIDS because they are the regular partners of the high risk group (Ministry of Health Republic of Indonesia, 2011).

1.2 Problem Statement

Condom use is one of strategy to prevent HIV through sexual transmission. However condom use among married couples is low worldwide (Davis, 1999). Considered Indonesian situation, condom use among married couples is

become very important. Hull (2003) said Indonesia has the strange distinction of being one of the view countries in the world to record a fall in the use of condoms while condoms were being promoted as part of the global fight against AIDS. The Central Statistic Board data shows condom use as contraceptive method in Indonesia declined from 2.2% in 1993 to 0.4% in 2001, and became 1.4% in 2007; It can be possibly because people stop identify condom use as contraceptive method but for HIV & AIDS prevention. However, public health campaigns to promote dual protection through the adoption of both pills and injection for pregnancy prevention, and routine condom use for disease prevention, appear to have had no effect in Indonesia. The low rate of condom use also is found in Semarang City, data from BKKBN in Semarang city show condom use as contraceptive method only 6.63% in 2011.

To promote the conscious use of condoms among married couples, it is critical to understand the meaning of the sexual act to both partners as a couple and as individuals within the cultural setting in which the sexual behavior takes place (Parker, 2000). An understanding of how an individual internalize the cultural scripts and constructs his or her sense of self and role in the society is essential for initiating changes in sexual attitudes, perceptions, and behavior (Diaz, 2000). Variety of factors are associated with couples use of condoms, including gender inequity and differential power relations; AIDS knowledge and awareness; levels of perceived risk and self-efficacy, beliefs that condoms feel are a hindrance to trust and intimacy, reproductive intention, and use hormonal or other form of contraception.

This study attempts to understanding perception, attitude, and condom use that may act as barriers for married women in terms of condom use in Semarang, Central Java Province situation. According to my knowledge, study that have assessed perception, attitude, and socio-cultural factors related to condom use in married women, especially the qualitative one’s is still limited.

1.3 Research Question

What are the perception, attitude, and condom use for HIV & AIDS prevention among married women in Semarang City, Central Java Province, Indonesia?

1.4 Research Objective

To get examine the perception, attitude, and condom use for HIV & AIDS prevention among married women in Semarang City, Central Java Province, Indonesia.

1.5 Contributing Outcomes

At the beginning of the study, I setting this study as qualitative research, because of the methodology, I expect the appropriate outcome that will be more in perception and attitude, so that at the beginning this study is only focused on perception and attitude. However, after conduct the research, based on the finding, the contribute an outcome in the scope of my study is a bit different with what i expected, the knowledge about HIV and knowledge about condom is also give contribution to the findings.

CHAPTER II
LITERATURE REVIEW

2.1 Related Theories

This study is focused on perception, attitude and condom use in married women. There are some concepts which can applicate to perception, attitude and condom use in married women: Health Belief Model (HBM), Theory reasoned Action, and Theory of Interaction.

Condom use in the marriage setting is bringing together both individual and relationship factors into the process. Health Belief Model and Theory Reasoned Action is explained the factors contributing to condom use in individual level, and Theory interaction complement by consider that in marriage setting the sexual behavior not only as the results of individual factors, but also the nature of relationship with partners is important, and condom use is the outcome of that interaction. HBM will be focus on the perception of married women on HIV & AIDS and condom use. TRA will be focus on belief on condom, intention to use condom and husband perception and though about condom use. And Theory of Interaction will be focused on nature of relationship, like decision making and negotiation skills.

2.1.3 Health Belief Model

This theory focused on the beliefs and attitudes on individuals influencing health behavior. This theory is appropriate to explain and predict what factors affect condom use for HIV prevention among individuals.

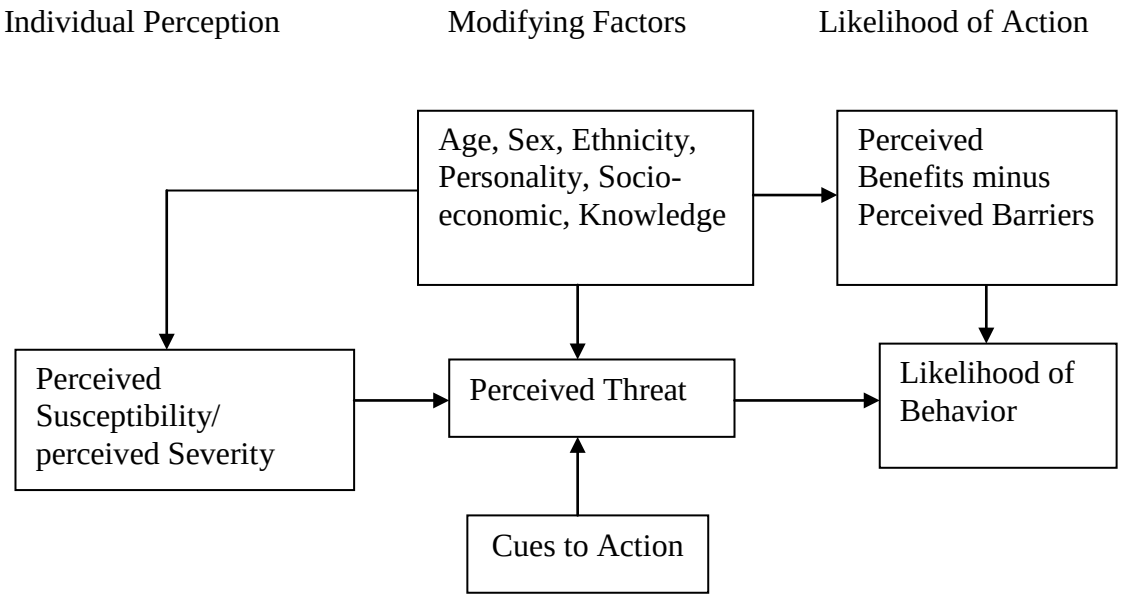

Figure 2.1 Rosenstock I., Strecher, V., and Becker, M. (1997). The Health Belief Model

The concept of Health Belief Model is health behavior is determined by personal beliefs or perception about a disease and the strategies available to decrease the odds of the disease. There are four main perceptions in this theory, which is perceived seriousness, perceived susceptibility, perceived benefits, and perceived barriers. The explanation of the variables in the Health Belief Model is explained as follows:

1. Perceived seriousness is individual belief about the seriousness or of contracting an illness or of leaving it untreated (including evaluations of both medical and clinical consequences and possible social consequences).
2. Perceived susceptibility is individual perception and assessment on her or his risk of getting the disease.
3. Perceived benefits are individual perception of the value of the behavior to reduce the risk of getting the disease.
4. Perceived barriers are individual assessment of the obstacles on the way to adopt new behavior.

5. Modifying variables are consisting of individual characteristics that influence personal perceptions, such as culture, education level, past experiences, skill, and motivation.
6. Cues to action is bodily (e.g., Physical symptoms of a health condition) or environmental (e.g., illness of a family member, mass media campaign, reminder from health providers) that motivate people to take action.
7. Self efficacy is individual belief on his or her ability to do something. (This concept was introduced by Bandura in 1977)

2.1.3 Theory of Reasoned Action

This theory explaine predicted human behavior based on the premise that human are rationale, that is, people consider of available information, and implicitly or explicitly consider the implications of their actions, then affect person's intention to perform (or not perform) a behavior. This theory provides a construct that links individual beliefs, attitudes, intentions, and behavior (Fishbein, Middlestadt and Hitchcock, 1994). The figure of the theory can be seen in the figure 2.2. The theory variables and their definitions, as described by Fishbein et al. (1994), are:

1. Behavior is defined by a combination of action, target, context, and time. For example, implementing a sexual HIV risk reduction strategy (action) by using condoms within married couples (target & context) every time (time).
2. Intention is a person's intention to behave in a certain way is based on: their 'attitude' toward the behavior in question and their perception of the social pressures on them to behave in this way, that is, 'subjective norms'.
3. Attitude is a person's feelings toward undertaken behavior. Attitudes are affected by the beliefs about the outcomes of undertaken behavior and the evaluation of these expected outcomes.
4. The subjective norm is combination on beliefs about how others feel the individual should behave and their motivation to comply with these 'others'. As with behavioral beliefs, normative beliefs depend on other people's opinions and the evaluation of those opinions.

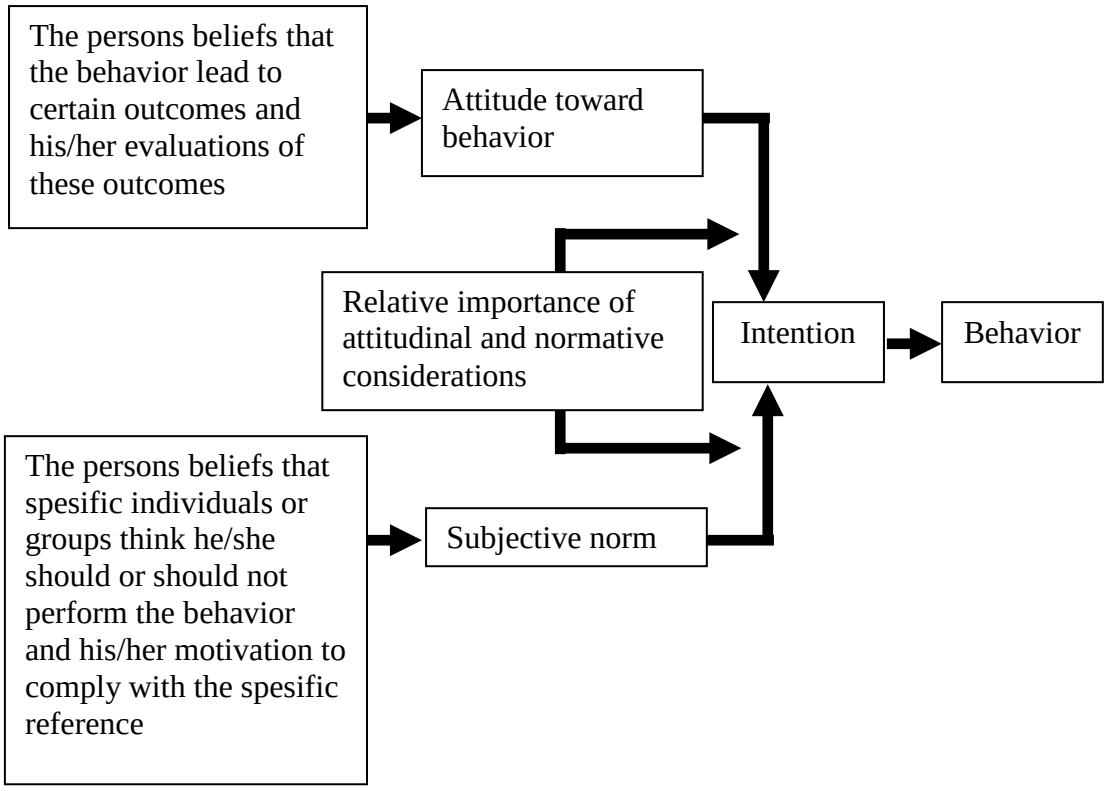

Figure 2.2 Fishbein, Middlestadt and Hitchcock, (1994). Theory of Reasoned Action

2.1.3 Theory of Interaction

In marriage, health behavior did not depend on only the individual factors itself. The theory of interaction developed by Rademakers et al., (1992) and developed further by Ingham and Van Zessen (1997) attempted to explain that within marriage to change behavior of individual, only personal factors might not be strong enough to impact their decision (Mumtaz, 2005). According to this theory, the nature of the relationship among partners is important. The key element for understanding their sexual behaviors was the interaction between man and woman, and condom use here was an outcome of this interaction. Condom use was not simply the result of factors and persons, nor the result of individual action and decision making only, but a product of interaction between two individuals (man and woman).

According to this theory, condom use is a result of the interaction of so many factors. The second Layer describes the sexual behavior between the couple, such as discussion, fertility desire, risk perception, sexual satisfaction, unfaithfulness,

etc. The second layer (sexual behavior) from both husband and wife will be interact each other and turn into a general relationship in the next layer, such as negotiation skills and decision making. The next layer, that is layer 4, explained individual-level characteristics that each partner in a sexual relationship brings to the interaction, there are two kind of individual characteristic, first is general characteristics such as exposure to the information, access to the material, and then the second is HIV specific characteristic such as knowledge, risk perception, and condom access. All the layers interact with each other in multiple and complex ways. The socio-cultural construction of gender is seen to permeate all layers in the model. The details of this explanation can be seen in the Figure 2.3.

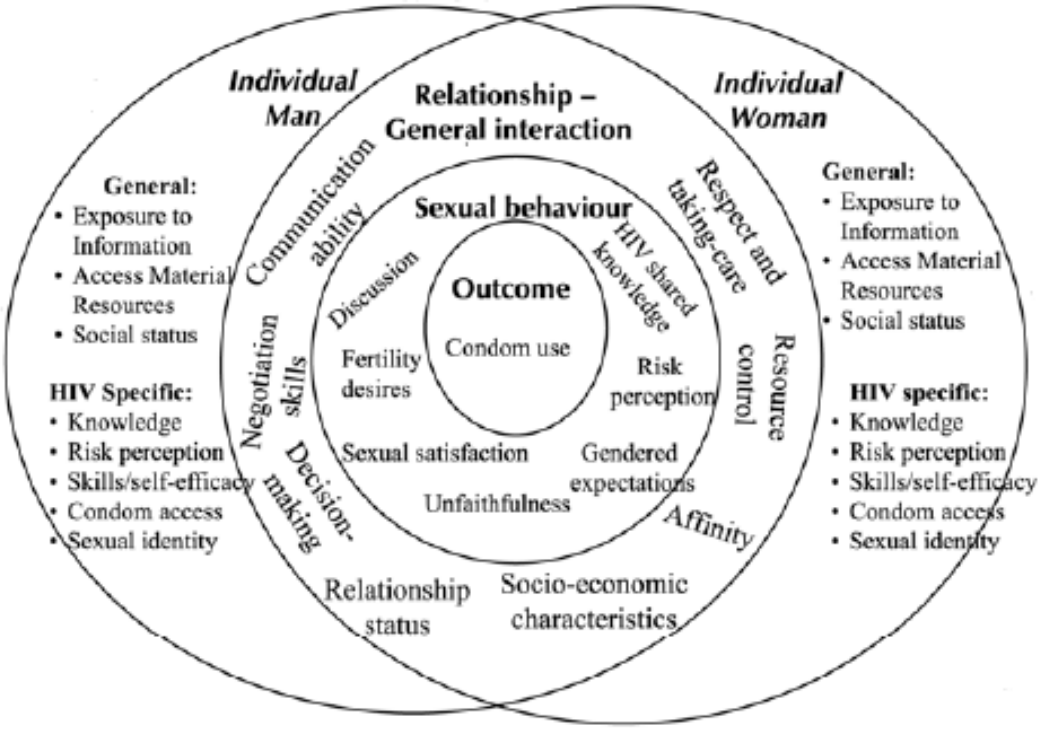

Figure 2.3 Ingham and Van Zessen (1997). Theory of Interaction

2.2 Related Researches

The literature review on perception, attitudes, and condom use among married women offers insights into what contributing factors that may act as barriers of married women on using condoms.

2.2.1 Gender Inequity and Differential Power Relationship

Power of relationship plays a key role in safe sex decision making. Some studies in African countries found that women are more feel do not have control over condom use (Lindan, et al. 1991; Schoepf 1992). A study in USA by Pulerwitz (2002) using Sexual Relationship Power Scale1 to measure the relationship power reported that women with high levels of relationship power are more likely to report consistent condom use if compare with women in the low ones.

2.2.2 Level of Perceived Risk

A study by Lindan et al (1991) in Rwandan women shows that HIV infection risk perception is strongly related to an increase in self protective behavior. Maharaj (2004) in one study in South Africa reported that the condom use probability were six times higher among women who perceived themselves at risk of HIV infection from their partner than among other women who not perceived themselves at risk.

2.2.3 Self Efficacy

Self efficacy is woman's level of confidence that she can perform, or her intent to perform which is leading to condom use. Maharaj (2004) in one study in South Africa reported that women with a high perceived self-efficacy were more likely to inform using a condom than were those with a low perceived self-efficacy.

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[1] The Sexual Relationship Power Scale (SRPS) is a 23-item, theoretically based and validated measure of relationship power dynamics. It contains two subscales, which can be used separately or combined, depending upon research requirements. The subscales concern two conceptual dimensions of relationship power: Relationship Control and Decision-Making Dominance. These subscales use variables related to relationship power, including relationship histories of physical or sexual violence ("Has your main partner ever forced you to have sex when you did not want to?"), education level, relationship satisfaction ("All in all, I am satisfied with our relationship."), and current safer sex behaviors (i.e. condom use). A modified version of the SRPS, the SRPS-M, eliminates items related to condom use so that the scale can be used to more accurately predict safer sex behaviors (Clinical Trial Networks).

2.2.4 Beliefs About Condom

Finding from many studies consistently show that negative condom beliefs or attitudes are significantly associated with less condom use in the different populations. A study in Hartford by Corbett (2009) reported that there is view that the condom use is suitable for casual encounters but not necessarily for primary, serious relationship. A study in India by Bhattacharya (2004) found that there is belief that condom use is related with commercial sex workers.

Diaz (1995) in the study in United States reported that some women felt condoms uncomfortable or worried that condoms would decrease their partner's sexual pleasure. A study in Hartford Corbett (2009) described not to use condoms is a strategy to maintain primary relationship, establish trust, and increase intimacy, while unprotected sex indicate intimacy, condoms symbolize multiple partners, lack of trust, and lack of intimacy (Carovano, 1992).

2.2.5 Reproductive Intention

A study in United States by Cabral et.al (2001) reported that women who have a desire for a baby, compared to all others, were less likely to be at a higher level of condom consistency. Bhattacharya (2004) reported that because condoms are well known as birth control, married heterosexual couples may be unwilling to use them for HIV prevention, because procreation is considered as the purpose of marriage.

2.3 Conceptual Frameworks

Based on the literature review and its finding, this study adopts conceptual framework that conceptualized and theorized on the basis of combining Health Belief Model, Theory of Reason Action, and Theory of Interaction as shown in figure 2.4. The framework contains some important dimensions, that is perception, attitude, and relationship and general interaction among married couples, which, when working together, lead to whether married women use condom or not.

The first dimension is perception. There are three perception include in this study, that is perceived risk of HIV & AIDS, perceived barriers on condom use, and perceived benefits on condom use.

Perceived barriers were the most powerful single predictors across all studies and behaviors. In order to adopt new behavior, a person needs to belief the benefits of the new behavior outweigh the consequences of continuing the old behavior (center for disease prevention, 2004). Perceived risk was a stronger of preventive health behavior than sick role behavior (Glanz et al, 2008). The greater the perceived risk, person will be greater to engaging in behaviors to decrease the risk. It is logically that when people believe they are at risk for disease, they will be more likely to do something to prevent it from happening (Jblearning, 2012).

The second dimension is the attitude. According to Theory of Reasoned Action, “Attitude” toward the behavior is interpreted as the individual's positive or negative feelings about certain behavior. It is determined through a valuation of one's beliefs regarding a behavior’s consequences from and an evaluation of the desirability of these consequences.

The other dimension is relationship and interaction between wife and husband. This dimension is derived from Theory of Interaction. Relationship power plays a key role in safer sex decision making. In this study, the relationship and interaction between married couples is defined by discussion and decision maker. The conceptual framework which is show in this chapter is conceptual framework which was purpose in the beginning of the study. This conceptual framework can be change after the study, after got the real picture of the perception, attitude, and condom use in this study setting.

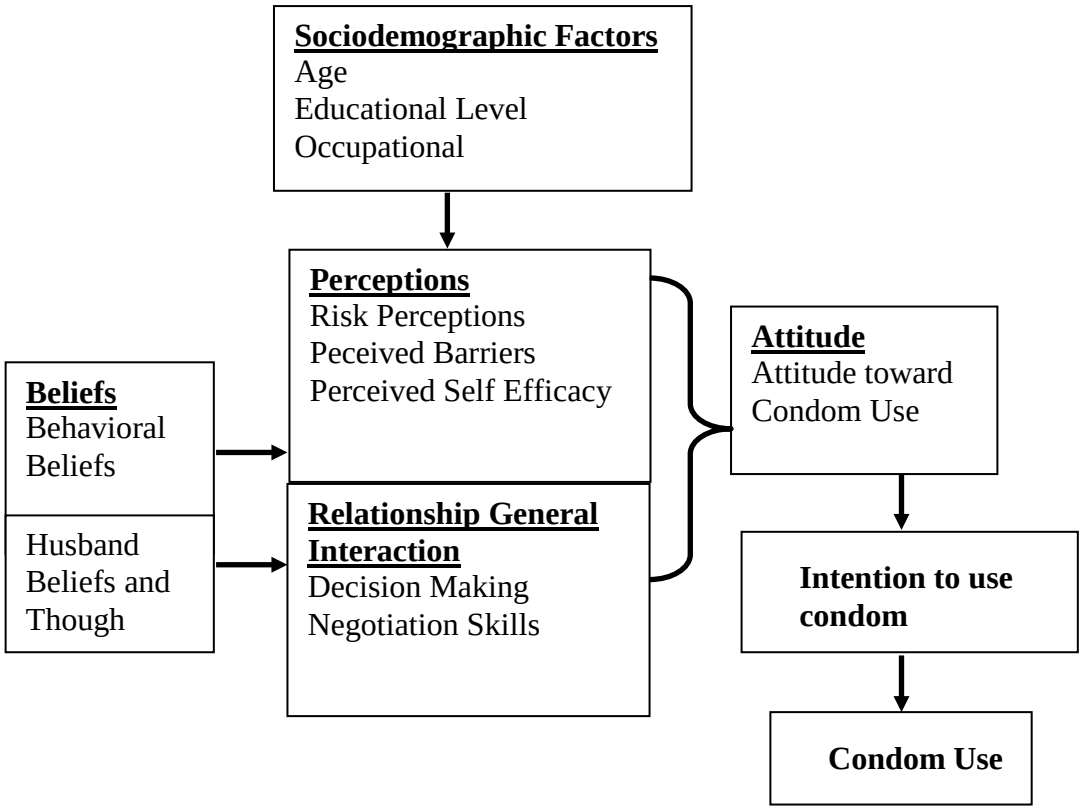

Figure 2.4 Early Conceptual Framework Focus on Perception and Attitude of Married Women on Using Condom to Prevent HIV & AIDS

CHAPTER III
RESEARCH METHODOLOGY

3.1 Study Design

3.1.1 Type of Research Design

This study was designed as an qualitative research study. This study was undertaken among married women with variety of occupation, education level and age group in Semarang City, Central Java, Indonesia. This distinction is important for analyzing qualitative data to understand the perceptions and attitudes among married women.

The study is exploratory since the problem of HIV/AIDS among married women in Semarang is new. According to my knowledge, study that have assessed perception, attitude, and socio-cultural factors related to condom use in married women, especially the qualitative one's is still limited, so as a result, I expect a better picture will develop, supporting by working theories, and which can be used to develop intervention programs, as well as the identification of finer research questions for more systematic inquiry, thus giving future research a better direction.

3.1.2 Study Site

This study is conducted in one village in a Sub-distric of Semarang City, Central Java province, Indonesia. This village is located nearby, only 7 km from the center of Semarang city. There are 2860 families and the population of this Village is 14,235 which consist of 6960 males and 7275 females. The education level and economic status of population in this village is varied, and almost all of them are Moslem.

3.1.3 Validity

Validity of instrument and results of this study was pro-concerted by triangulation; data triangulation was done by using both FGD and in depth interview. First, researcher conducted FGD to get the information from general of married women on in condom use. The FGD results were used as a guideline to develop question for in depth interview.

3.2 Samples in the Study

Recruitment of participants for the study was not based on random selection, but undertaken to ensure that participants selected are married women from a wide range of characteristics. Recruitment is done by the help of key person in the village to ensure get the participants with the desirable characteristics and based on the willingness of the participants to join this study.

3.3 Data Collection

In order to understand of how married women internalized the cultural scripts and constructs his or her sense of self and role in the society that essential for initiating changes in sexual attitudes, perceptions, and condom use, as well as to probe the further triangulate data on sensitive issue among married women, this study focused on focus group discussion and in depth interview methods. Total four FGDs and seven in depth interviews were conducted in this study.

Focus group discussion provided data on the social perception and attitude towards condom use among general married women. Each focus group was undertaken by a moderator, two note taker and a session assistant using standard focus group procedures. In total, four FGDs were held, each lasting approximately one until two hour. Four FGDs was conducted before in depth interview, to get the guidelines for in depth interview question, the results from FGDs also use in analysis step.

Each FGD's was held with six or seven women attending per session. For the FGD's, participants was divided into two groups based on the age, occupational, and level of education. Group A comprised married woman with low education, while

group B comprised married women with high education. Each group consists of two sub group, one was in old age, and the second group was in young age. Dividing the groups in this way allowed for the data to be compared and analyzed so that common patterns can be more clearly understand as well as differences among other groups.

Table 3.1 Characteristic of Participants in Focus Group Discussions

FGD1: Married women with high education, age higher than 30 years old
FGD2 : Married women with high education, age lower than 30 years old
FGD3 : Married women with low education, age higher than 30 years old
FGD4 : Married women with low education, age lower than 30 years old

The sessions were tape recorded with prior consent being given by the respondents before each session's commencement. The FGD interview guideline was entail the following areas:

1. Acceptance of condom (who, where, when condom should use)
2. Condom use to prevent pregnancy/ as family planning methods
3. Condom use as HIV/AIDS prevention
4. Knowledge of HIV & AIDS
5. Knowledge of Condom
6. Perceptions of the respondent on possibility they get HIV/AIDS (Perceived Risk)
7. Negative aspect of using condom within marriage (Perceived barriers)
8. Identify married women level of confidence to ask using condom to their husband (Perceived Self Efficacy)
9. Identify acceptability condom use within marriage (Attitude toward condoms)
10. Identify husband beliefs and thought of condom use (Subjective norms)
11. Intention to use condoms in the future (Intention to use condoms)
12. Identify who can decide condom use within marriage, husband, wife or both (Decision making)

13. Identify married women possibility to negotiate using condom to their husband (Negotiation Skills)
14. Consistency condom use within marriage in term of HIV/AIDS preventions
15. Identify what is the best way to prevent HIV/AIDS for married women

In additions of FGDs, in depth Interview was conducted with seven truck driver's wife. Based on Integrated Biological Behavioral Surveillance 2007, there are some group of high risk man based on their occupation, such as truck driver, seafarers, soldier, and migrant worker. They become a major bridge of HIV transmission from sex worker to general population. IBBS 2007 among most at risk group found that STIs case is high in the truck driver, truck driver become the most vulnerable group to contact with HIV compared with the other occupation group. In central Java, 5% of truck driver is suffering STIs; this is the highest proportion compare with the other occupation like seafarers, dock workers, and motor-taxi drivers. (KPA-Komisi Penanggulangan AIDS, 2009). Based on that data, truck driver's wives is one of the groups that must be get attention because of their potentially high risk to contracting HIV & AIDS from the husband.

The other reason why I choose to add this potentially high risk group married women into the study is based on one of the variable in Health Belief Model, that is perceived risk, personal risk or susceptibility is one of the more powerful perceptions in prompting people to adopt healthier behaviors, the greater the perceived risk, the greater the likelihood of engaging in behaviors to decrease the risk. This study tries to prove this theory by comparing the general married women and potentially high risk married women (truck driver's wife). In this study, I myself as the researcher identify who is the respondent in the potentially high risk group, based on the occupation of the husband. However, the respondent is not addressing themselves as the potentially high risk married women who can get HIV & AIDS from their husband. The detail characteristics of truck driver's wife who include in this study can be seen as follows:

Table 3.2 Characteristic Potentially High Risk Participants in Indepth Interview

ID	Age	Education Level
Case1	34	Senior High Scool
Case2	45	Senior High School
Case3	43	Primary School
Case4	38	Primary School
Case5	40	Primary School
Case6	40	Primary School
Case7	36	Primary School

***** truck driver's wives

These interviews were concentrated on obtaining married women condom practices, perceptions, attitudes, beliefs, intention to use condom and barriers in terms of condom use within marriage. It was also an opportunity to obtain more personal, sensitive data concerning condom use among married women. This data then triangulated with that obtain in the FGDs. Interviews will be held in complete privacy, whichever is most convenient for the married women. Each interview was taken about 1 hour to complete.

Undertaken by interviewer, the interview sessions follow a general interview guideline which was entail (but did not limited to) the following areas. Several of these areas overlap with those of the FGDs so that data can be compared/ triangulated and wherever possible clarified, especially when contradictions in information show themselves.

1. Education of married women
2. Occupational of married women
3. Condom use practice
4. Knowledge of HIV & AIDS
5. Knowledge of Condom
6. Perceived risk of HIV/AIDS
7. Communication about HIV/AIDS with husband
8. Perceptions and attitude related condom use within marriage
9. Barriers related condom use within marriage

10. Decision making process related choice of family planning program (include condom use)
11. Married women's past experience regards to condom use
12. Condom assessment (availability, accessibility, effectively, comfort ability)
13. Possibility consistency condom use within marriage in term of HIV/AIDS preventions
14. What is the best way to prevent HIV/AIDS for married women

During the data collection process, discussion was held between investigators and the researcher. This discussion was aim to check the information completeness, evaluate the status of data collection, and for preliminary analyze so that more in depth information can be obtained when needed, and to address any unexpected problems or issues arising out of the data collection process.

3.4 Data Management

Focus group sessions were tape recorded and detailed notes were taken simultaneously as a backup. The similar procedure was done with in depth interviews provide that each participant consent to the use of tape recorder. In cases where consent cannot be gained, detailed notes were taken. All recorded focus group discussion and in depth interview have been translated into English and then analyzed.

3.5 Operational Definition of Dimensions

Table 3.3 Operational definition of Dimensions

Dimension Name	Description
Perceived Risk	Respondent identify themselves are have possibility to get HIV/AIDS or not
Perceived Barriers	Respondent negative aspect of using condom within

	marriage
Perceived Self Efficacy	Respondent identify married women level of confidence to ask using condom to their husband
Attitude Towards Condom	Respondent identify acceptability condom use within marriage
Behavioral Beliefs	Respondent beliefs and thought regarding the outcomes of a condom use
Subjective Norms	Respondent identify husband beliefs and thought of condom use
Intention to use condom	Respondent desire/ intent to use condom
Decision Making	Respondent identify who can decide condom use within marriage, husband, wife or both
Negotiation Skills	Respondent identify married women possibility to negotiate using condom to their husband

3.6 Data Analysis

After data from FGD (tape) were transcribed and translated into English. Coding and the analyzing are subjected to qualitative content analysis using analytical comparison. First the results from focus group discussion was compared by each group to see the pattern of information in general married women, and then the commonalities in general married women will be compared with the information pattern from potentially high risk group married women.

3.7 Ethical Considerations

All respondents participated anonymously, voluntarily, and were willing to participate in the study. Written informed consent forms were recommended but verbal consent were used as a substitute if any participants was not willing to sign the written form. All women were interviewed by two interviewers with an interview guideline.

3.8 Limitations of the Study

Time constraint for data collection was my major obstacle to discover the perception and attitude of married women on condom use to prevent HIV & AIDS. I only had one month to collect data by myself. To solve that problem, I have a team that helped me to collect the data. In one month I could only finish four FGDs, the rest of in depth Interviews were done by my team.

Regarding the scope of the study, this study tries to look for the differential of the perception, attitude, and condom use in the different groups of married women. However, this study is conducted in a small scale of the area, and can only differentiate between education level and age of respondents.

The other limitation was only married women who agree and voluntarily participated in this study was included in this research. Therefore, the findings may not be generalized in order to understand the perception and attitude of all Indonesian married women on condom use to prevent HIV & AIDS.

CHAPTER IV
RESULTS AND DISCUSSIONS

This chapter presents the findings from the fieldworks in order to answer my research questions. I divide this chapter into 7 sections as follow:

1. Knowledge of HIV & AIDS among married women
2. Relationship and interaction among married couples
3. Behavioral beliefs of condom use among married women
4. Subjective norms of condom use among married women
5. Perception of married women on condom use to prevent HIV & AIDS
6. Attitude and intension toward condom use to prevent HIV & AIDS
7. Condom use to prevent HIV & AIDS among married women

In addition, in the end of this chapter, I will discuss some interesting issues related this study findings.

4.1 Knowledge of HIV & AIDS among Married Women

This sub topic will answer my first specific research question about how married women view HIV and AIDS. First, I explore about the married women's knowledge on HIV & AIDS, the symptoms, transmission modes, and how to prevent it.

Both general and potentially high risk group of married women have low knowledge of HIV and AIDS. Among general married women, in the low education group show that there are some participants that never know or ever heard about HIV & AIDS. It is also found from in depth interview with potentially high risk group that almost all of them also do not know HIV & AIDS at all.

4.1.1 Perception of HIV & AIDS

What is HIV & AIDS? According to general married women participants in all of FGD groups, they explained that HIV & AIDS was deadly and fearful diseases because it had no way to cure yet. This shows that the married women's perceived that HIV & AIDS was a kind of fearful and deadly disease. This can be seen from responses from focus group discussion. As follows:

> *"It is very scaried because there is no medicine...has not found yet ... might cause death" (FGD, high education, >30 years old)*

The results from in depth interview in potentially high risk group married women showed that the participants mentioned that HIV & AIDS was a kind of genital disease, and another participants describe that HIV & AIDS was a kind of genital disease which could be transmitted by having sex with people who were not their legal spouses. This show that married women perceived that HIV & AIDS was a type of genital disease, which is can be transmitted through having sex with someone who were not their legal spouses. This can be seen from responses of in depth interviews as follow:

> *"It's fearful, how come people can get HIV & AIDS; it's a kind of genital disease" (ID, truck driver's wife, case 4)*

> *"Genital disease, transmitted by contact...for example if having sex with a people who were not their spouses...It's possible...It can be..." (ID, truck driver's wife, case 3)*

4.1.2 Perceived Caused of HIV & AIDS

However, among all participants, only one participant can identify that HIV & AIDS is caused by virus. This can be seen from of one focus group discussion participant. As follows:

> *"As far as I know, it's caused by virus...." (FGD, high education, >30 years old)*

4.1.3 Perceived Symptoms of HIV & AIDS

In terms of the symptoms, most of the entire participant said that they did not know how HIV & AIDS infected looked like and did not know what the HIV & AIDS symptoms were. Some participants described the symptoms of HIV & AIDS from their experience from watching soap opera program. The perceived symptom of HIV & AIDS which they get from soap operas is an infected person will look pale and weak. This could be observed from the responses both from focus group discussion and in depth interview, as follows:

> *".. In fact we do not know how actually HIV & AIDS looks like... How are HIV & AIDS symptoms...?" (FGD, high education, <30 years old)*

> *"Never know the symptoms...maybe from soap operas...look pale, weak, maybe..." (ID, truck driver's wife, case 2)*

If we compare with HIV & AIDS definition by CDC[2,3], The participants' answers about what HIV & AIDS seemed unscientific. The reason was because they might have reference for HIV & AIDS from soap opera programs or news in television. Yet, they had never seen people suffering from HIV in their real live situation. Results from in depth interview shows that some participants mention that they ever seen someone who has HIV & AIDS from television, that is a musician, because he is public figure, so he is exposed and disclosed about his disease to the public. From this news, the respondent gets perceived understanding that the symptoms of HIV & AIDS was look pale and weak. This statement can be seen from responses both from focus group discussion and in depth interview. As follows:

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[2] HIV (human immunodeficiency virus) is the virus that causes AIDS. This virus may be passed from one person to another when infected blood, semen, or vaginal secretions come in contact with an uninfected person's broken skin or mucous membranes.

[3] AIDS stands for Acquired Immunodeficiency Syndrome. Acquired – means that the disease is not hereditary but develops after birth from contact with a disease-causing agent (in this case, HIV). Immunodeficiency – means that the disease is characterized by a weakening of the immune system. Syndrome – refers to a group of symptoms that indicate or characterize a disease. In the case of AIDS, this can include the development of certain infections and/or cancers, as well as a decrease in the number of certain specific blood cells, called CD4+ T cells, which are crucial to helping the body fight disease.

"Don't really know, only know its transmitted by having sex, but never see the disease, don't know it's real or not" (FGD, low education, >30 years old)

"....but i never see directly, only in the television" (FGD, high education, >30 years old)

"Last time when I got information was when a musician got it (HIV & AIDS)...media is highly exposed on him...about his disease" (ID, truck driver's wife, case 4)

4.1.4 Perceived Modes of Transmission

Results from both focus group discussions and in depth interviews show the knowledge of the participants about modes of transmission is quite good. Almost all of participants answered that sexual intercourse, sharing needle, and unsterilized needle were the ways to transmit HIV & AIDS. However, transmission of HIV through sexual intercourse that the participants mention is not for all kind of sexual transmissions, but specifically for extra marital. It means having sexual intercourse outside marriage, in another word, having multiple partners, is a kind of sexual intercourse that HIV can be transmitted. The explanation can be seen from the statement as follows:

"..Having sex with another people, not with the spouse, multiple partners" (FGD, high education, <30 years old)

In addition, even some of respondents understand the kind of sharing needle which can transmit the HIV & AIDS is in drug users. But some of them refer to health provider practices in family planning program, for example, using same needle to inject contraceptive method, which they means unsterilized needle. The explanation can be seen from the statement as follows:

"....Unsterile needle, for example a doctor after inject (contraceptive) A then inject B with the same needle." (FGD, low education, <30 years old)

"...It also can be for drug user, use the same needle, B can be infected by A if use the same needle." (FGD, low education, >30 years old)

One of the participants from in depth interview mentioned not only sexual intercourse and sharing needle that could transmit HIV & AIDS, but also kissing

"Transmitted by sexual intercourse, sharing needle with HIV people, and maybe by kissing...." (ID, truck driver's wife, case 4)

4.1.5 Who are High Risk People?

Being asked about HIV & AIDS, the participants, including those with HIV & AIDS risk answered what they thought about HIV & AIDS. Almost all of them explained that HIV & AIDS were identified with free sex. There were some opinions about the definition of free sex according to them. There were two definitions of free sex that could be described from focus group discussion. First, they thought free sex could be identified with sex worker. Second, the participant identified free sex as promiscuity and people who went out at night, for example for entertainment place. So, in general participant understanding free sex as sex which do for money, for looking for sexual pleasure, for one night stand, but not for the procreation purpose.

Most participants identified HIV & AIDS as free sex. One of FGD participants identified free sex was sex done by sex worker. This can be seen from this statement:

"HIV is disease on naughty peoples, who do free sex like FSW" (FGD, low education, >30 years old)

Moreover, another participant identified free sex with people who liked going out at night to entertainment place and do one night stand. This can be seen from the statement as follow:

"Disease on people that like sex, naughty people, promiscuity, go out at night, free sex" (FGD, high education, >30 years old)

".....maybe ... people who do free sex....multiple partners...like what we've seen on TV, they who go clubbing" (FGD, low education, <30 years old)

In addition, not only sex workers, several participants also identified that female sex worker clients has possibility to get HIV & AIDS. This can be seen from the following statement:

"People who do multiple partners...who like to jajan (buy sex) from FSW its will be easy to get...more vulnerable to get HIV" (ID, truck driver's wife, case 4)

4.1.6 Perceived HIV & AIDS Prevention

Scientificly, there are three ways to prevent HIV & AIDS, those are abstinence, be faithfull, and using condom. However, this study found some perceived prevention of HIV & AIDS among married women. Some of them mention about condom use, however they did not mention about abstinence. The participants perceived some strategies can be done for preventing HIV which is their local beliefs. The perceived prevention of HIV & AIDS which participants explained is HIV like being faithful, believing in the spouses, giving the best service to the spouses, and vaginal practices.

Table 4.1 Comparation between Local Belief About HIV & AIDS Prevention with Scientific Ones

Scientific	Local Beliefs
1. Abstinence 2. Be faithful 3. Condom use	1. Being faithful 2. Believing in spouse 3. Dont have multiple partners 4. Condom use 5. Providing the best service 6. Vaginal practices

Most of the respondents said that being faithful was the best method to prevent HIV & AIDS. Be faithful that the respondent perceived is as far as they are faithful to the husband, they will not take risk to get HIV & AIDS. This leads to the perception that they do not need do any kind of prevention because they did not have multiple partners at all, so they are safe. This can be seen from the statement in focus group discussion as follows:

"Being faithful to husband. One forever, does not have multiple partners. Housewife doesn't need to do HIV prevention, because we do not do something risky." (FGD, high education, >30 years old)

"For me, I only try condom, but I do not try another husband, if with the same spouse, only one, Insya Allah (If God Will) it will be safe" (FGD, low education, >30 years old)

Moreover, another participants gave opinion that belief to the husband could prevent HIV. This pattern was found from the FGD of young and low level education. Almost all of participants answered that trust the husband was the appropriate HIV prevention for housewife. Observe the following statement:

"If me myself...I trust my husband...belief to Allah...trust to my husband" (FGD, low education, <30 years old)

Some participants mention that condom can be use to prevent HIV&AIDS.

"That's why doctor give suggestion to use condoms...To prevent, for example A who has HIV should use condom, it will prevent to transmitted to other people" (FGD, low education, <30 years old)

"Condom can prevent HIV&AIDS transmission..."(FGD, high education, >30 years old)

In addition, one of the respondents mentioned that giving the best service to the husband could prevent HIV & AIDS. Give the best services which the respondent mention means is being the good wives, being the good mother, good communication with the husband, cooking for the husband, and serve the husband sexual needs. Giving the best services can prevent the husbands from going out and having sex with another woman. From this finding, we can see that give the best service to the husband also one kind of wives communication to the husband, so that husband will not go out with another women, and keep the husband in the right way. This can be seen from statement as follows:

"We should trust with our husband, should often to tell him...our serve must be really good...the communication with husband should be

good...our serve should be satisfying...must be the best" (FGD, low education, <30 years old)

The other perceived prevention of HIV & AIDS that found in this study is vaginal practice[4]. The participants thought that washing vaginal practices after having sex could prevent them from HIV & AIDS. Some kind of vaginal practices mentioned by the participants were washing and cleaning vagina use warm water and foam after having sex with husband, drink jamu (traditional herbal mixture), and gurah vagina[5] (vaginal cleansing). This can be seen from the statement as follows:

"Cleaning (vagina) by using warm water after having sex...drinking Jamu (traditional herbal medicine)" (FGD, high education, <30 years old)

'I do urinating immediately after having sex...after coming out (the man orgasm)...I went into bathroom and urinating. We felt the sperm was out...then washed it with the foam" (FGD, high education, <30 years old)

In addition, one of the participants from in depth interview explained how to keeping hygiene for the body, for example by taking a bath three times a day could prevent people from HIV & AIDS. This can be seen from the following statement as follows:

"It can be prevented, by keeping ourselves hygiene...body cleanliness...for example by taking a bath three times a day..." (ID, truck driver's wife, case 4)

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4 Vaginal practices were broadly defined to include all efforts to wash, modify, cut, cleanse, enhance, dry, tighten, lubricate or loosen the vagina, labia, clitoris, or hymen. This could include a substance or material applied, ingested, inserted, or steamed. Each practice was thus described in terms of products used, timing and frequency of use, belief systems related to the practices, as well as motivations and personal experiences with a practice. Some menstruation practices, for example, were described as insertion practices (to collect blood) or as an ingestion practice (to relieve cramps and purify) rather than as a menstruation practice per se. In addition, the study did not limit questions to practices with sexual or health motivations (Hilber et al, 2010).

5 Gurah vagina is flushing involves treating the inside of the vagina with fluids. This technique is done by inserting liquids, herbal mixtures, ozone, and medicines through the vaginal aperture. In the practice of gurah, specifically designed tools are used to remove excessive vaginal discharge (Hilber et al, 2010).

4.2 Relationship and Interaction among Married Couples

The nature of the relationship among partners is important. The key element for understanding their sexual behaviors was the interaction between man and woman, and condom use here was an outcome of this interaction. Women's ability to negotiate safer sexual practices, particularly condom use, is a vital component of HIV prevention strategies.

What I found from the participants is the nature of general interaction among married couples varied depend on the level of education. Decision making, communication, and negotiation pattern is varying from domination of husband as leader of the family to greater wives involvement.

Almost the entire potentially high risk participants was from low level education. The findings from in depth interview supported that the relationship and interaction pattern for this high risk group was similar with the low education level of general married women. The participants in this group usually only discussed about children or economic problem, and for some husbands dominated in decision making process.

So the finding of this study shows that the education is the dimensions that differentiate the communication and decision making process between general married women and potentially high risk married women.

4.2.1 Communication, Negotiation and Decision Making Process for General Problem

The findings from the FGD of old and high education married women explained several problems, that is the number of children, the sex of the children is could be single decision made by themselves because they were also those who worked in the family. This shows that education and status of work can affect the decision making process, or at least capability to communicate, disscuss, and negotiate to make decision in the family, especially about the women matters in the family (for example giving birth). This can be seen from the statement from focus group discussion as follows:

> *"if me, the decision maker is on me myself, because I'm the one who works, and my husband only stays at home, so for the number of our children, I take decision on it. Since I'm working, I feel enough with two children, I don't want to have more children." (FGD, high education, >30 years old)*

> *"About the gender of the children, I decided on it. I've done maximal efforts like going to the doctor, to religious leader. Uhmm…I've tried every sex position. I also tried some beliefs. However, I still cannot get the son." (FGD, high education, >30 years old)*

Moreover, some participants from FGD of young and high education married women told that it was *saru* (impolite) if the wife did not discuss everything with husband. This reflects the social cultural norms in Javanese society about family etiquette that even though in some problem the wife could take decision by herself, but she should first discuss with their husbands. Then wife could negotiate with husband on what they wanted. This can be seen from the statement from focus group discussion as follows:

> *"Everything is discussed with husband, but no one dominates, because it's saru (impolite, taboo) if we do not talk and discuss our family problem together. However, for contraception, I decide it by myself" (FGD, high education, <30 years old)*

However, a very different condition happened among participants in low education groups. The low education participants, both old and young, even the potentially high risk group is more likely to have the similar pattern of decision making process. For them, final decision was upon their husband. The participants of these groups had an opinion that husband was the leader, so wife as a vice of the family should follow what the husband order. This can be seen from the statement as follows:

> *"We discuss for everything, but the final decision is on husband" (FGD, low education, >30 years old)*

"Final decision is on husband...we're supposed as ministers, a vice of the family..." (FGD, low education, <30 years old)

"Husband, because he is a leader of family... if we give advice, he will take it if he's pleased. If not, he will put it aside....." (ID, truck driver's wife, case 4)

4.2.2 Communication, Negotiation and Decision Making Process for Condom Use

In terms of discussion of condom use with partners, the answers also vary from ever tried to negotiate condom use to husband, to feel taboo to talk about condom to husband. The similar pattern with communication and discussion for the general problem, for condom use, education affect the communication pattern.

Table 4.2 Comparation between High Education and Low Education Married Women on Communication, negotiation and Decision Making Process for Condom Use

High Education	Low Education
1. Can talk and disscuss to husband 2. Decision maker in husband	1. Not able to talk/ disscuss because taboo to talk about condom to husband 2. Decision maker in husband

One participants from high education and older group told that she tried to ask about condom use to husband. Even though her husband rejected to use condom, but it showed that the high education especially the career woman could affect the self efficacy. It then affected the way of communication to use condom. Its also shows the family ettiquette to mantain the harmony in the family, which wives can try to negotiate and talk each other for any problem they face, even though the decision maker is mostly husband. This can be seen from the following statement from focus group discussion:

"I've ever slipped out to speak, that I wanted to use condom, and his reaction was, "no need to use. It's more comfortable..." (FGD, high education, >30 years old)

Another explanation arose from the FGD of young and high education group married women. One respondent said that she felt reluctant to ask her husband for using condom even though the condition forced her to use it. The condition here means that when the husband had just got back home from his work at another town. At that time, the participant did not use any kind of contraception. The participant's explanation can be seen from this statement:

"If we're in the situation that forces us to use condom...I'm still doubt to tell him...Just said at that night when we had to use condom...ask him to use condom" (FGD, high education, <30 years old)

While the participant from low level education, both old and young group told that for them, discussing about condom to husband was taboo. The discussion that could be accepted to them was only on the area of economy, the explanation can be seen from the focus group discussion as the statement below:

"Taboo...Never discuss...Usually only discussed about economic problem. It's enough" (FGD, low education, <30 years old)

"Never do, usually only discussed about economic problem. I feel uncomfortable to talk about condom with my husband" (ID, truck driver's wife, case 5)

However, in negotiating the condom use, the pattern for all of groups, both general married woman and potentially high risk group, both old and young, both high and low education was almost similar. They could negotiate to husband, but the final decision was on their husbands. This condition showed that non condom use was the kind of wife's strategy to avoid controversy and conflict with husband. The explanation can be seen from the following statement from focus group discussion:

"My husband has to be persuaded, but if he doesn't like, he will be angry; sometimes he is ego, two different characters, even though already get married, but still have the ego"(FGD, high education, <30 years old)

"For condom use, we should ask the husband, "Do you feel comfortable? If not, no need to use..." (FGD, high education, >30 years old)

"Who should decide for condom use is the husband. If the husband jajan (buy sex) outside, he has to be aware...Should think of our children" (ID, truck driver's wife, case 2)

4.3 Behavioral Beliefs of Condom Use among Married Women

Beliefs generally link some attribute to a volitional behavior or an attitude. Volitional behavior which mention here is in specific condition which is lead to individual performs behavior, which is decision to use condom. The cognition of the respondent from the focus group discussion reflects some beliefs that link to some attribute. The information gained from both all of focus group discussion and in depth interview shows beliefs condom as contraceptive methods links to attribute condom is conflict with the desire to procreation, beliefs that condom is appropriate to the sex worker links to attribute condom is not appropriate for married couple, and beliefs that condom use will be caused some technical problem (condom leak, and leave inside vagina) links to both scary and thinking that condom is not effective.

4.3.1 Condom is Identical with Contraception

Since the 1970s, the Indonesian family planning program has contributed to considerable gains in family planning, including condom. Even though in 1980's condoms were being promoted as part of the global fight against AIDS, my findings shows, married women perception of condom use still identical with contraception. Almost of them identified condom as contraceptive method, without mention about its disease prevention function. This explanation can be seen from the following statements:

"Contraceptive method that is used by man" (FGD, low education, >30 years old)

"Preventing sperms through inside our body...to prevent pregnancy..." (ID, truck driver's wife, case 2)

Finding from the focus group discussion show that participant perceive that no differentiation between condom and another contraception use to prevent HIV. One participant explained that the other contraceptive method can be used to prevent HIV as well. This explanation can be seen by the statement, as follows:

> *"wah..its so scaried...that's why doctor give suggestion to use condoms...to prevent, for example A who has HIV should use condom, it will prevent transmission to other people...but its not for all...because many men don't want to use...so for doing that (HIV prevention) some women use injecting contraceptive method, pills, etc" (FGD, low education, <30 years old)*

Moreover, the image condom as contraceptive method was so strong, not only among the married women, but also in FSW. The respondents still thought that condom was used for contraceptive purpose. This is the statement from one of the participants who identified condom use in FSW was for contraception purpose:

> *"But sometimes, there are customers who do not want to wear condom..., so for the solutions all FSW use contraception, even though they never have had sex before (become FSW), they still use. Nearly 80% of them use contraception" (FGD, high education, <30 years old)*

4.3.2 Condom Use Conflict with the Desire to Procreation

Because condoms are identified with birth control, married couples may be reluctant to use condoms. Because procreation is the purpose of marriage, women see no reason to delay childbirth and use condoms as a contraceptive. Some participant explained that they did not use condom because of procreation reason. That explanation can be seen from the statement below:

> *"i never use condom, even just try it, because my husband still want to have more children. He wants to have the son" (FGD, high education, >30 years old)*

> *"I think my husband doesn't want to (use condom)...because even though I do not use contraception any longer...I do not yet get the*

child....However, I want to have more children...yeah...maybe I haven't been given yet" (FGD, low education, >30 years old)

4.3.3 Condom is Appropriate with Sex Worker

Still relating condom as contraceptive method and the purpose of marriage is for procreation, married women think that condom is only appropriate to sex worker who do sexual intercourse only to satisfy their sexual desire, not for having children. The explanation can be found from the statement below:

"When I was taking Damri (public transportation), there was one FSW...She was not embarrassed with her status..She brought condoms with her" (FGD, high education, <30 years old)

"For FSW, having sex is only for satisfying their sexual needs, so they use condom" (FGD, high education, >30 years old)

"The one who has to wear condom is FSW, so when the husband comes back home and has sex with her wife...maybe he wants to have sex intercourse without using condom..." (ID, truck driver's wife, case 2)

4.3.4 Condom Can Cause Some Technical Problem

In some cases, husband is the one who ask and persuade the wife to use condom, however, wives had their own perceived about technical problem of condom. There were fears of a condom leak and even left inside the vagina.

From the first statement we can see, instead of asking the wife directly to use condom, the husband said that he is boring, it is the smart strategic to persuade the wife to use condom. But married women rejected because reported have beliefs that condom can slipps off the penis during sex, and enter the women uterus. The explanation can be seen from the statement of one of the participants showing that she's scared to try condom because of this reason:

"My husband told me that he was bored with this condition...And asked me to try to use condom... but I didn't want to. I'm afraid the condom will be left inside vagina" (FGD, low education, >30 years old)

"When my husband asked me to use condom, I told him that I was afraid it would be left inside vagina...I rejected" (ID, truck driver's wife, case 6)

Some of the participants also expressed their doubts about the effectiveness of condom use to prevent pregnancy and HIV & AIDS. They told me the possibility of the condom to leak. Observe the following explanation:

"But it's vulnerable when using condom...its can leak" (FGD, high education, <30 years old)

"....but a condom can also leak. If it's the cheap one, it can leak" (FGD, high education, >30 years old)

"Don't use the cheap one...it can leak" (ID, truck driver's wife, case 6)

4.3.5 Condom Interrupt Sexual Activity

A common complaint from participants who have tried condoms was that using condom cause's discomfort, and interfere the sexual contact, which leads to reduce sexual pleasure of sexual intercourse with the spouse. The explanation of that problem shown in the statement below:

"...but it didn't feel good. I didn't enjoy it. When we're with our husband, we want to feel free" (FGD, high education, >30 years old)

"No direct touch, reducing pleasure..." (FGD, high education, <30 years old)

"I've tried to use it, but it didn't feel good, there something interfered, like some plastic." (FGD, low education, >30 years old)

"I've tried to use it...Feel uncomfortable...Feel like something interferes...feel different..." (ID, truck driver's wife, case 3)

4.4 Husband Beliefs and Thought of Condom Use

For some married women, the reason why they were reluctant to use condom was their beliefs that condom was uncomfortable for men. They felt condom

would be reduce the pleasure, and affect the men's feeling, because the men were those who could feel the difference between using condom or not. This condition made several wives had some beliefs that their husbands did not expect condom use as the better choice.

> *"For condom use, we should ask the husband, "Do you feel comfortable?"*
>
> *"If not, no need to use, because the husband is the one who feels it." (FGD, high education, >30 years old)*
>
> *"Husband would be less satisfied. He felt different...even though it's already very thin...my husband told me" (FGD, low education, <30 years old)*
>
> *"I don't use condom because husband is the one who can feel it, maybe he feels something different, so I also feel different because of his reaction. As the result, to make comfort each other, I use injectable contraceptive method." (FGD, high education, >30 years old)*

Moreover, in another way subjective norms do not always imply in negative way. In some in depth interview, when the husbands ask their wives to use condom, they will act and show to the wives that they feel comfortable enough when using condom, and if the husband asks to use condom, even though wives themselves feel uncomfortable, they will follow the husband.

> *"After having sexual intercourse...we talked about how he felt when using condom...Maybe he wanted to make me happy. He said it's comfortable, but we didn't know what actually he felt..." (ID, truck driver's wife, case 3)*
>
> *"He said whether or not using condom was giving the same feeling for him...He said he wanted to use condom so that it's not dirty...Yeah..I knew he didn't like something dirty" (ID, truck driver's wife, case 6)*

4.5 Perception of Married Women on Condom Use to Prevent HIV & AIDS

The result from this study showed that not all of the respondents were familiar with condom even there were several respondent who never saw condom before. It happened in all of respondent characteristics. There were several respondents who never saw condom in the low education group as well as in the high education group, in general married woman as well as in the high risk group married woman. There were some perceptions related to condom use found in this study:

4.5.1 Condom is Something Absurd

The interesting finding from this study was married women felt that condom was something absurd. This image was told by them who never saw condom before, those who saw but never tried it, and also for them who had tried condom.

One participant who never saw condom before told that condom looked like something absurd. The explanation can be seen from the statement below:

> *"I never see condom, but it seems like something nggilani (absurd) " (FGD, high education, >30 years old)*

The same thought also happened to some of the participants who just saw condom, but they never tried it. They gave the similar reason, condom was something absurd. The explanation can be seen from the statement below:

> *"I had never used it...I even feel it (condom) is absurd...Why should put something in the sensitive things (penis)...looked like putting glue on it" (FGD, low education, <30 years old)*

> *"I've ever seen...But only seeing the condom made me feel tickled...I've seen a baloon made of condom" (ID, truck driver's wife, case 4)*

Moreover, thinking that condom was something absurd lead the participant to feel funny when they tried to use it for contraceptive methods. One participant told her experience to use condom with her husband, but she felt condom was something very funny. As the result, this situation discouraged them to use condom. The explanation can be seen in the statement below:

"I ever tried to use, but it's tickled. The shape was funny. I laughed loudly, even couldn't stop laughing... So we discouraged to use it. After giving a birth, I did not use the contraception yet, so I was recommended to use condom, but I felt tickled first before using it." (FGD, high education, >30 years old)

"First time I saw condom, I felt that the shape was funny...because given added material on it (penis), so when I touched, I held, and I felt, it's different, it's funny..." (ID, truck driver's wife, case 3)

4.5.2 Risk Perception of HIV & AIDS

The focus group discussion revealed that almost all of general wife's had the low risk perception. The opinion varied from the reasons because the beliefs to the husband, they knew that the husband was healthy, and also opinion because housewife did not do any kind of risky behavior so they were not in the risk to get HIV. The perceptions of the risk from the general wives are illustrated in the following comments:

"I actually do not know 100% (HIV), and hopefully do not know because it doesn't happen in my scope..." (FGD, high education, <30 years old)

"I'm actually afraid to hear it (HIV)...but we should understand the family life...we should believe that our husband is not cheating us" (FGD, low education, <30 years old)

"During this time we face our husband is healthy...So far, we know our husband's healthy...If you've married, automatically you know your husband very well...Inside and outside...If the husband's sick, for sure we know...and we can ask him, why he's sick, because we were married, we know inside and outside of our husband's condition" (FGD, high education, <30 years old)

"Housewives do not need to prevent for HIV, because we do not do something risky. Especially for women, housewives who were faithful to their husbands were more important to prevent on cervical cancer,

because we believe he didn't do something risky and me as well." (FGD, high education, >30 years old)

However, for the potentially high risk group that we expected they would like to have a high perceived risk, but they didn't. The results from in depth interview from truck driver's wives showed that they had a low perceived risk of HIV & AIDS, similar with general wives. The explanation can be seen from the statement, as follows:

"I never feel worried, I always trust my husband. I see from the salary always that is in the exact amount... It is possible if a husband has high salary...because doing sex with FSW also costs money..." (ID, truck driver's wife, case 3)

"Alhamdulillah (Thaks God) I never worry to get HIV...never because my husband is a kind of quite people...calm" (ID, truck driver's wife, case 2)

"Alhamdulillah (Thanks God) I never worry to get HIV...because my husband is healthy" (ID, truck driver's wife, case 4)

"I'm not worried...because the religion teaches us to serve the husband..so I always say to my husband..."if you want to have sex with me..just tell me...I will permit you...Don't have any sexual intercourse behind me"...However, I don't know the reality" (ID, truck driver's wife, case 1)

4.6 Attitude toward Condom Use to Prevent HIV & AIDS

Attitude towards behavior is linked with behavioral beliefs, all the behavioral beliefs which are already mentioned in the previous sub topics will lead to the attitude towards behavior, in this case is attitude towards the condom use. The attitude means the acceptability condom use to prevent HIV & AIDS among married women. There were several opinions from the participant that condom should be used for extramarital sex marriage, not appropriate within marriage.

"When having sex with our own husband no need to use condom" (FGD, low education, >30 years old)

"To prevent transmission... for example when having sex with another person (not with spouse) use a condom...but that doesn't mean he can have sex with the others" (FGD, low education, <30 years old)

The attitude toward condom use in my study was including the question about dual protection. There were range answers from the participants, some of them agreed, but the others disagreed. Their answers showed that condom use was acceptable in certain circumstance. For several participants, the use of condoms was not acceptable unless they perceived a need of protection from the disease. And the disease infection concept which the participant explained here is based on their understanding and local belief, like what one of the participant explained, she used condom when husband is sick or tired, to prevent that disease transmitt to her, because it can cause flour albous. The explanation can be illustrated by the following comments:

"For me, it's possible that family planning is to prevent pregnancy. However, if the husband is sick, it's natural if he still wants to have sex, so he should use condom to prevent transmission to the wife." (FGD, high education, >30 years old)

"....for example, if our husband is sick or tired, he should use it (condoms), because it can cause flour albous if you have sex with a sick man" (FGD, low education, >30 years old)

The other participants told that condom should be used if having sex during menstruation period to prevent infection. It was because in their opinion when the semen was mixed with the menstruation blood, it could cause disease. The explanation can be illustrated by the comments from focus discussion:

"Such as when menstruation...the man wants to have sex...but there is blood on it (vagina)...so he should use condom. If in the menstruation period, semen that is mixed with the blood can cause disease" (FGD, low education, >30 years old)

One participant from in depth interview told that for her, dual protection was a kind of redundant and reflect that the people had too much worry about

themselves. The explanation can be illustrated by the following comments from In depth Interview:

> *"If there are any people using dual protection...is means she is worried too much and also a kind of redundant, a kind of people who always try something strange" (ID, truck driver's wife, case 1)*

4.7 Intention to Use Condom

Behavioral intentions represent a person's relative strength of intention to perform a behavior. Behavioral intention is affected by both of attitudes toward a behavior and subjective norms toward that behavior, which will lead to predict actual behavior. In simple terms is a person's attitude, combined with subjective norms forms his/her behavioral intention.

In this study, in terms of condom use to prevent HIV & AIDS in married women, even though the participants mentioned they accepted to use condom in some conditions, but the consent about the partner pleasure and beliefs that condom was uncomfortable for man, had made the married women decided not to use condom. One of the participants told that she didn't have any intention to use condom even though she agreed with the dual protection because she considered about her husband's feeling. That explanation can be illustrated in the following comment:

> *"No I do not agree, because my husband doesn't want to use it. I agree of dual protection, but I think it is only appropriate to someone who wants to use condom, but I myself, I don't want to use it." (FGD, high education, >30 years old)*

4.8 Condom Use to Prevent HIV & AIDS among Married Women

4.8.1 General Married Women

Condom use in the married women in this study is very rare. Only few respondents told that they ever use condom. The result from focus group discussion in general married women show some participant never use condom at all. Some of them ever use condom but not for HIV & AIDS prevention purpose. One of the participants told that she use condom consistently but for family planning purpose, some said that they ever use condom in the period after giving birth and almost of participant told that they use condom for curious reason. There is some purpose related condom use in general married women that found from this study:

4.8.1.1 Family Planning Purpose

Condom is one kind of contraceptive method, and the finding in this study shows that married women more familiar with condom as contraceptive method. This influences the purpose of some married women to use condom. From focus group discussion I found some participant who use condom for family planning purpose.

One of the participants told that she use condom consistently for family planning purpose. She has to use condom because she cannot use any other kind of contraception. She ever tried to use injection but she got menstruation all the time. She tried to use pills but she felt dizzy as the side effect. So, she choose condom as her contraceptive method. The explanation can be seen from the statement as follows:

> *“I use condom, if I’m not use it, I feel uncomfortable, I always use condom.” (FGD, high education, >30 years old)*

> *“I’m different, if the condom is empty, I will not have sex with my husband, because I didn’t take any contraceptive method, I’ve already 12 years using condom.” (FGD, high education, >30 years old)*

"If my husband doesn't want to use condom, I don't want to have sex with him, because I don't take any contraception method." (FGD, high education, >30 years old)

Some of respondent from focus group discussion also mention about their experience when using condom after giving birth in the childbed period, at that time the respondent did not use any contraception yet, so they use condom to prevent pregnancy. The explanation can be illustrated in the following comments:

"When after giving birth, and I didn't use any contraceptive yet, recommended to use condom." (FGD, high education, >30 years old)

"During postnatal, I use condom, but after 40 days have to change to take injection." (FGD, high education, <30 years old)

"I ever try, but it's because we understand each other about the condition, i ever use after giving birth and not use other contraceptive yet, so should using condom to prevent pregnancy." (FGD, low education, >30 years old)

4.8.1.2 Curiosity Reason

One of the finding of this study is married women not familiar with condom and perceive condom as something strange. This condition make married women use condom as the way they express the curiosity. They use condom as a way to get variation of sexual intercourse with husband. The explanation can be illustrated in the following comments:

"I ever use because I want to try condom... only to try, if you curious" (FGD, high education, >30 years old)

"Ever, but just because we are curious, my husband said I have condom, whether we want to try?" (FGD, low education, >30 years old)

4.8.2 Potentially High Risk Group Married Women

The potentially high risk group, that we expect they will more likely to use condom, they don't use. Results from in depth interview in the potential high risk

group shows that only some participant who ever use condom. One is for curious reasoned, one for protection of disease transmission (didn't specifically mention HIV & AIDS), and one is because the husband force her to use condom.

The first participant who use condom, she use condom for curious reasoned. Similar to general group, she also use condom to know how condom feel. The explanation can be seen from the statement as follows:

> *"Condom use for me is just our willingness to try...because I want to know...how to wear it..." (ID, truck driver's wife, case 1)*

The second participant who use condom, she usually used condom with husband if husband be unhealthy. In her opinion, condom can prevent the disease transmission from husband to her, because she said if husband is unwell it can make her get flour albous, but she does not mention specifically its HIV & AIDS. The explanation can be seen from the statement as follows:

> *"I ever try...for example...my husband feel unhealthy...the results is effective...i didn't contract him...i didn't get his disease...the disease which can be prevented by condom use is flour albous...for example after having sex with husband...we feel get flour albous...it is possible because the husband body is in the unhealthy condition" (ID, truck driver's wife, case 3)*

The third respondent who ever used condom, she ever used condom because husband force her to use condom. This situation happened when husband have affair, he rarely comeback home. And when he come back home, he suddenly ask the wife to use condom when having sex to protect the wives. The wives give so many reasons to reject it, such as condom is not comfortable to use, and also an afraid of condom left inside vagina, but finally they used it two times. Now the husband changed the occupation, he only stay home, but they never sleep together. The husband still keep so many condoms in home, but because they never having sex. They do not use condom nowadays. The explanation can be seen from the statement as follows:

> *"I ever use condom when my husband work far away from home...he rarely comeback home...when he comeback home suddenly he asked me to*

use condom...at the first I reject his request...I said condom is uncomfortable...and I also afraid condom can be leave inside my vagina...but he said to avoid the dirty...I know my husband is don't like something dirty." (ID, truck driver's wife, case 6)

"I feel condom is uncomfortable...but my husband said it's comfortable for him" (ID, truck driver's wife, case 6)

"When he suddenly asked to use condom...I feel distrust...because from the beginning of marriage he never asks to use condom...because of that suspicious...I asked my husband to be honest...he said when he far away from home, he likes to buy sex." (ID, truck driver's wife, case 6)

"Now...my husband never sleep with me...my husband still keep so many condom...but it never use...its already one year he always keep condom in home" (ID, truck driver's wife, case 6)

4.8.3 Pattern of Condom Use among Married Couples

There are two conflicting patterns of condom use among married couple in this study. The first one is when the willingness to use condom is comes out from the wives, and second is when the willingness to use condom is comes out from the husband.

In the first patterns, one participant from high education and old age group told that she ever tried to ask her husband to use condom. However her husband rejected. This experience makes this woman have negative attitude toward condom use, because she feels maybe the husband is not comfortable to use condom, so she does not agree to use condom and have no intention to use condom in the future. The explanation of the first scenario can be illustrated in the following comments:

"I've ever slipped out to speak, that I wanted to use condom, and his reaction was, "no need to use. It's more comfortable..." (AN, FGD, high education, >30 years old)

"No I do not agree, because my husband doesn't want to use it. I agree of dual protection, but I think it is only appropriate to someone who wants to

use condom, but I myself, I don't want to use it." (AN, FGD, high education, >30 years old)

The second pattern shows the experience from the participant whose husband wanted to use condom. Two participants told about their experiences about their husbands willingness to use condom. The first participant is from general married women, she told that the husband said he was bored and wanted to use condom to have variation in their sexual intercourse, but she was afraid that the condom could be left inside the vagina, so she rejected it. Then, they did not use condom at all. The explanation of the second scenario from the first participant can be illustrated in the following comments:

"My husband told me that he was bored with this condition...And asked me to try to use condom... but I didn't want to. I'm afraid the condom will be left inside vagina" (FGD, low education, >30 years old)

The second pattern also happened in the others participant, she is from potentially high risk group married women. In this scenario, at that time the husband is rarely to comeback home, and when he come back home, suddenly he told her that he want to use condom for reason to protect the wife, because the husband said its for prvent the dirty. Its caused the misstrust from the wife, the wives give so many reasons to reject it, from condom is not comfortable to use, and also afraid that condom was left inside vagina. The husband tried to force her, and the result for this scenario was they used it two times. However, because the husband realized that the wives did not feel comfortable with using condom, now they never slept together since one years ago (abstinence). The explanation of the second scenario from the first respondent can be illustrated in the following comments:

"I ever use condom when my husband work far away from home...he rarely comeback home...when he comeback home suddenly he asked me to use condom...at the first I reject his request...I said condom is uncomfortable...and I also afraid condom can be leave inside my vagina...but he said its to avoid the dirty...I know my husband is don't like something dirty." (ID, truck driver's wife, case 6)

"I feel condom is uncomfortable...but my husband said it's comfortable for him" (ID, truck driver's wife, case 6)

"When he suddenly ask to use condom...I feel distrust...because from the beginning of marriage he never ask to use condom...because of that suspicious...I ask my husband to be honest...he said when he far away from home, he likes to buy sex." (ID, truck driver's wife, case 6)

"Now...my husband never sleep with me...my husband still keep so many condom...but it never use...its already one year he always keep condom in home" (ID, truck driver's wife, case 6)

4.9 Discussions

The result shows the whole picture of the reason why married women use or do not use condom in this study. The explanation and discussion of the findings of this study will be explained in the following parts.

4.9.1 Framework Based on the Findings

Before I conduct this research, I propose a conceptual framework based on the literature review and I think appropriate with the study design (Qualitative), so that I only focused on perception, attitude, and condom use among married women, the detail of the early conceptual framework can be seen in the chapter two, at the figure 2.4.

However, the result show the whole picture of the reason why married women use or not use condom in this study scope. Some dimensions is added, that is source of information, personal knowledge on someone who has HIV, knowledge of HIV & AIDS, knowledge of condom, and wife positions in the family. The detail of the conceptual framework after conduct study can be seen at the figure 5.1.

4.9.2 Knowledge and Risk Perception of HIV & AIDS

At first, I want to discuss about knowledge of HIV & AIDS in married women. The knowledge dimensions here is relates with one layer of theory of

interaction, which addresses individual-level characteristics that each partner in a sexual relationship brings to the interaction. In this part of layers, those have important implications for condom use is education and exposure to information, in particular HIV-related knowledge.

At the beginning of the study I don't mind this dimensions will be have influence of condom use in married women. However, the results show that some of general married women especially from the low education level group, include the potentially high risk group who have low education, they never heard about HIV & AIDS. Its maybe has relationship that high education level have higher knowledge on HIV&AIDS, and low educations have lower knowledge on HIV& AIDS.

The low HIV knowledge is caused by limited access of married women on HIV & AIDS information, so they only get the HIV information from television especially news and some infotainments, such as soap opera, which is the quality of the information, is sometimes inaccurate. Low knowledge of HIV and never see people with HIV & AIDS make married women feel that HIV is happened in "other" people, not them, this situation make married women have low perceived salience and risk of HIV & AIDS. Low level of HIV knowledge and low risk perception reflect that married women do not have a full understanding of HIV & AIDS phenomena, including their own risk, because do not expose to the disease by themselves.

Figure 5.1 Conceptual Frameworks Based on the Findings Focus on Perception and Attitude, and Condom Use to Prevent HIV & AIDS among Married Women

This finding of low HIV knowledge and low perceived salience of HIV among married women are consistent with the results from IDHS in 2007 where only 3.9% of married women knowing someone who has HIV, 9.1% of ever married women have comprehensive knowledge of HIV, and only one-third of them know that using condoms can reduce transmission of HIV & AIDS. The finding of this study, that the source of HIV & AIDS information among married women is television; is supported by the results from IDHS in 2007 that 88.5% source information about AIDS among married women is television (IDHS, 2007).

In term of perceived risk of HIV & AIDS, based on the Health Belief Model theory, personal risk or susceptibility is one of the more powerful perceptions in prompting people to adopt healthier behaviors, the greater the perceived risk, the greater the likelihood of engaging in behaviors to decrease the risk. It is logically that when people believe they are at risk for disease, they will be more likely to do something to prevent it from happening. Unfortunately, the opposite also occurs, when people believe that are not at risk or have a low risk of susceptibility, unhealthy behaviors tend to result.

Findings from this study are consistent with this theory, married women generally do not perceive themselves to be at risk for HIV & AIDS, even they are in the potentially high risk married women, and so they not do practice safer sex (condom use). The statement of respondent when responses question on are they feel they in risk to get HIV, such as “it happened not in my scope” and “I always trust my husband” reflect the low perception of the married women on HIV risk. A few participants also described using characteristics-based theories and other “evidences” in determining whether their partners were safe. The characteristics-based that respondent explain is can be seen from the statement of respondents, such as “looked healthy”, “that kind of person”, and “always give money in exact amount”.

4.9.3 Relationship and Interaction among Married Couples as Barriers to Do Safer Sex

There are deeper issues relating to safer sex in the case of married women. Safer sex in this group cannot be attributing to cognitive factors alone. The barriers to practice safer sex is related to role of the women in the families, as wife of the

husband. Interpersonal relationship, women status with and subjective norms is also an important issue which should be raised in the condom use problem, because in many ways the use of condoms implies a degree of couple communication if not cooperation.

Regarding the communication and discussion among married couples, this study found that the pattern of communication about HIV & AIDS among married couples varied depend on their level of education. The higher education is more likely to disscuss, talk and negotiation with husband and to make decision in the family. This maybe because some of the high education women are working women, and also earn money for the family. However, very different condition happened on the low education group. The low education group are more likely have the similar pattern of decision making process, for them, final decision is on husband's, it is similar with results from a study in two big city in Indonesia that men were considered the household heads (Hidayati Amal et al, 1997). This is because most of the low education maried women are socially as well as economically dependent to the husband.

The level of education as well as income for the family has effect on skills of communication. The finding from this study shows that the high level of education, more likely to have self efficacy that affect the way of communication skills they feel more confident to discuss with the spouse about sexuality, including HIV and condom use. While the respondent from low level education told that for them, discuss about condom to husband is taboo. The findings that education affects the way of communication especially about sexuality in married couples is consistent with the findings from IDHS in 2007 that the higher education level of married women, the higher percentage of them ever discuss about HIV & AIDS prevention with husband (IDHS, 2007).

Local culture of the family etiquette also gives contribution to that pattern of couple communication and decision making process. Even though in some problem, especially problem in the women domain like number of children, sex of the children, married women can have the greater portion in decision making process, but the family etiquette, which comes out from the local norms of Javanese, that it is saru

(impolite, taboo) if wife not discuss everything with husband. So every decision making process that wife want to take, she need discussing with husband first.

The finding about relationship between interpersonal communications with level of education is also supported by Theory of Interaction. According to Theory of Interaction, education, by virtue of the cognitive skills it imparts, can also have an impact on health seeking behavior and exposure to health interventions, as well as interpersonal communication. Furthermore, educational attainment may impart status and confidence, thus shaping the gendered identity of an individual. In contexts of low educational achievement for women, one might therefore expect higher levels of female education to be associated with more egalitarian relationships between couples, reflecting a lower degree of male dominance and greater female involvement (Zubia Mumtaz et al, 2003).

However, in term of condom use, the pattern for all groups, both general married woman and high risk group, both old and young, both high and low education is almost similar. They can negotiate to husband, but the final decision depends on the husband. The married women view men is a household leader, and good wife should follow what the husband wants. No condom use in married women seems like strategy of married women to avoid conflict with husband. Its reflect that in the marriage setting, mantain the family harmony is more important than only prevent the disease infection, such as HIV & AIDS.

Subjective norms are also one part of the factors effecting safer sex among married women. According to Theory of Reasoned Action, a subjective norm is function of normative belief and motivation to comply with the normative belief. A normative belief is the perceived expectation of important others regarding the volitional behavior, and motivation to comply is real or imagined pressure one feels for her behavior to match the perceived expectation of others (Hale, 2002). In this study, in condom use among married women, normative beliefs means “what is wives thinks about husband beliefs and though on condom use”.

Finding from this study shows that the reason for married women reluctant to use condom is their belief that condom is uncomfortable for men. This condition make wife’s have a belief that husband expect not to use condom as the better choice, because wife want to pleasure the husband.

4.9.4 Condom Use to Prevent HIV & AIDS

Since the 1970s, the Indonesian family planning program has contributed to considerable gains in family planning, include condom. According to Hull, in the 1980's, in the time since HIV & AIDS gained the world's intention, the proportion of couples using condoms for fertility control in Indonesia has fallen dramatically. Hull said it was possible that people have simply stopped identifying condoms with contraception, and now see them mainly as means of disease control (Hull, 2005). However, this statement is contradictory with this study, married women identify condom as contraception and not as disease prevention. The interesting finding is married women also identify FSW use condom to prevent pregnancy, and the low education married women have the misconception that another kind of contraceptive method as well as condom can prevent HIV transmission.

Condoms represent a challenge in Indonesia for some reasons. Observation of the media in Indonesia indicates that negative attitudes toward condoms is because of conservative politicians and religious leaders often believe that condom promotion promotes sex and they are worried that condom will be accessible to unmarried people, and fret that the state should not interfere family domain. On the other side, medical personnel and family planning workers find it difficult to promote condoms as method of dual protection, offering fertility control in area of infection control (Hull, 2005). Under the government family planning policies, condom has been seen as the least appropriate choices of family planning (World Bank, 1990).

Those political situations have had effect on the married women knowledge about condom. Finding from this study show that married women is not familiar with condom, some of them never use condom, even never see condom at all, and this pattern happen in all the respondent characteristics (high education, low education, <30 years old, >30 years old). Unfamiliarity married women with condom can be seen from the statement when they describe condom as "something absurd" because they feel condom is something strange and something new for them. Some beliefs related to condom use found in this study, that is condom should be used for extramarital sex, not appropriate within marriage, condom appropriate only for sex worker, and symbol of infidelity.

Regarding condom use to prevent HIV & AIDS, the findings from this study show none of the respondents use condom for HIV & AIDS purpose. Even though they who have potential high risk, nobody use condom to prevent HIV & AIDS. The reason of not using condoms is varied, that is they feel not at risk so no need to use condom to prevent HIV & AIDS. Husband don't want to use condom, condom use conflict with the desire to procreation, condom can cause some technical problem, condom interrupt sexual activity.

In the level of attitude this study found some married women agree to use condom for dual protection, but when I ask about their intention to use condom, they said the have no intention at all to use condom because husband don't like to use condom. This statement make clear that in this study, the couple relationship especially marriage, husband is have a strong influence on decision making process related condom use. This related to opinion of married women that men is a household leader, and married women have belief that the good wife is who follow what husband want.

However, married women raised some reason or condition they will be agree to use condom, when they cannot use another kind of contraceptive method except condom, or they do not use any other contraceptive methods (for example: after giving birth), when they perceived a need of protection from the disease, and for curious reasoned.

CHAPTER V
CONCLUSION AND RECOMENDATIONS

This study aims to explore perception and attitude of married women on condom use to prevent HIV & AIDS, and to understand how this perception and attitudes influence condom use practice among married women. However, there are some limitations of this study. The limitation of this study is number of respondents who were interviewed and also in terms of limited time to conduct the study. Therefore, the results and conclusions must be considered as starting points for the further study.

5.1 Conclusions

Specific conclusions of this study are as follows:

1. This study finds that HIV & AIDS knowledge on married women is low. The low HIV knowledge is caused by limited access of married women on HIV & AIDS information, so they only get the HIV information from television especially news and some infotainments, such as soap opera, which is the quality of the information, is sometimes inaccurate.
2. The finding from this study shows that married women have low risk perception because they belief that they have no risk, they trust their husband, so they not do practice safer sex (condom use). This low perception is caused by low knowledge of HIV and never exposed to people with HIV& AIDS make married women feel that HIV is happened in “other” people, not in them.
3. This study finds that condom knowledge on married women is low. Perception that condom is something absurd is strange and unfamiliar for them. The other misperception is condom is identical with contraception, even though condom use in FSW, and they still think it related to prevent pregnancy. In addition, from focus group discussion in low education and young married women, they raised

the opinion that another kind of contraception method also has the similar function as condom to prevent HIV & AIDS transmission.

4. The finding from this study shows that the high level of education are more likely to have self efficacy that affect the way of communication, they feel more confident to discuss with the spouse about sexuality, include communication about HIV and condom use. While the respondent from low level education told that for them, discuss about condom to husband is taboo. However, in term of condom use, they can negotiate to husband, but the final decision is depended on the husbands, relating to their attitude this study found some married women agree to use condom for dual protection, but when asking about their intention to use condom, they said the have no intention at all to use condom because husband do not like to use condom. This statement make clear that in the couple relationship especially marriage, husband is have a strong influence on decision making process related condom use. This related to opinion of married women that men is a household leader, and married women have belief that the good wife is who follow what husband want.
5. This study found that no one use condom to prevent HIV & AIDS. Even though they who have potential high risk, nobody use condom to prevent HIV & AIDS. The reason of not using condoms is varied, that is they feel not at risk so no need to use condom to prevent HIV & AIDS, husband don’t want to use condom, condom use conflict with the desire to procreation, condom can cause some practical problem, condom interrupt sexual activity. However, married women raised some reason or situation they will be agree to use condom, when they cannot use another kind of contraceptive method except condom, or in the situation they do not use any other contraceptive methods (for example: after giving birth), when they perceived a need of protection from the disease, and for curious reasoned.

5.2 Recommendations

5.2.1 Policy Recommendations

1. Based on the findings, perceived risk of HIV & AIDS among married women is low, and no one in this study using condom even have intention to use condom to prevent HIV & AIDS. This is related with the low knowledge on HIV/AIDS as well as knowledge of condom as disease prevention. The Ministry of Health, HIV/AIDS Commission and NGOs should strengthen campaigns or disseminating accurate information and knowledge on HIV/AIDS and condom use as HIV & AIDS prevention through television, radio, and married women community based organization like PKK (Perkumpulan kesejahteraan keluarga) to increase married women's knowledge about safe sex including HIV/AIDS, especially highlighting the vulnerability of women who get HIV infection from promiscuous partners which can encourage them to have safe sexual behavior.
2. The findings of this study shows that in married women, especially from low education background, they do not have any capability to talk, disscuss and negotiate about sexuality with the husband. Women's empowerment programs are very important to improve their ability to communicate with their husbands on sexual behavior and safe sex. Therefore, the Ministry of Women Empowerment and Child Protection, Non-governmental organizations and social groups should conduct women's empowerment programs. And it also can encourage and promote gender equity and reproductive health rights.
3. Eventhough the focus of this study is in married women, but the finding shows men have a big portion on decision making process on condom use in all characteristics of married women. Based on this finding, all the activity for the women that explained before, should be involve the husband participation. The Ministry of Health, Ministry of Education, AIDS Commission and National Family Planning and Population Board also should strengthen promote information, education and communication and behavior change communication programs which target high risk man which can help them increase their knowledge about safe sex including STIs and HIV/AIDS, so that they can protect their wives and their children.

5.2.2 Recommendations for Further Researches

Research on knowledge, perception, attitude, and condom use behavior among married women is still limited, especially among wife of high risk men. These women have low risk perception even though behavior of their husband makes them at risk. This study has some limitations and should be considered as the starting point for the study in this topic. Future research should examine and address perception, attitude and condom use in context of marriage, including family health and cultural aspect of gender and power, in the efforts to halt the spread of HIV infection. Moreover, further research should address not only from wives perspective, but also from husband point of view as well.

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APPENDICES

APPENDIX A

INFORMED CONSENT

INSTITUTE FOR POPULATION AND SOCIAL RESEARCH
MAHIDOL UNIVERSITY THAILAND

Informed Consent for Participations

Research Project : Perception, Attitude, and Condom Use for HIV & AIDS Prevention among Married Women; A qualitative study in Semarang City, Central Java Province, Indonesia

I. The Purpose of this research

You are invited to participate in the study about reproductive health among married women. The purpose of this study is get understanding about perception, attitude, and condom use among married women to prevent HIV & AIDS.

II. Procedure

For procedure, you will be asked to join focus group discussion or in depth interview. The moderator or the interviewer will ask you some questions based on the guideline. The focus group discussion and in depth interview will be take about 1-2 hours.

III. Risks of this research

There is very little risk on this study. Probably the only potential risk participating in this study may bring back negative memories about things that have happened in your life or may hurt your feeling. No body can force you to reveal if you do not want to share your experiences during the interview.

IV. Anonymity and Confidentiality

I would like to ask your permission to record our focus group discussion and in depth interview. This is only for my own use. The recording is purpose to refresh my memory. I will not play the recording for anyone else after I finished working my research report I will erase it. Your identification will be replaced with a code name or ID number to maintain your confidentiality.

VI. Compensation

There will be a small gift to thank you for your participation on this research. I hope you will join this study but your participation is completely voluntary. Your participation will give contribution to our understanding about perception and attitude among married women to condom use for HIV & AIDS prevention.

VII. Participants responsibility

By giving your sign below, that is mean that you agree to participate in this study.

VIII. Participant's permission

I have read and understand this informed consent form and the techniques of this research. I understand that the interview will be confidential and I give my voluntary consent for participating in this study.

Semarang, March 2012

_____

Participant

APPENDIX B

FGD GUIDELINES

Dimensions	Description
Respondent Identity	**Name, Age, Level of Education, Occupational, Number of Children, Age of Husband, Age of Marriage, Age at marriage, living arrangement**
What is your name? How old are you?	
Perceived Risk	**Respondent identify possibility of married women to get HIV&AIDS**
Questions: Do you ever heard about HIV & AIDS? How long have you heard about HIV & AIDS? From who? What did you heard about HIV & AIDS? What is HIV & AIDS? How HIV & AIDS can be transmitted? Who are in the risk of HIV & AIDS? How? Why? Whether married women can be transmitted HIV & AIDS? Why? Whether HIV & AIDS can be preventing? How?	

Perceived Barriers	**Respondent negative aspect of using condom within marriage**

Questions:

Do you know about male condom?

What for? (The function)

Whether useful? What is necessary of using condom?

Whether condom is effective to prevent pregnancy?

Whether condom is effective to prevent disease? (HIV & AIDS)?

Whether condom is comfort to use?

What are the benefits?

What is the disadvantage?

Do you know how we can get condom?

Where?

Whether easy to get condom?

How about the price?

Who should use condom?

Who should not use condom?

Why should use?

Why should not use?

Whether married women should use condom?

Why?

Do you ever hear complain about using condom? What you heard about?

Do you think man want to use condom?

Do you ever hear bad things about using condom? What you heard about?

Do you ever hear good things about using condom? What you heard about?

Perceived Self Efficacy	**Respondent identify married women level of confidence to ask using condom to their husband**
Questions: What do you think of husband and wife communications? (important or not) What usually husband and wife talk about? And how about condom use? Is it possible to communicate about this to husband?	
Attitude Towards Condom	**respondent identify acceptability condom use within marriage**
Questions: What do you think/ imagine when i talk about condom? What do you feel when you discuss about condom? Do you feel comfort or not? Do general people use condom? Do married women can use condom? What for? Why they use? Does condom can use consistently by married women? Do you know some people use condoms? Whether consistently or not? If yes...what do you think with that people? Do you ever hear about dual protection? What is it?	
Behavioral Beliefs	**Respondent beliefs and though regarding the outcomes of a condom use**
Questions: What will married women think if their husband use condom in the sexual	

intercourse? Can married women receive if the husband wants to use condom? Whether condom have side effect for they that use?	
Subjective Norms	**Respondent identify husband beliefs and thought of condom use**
Questions: If in some condition, wife suggest husband to use condom? Is it possible? What will the husband think?	
Intention to use condom	**Respondent desire/ intent to use condom**
Questions: Whether married women willing to use condom in the future? In what situation they will use? In what scenario?	
Decision Making	**Respondent identify who can decide condom use within marriage, husband, wife or both**
Questions: Who should make a decision in the family? In what aspect? How about having baby? How about contraception method? How about condom use?	

Negotiation Skills	**Respondent identify married women possibility to negotiate using condom to their husband**
Questions: Whether married women can persuade the husband to do something? in what situation? Is it possible in term of using condoms?	
Questions: What is the best way to protect married women form HIV&AIDS?	

APPENDIX C

IN DEPTH INTERVIEW GUIDELINES

Dimensions	Description
Respondent Identity	**Name, Age, Level of Education, Occupational, Number of Children, Age of Husband, Age of Marriage, Age at marriage, living arrangement**
What is your name? How old are you? How old is your husband? How old when you got married? What do you do? How long have been you married? How many children do you have? Living arrangement?	
Perceived Risk	**Respondent identify possibility of married women to get HIV&AIDS**
Questions: Do you ever heard about HIV & AIDS? How long have you heard about HIV & AIDS? From who? What did you heard about HIV & AIDS? What is HIV & AIDS? How HIV & AIDS can be transmitted? Who are in the risk of HIV & AIDS? How? Why? Whether married women can be transmitted HIV & AIDS?	

Why? Whether HIV & AIDS can be preventing? How? **Whether you yourself have possibility to get HIV & AIDS?** **Why?**

Perceived Barriers	**Respondent negative aspect of using condom within marriage**

Questions:

Do you know about male condom?
What for? (The function)
Whether useful? What is necessary of using condom?
Whether condom is effective to prevent pregnancy?
Whether condom is effective to prevent disease? (HIV & AIDS)?
Whether condom is comfort to use?
What are the benefits?
What is the disadvantage?
Do you know how we can get condom?
Where?
Whether easy to get condom?
How about the price?
Who should use condom?
Who should not use condom?
Why should use?
Why should not use?
Whether married women should use condom?
Why?
Do you ever heard complain about using condom? What you heard about?
Do you think man want to use condom?
Do you ever hear bad things about using condom? What you heard about?
Do you ever hear good things about using condom? What you heard about?

Do you ever use condom? **What is the reason? (Use/ not use)?** **Whether consistent or not?** **Do you ever experience problem of using condom (break, not comfort, etc)**	
Perceived Self Efficacy	**Respondent identify married women level of confidence to ask using condom to their husband**
Questions: What do you think of husband and wife communications? (important or not) What usually husband and wife talk about? And how about condom use? Is it possible to communicate about this to husband?	
Do you ever communicate about HIV with your husband? **What you and your husband talk about HIV & AIDS?** **Do you comfort to talk about that with your husband?** **What do you think you and your husband can do to prevent HIV & AIDS?**	
Attitude Towards Condom	**respondent identify acceptability condom use within marriage**
Questions: What do you think/ imagine when I talk about condom? What do you feel when you discuss about condom? Do you feel comfort or not? Do general people use condom? Do married women can use condom? What for? Why they use? Does condom can use consistently by married women? Do you know some people use condoms? Whether consistently or not? If yes...what do you think with that people?	

Do you ever hear about dual protection? What is it?	
Do you think condom is appropriate use by couple in marriage? **Why?**	
Behavioral Beliefs	**Respondent beliefs and thought regarding the outcomes of a condom use**
Questions: What will married women think if their husband use condom in the sexual intercourse? Can married women receive if the husband wants to use condom? Whether condom have side effect for they that use?	
Whether will you accept if your husband wants to use condom? **What do you think?** **What do you feel?** **Would you like to allow your husband use condom?** **In what situation? What scenario?**	
Subjective Norms	**Respondent identify husband beliefs and thought of condom use**
Questions: If in some condition, wife suggests husband to use condom? Is it possible? What will the husband think?	
Do you ever talk about condom with your husband? **Whether you know why he don't want to use condom?** **What will your husband think if you suggest him to use condoms?** **Is it possible?**	

Will he agree? **Why?** **In what situation he agrees/ not agrees?**	
Intention to use condom	**Respondent desire/ intent to use condom**
Questions: Whether married women willing to use condom in the future? In what situation they will use? In what scenario?	
Whether use condom will be important for you? **Whether you want to use condoms in the future?** **Why? What the reason?**	
Decision Making	**Respondent identify who can decide condom use within marriage, husband, wife or both**
Questions: Who should make a decision in the family? In what aspect? How about having baby? How about contraception method? How about condom use?	
In your situation/ experience? Who make decision about contraceptive choice? About condom use?	
Negotiation Skills	**Respondent identify married women possibility to negotiate using condom to their husband**

Questions: Whether married women can persuade the husband to do something? in what situation? Is it possible in term of using condoms?	
In your opinion, can you persuade your husband to use condom? **Is it possible?** **Why? What the reason?**	
Questions: What is the best way to protect married women form HIV&AIDS?	
In your opinion, what is method for HIV prevention that possible you and your husband do?	

BIOGRAPHY

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