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Penulis : Nanik Setiyawati, Niken Meilani

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1.

**BUKTI KONFIRMASI SUBMIT ARTIKEL YANG DISUBMIT
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17 of 17

815_Attitude Of Housewives To Hiv And Aids Test In Yogyakarta, Indonesia

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Joyce Encluna <joycencluna@gmail.com>
to me, Abed, <editor@mjphm.org.my>

Sat, Aug 18, 2018, 4:43 PM

Dear Dr. Nanik Setiyawati,

Greetings from the Malaysia Journal of Public Health Medicine.

This is to acknowledge submission of manuscript entitled "Attitude Of Housewives To Hiv And Aids Test In Yogyakarta, Indonesia" in **MJPHM**. Please be informed that the paper is currently being evaluated by the Editorial Board to determine if the paper is within the scope of the Journal.

Meanwhile, may we request you to send two potential reviewers.

Thank you.

With much respect,

Joyce M. Encluna,
Editorial Assistant
MJPHM

ATTITUDE OF HOUSEWIVES TO HIV AND AIDS TEST IN YOGYAKARTA, INDONESIA

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ABSTRACT ABSTRACT

Women are *susceptible hosts* to transmit HIV virus, housewives dominate HIV positive cases. HIV testing becomes one of the standard components of maternal and child health services and family planning services at every level of health care. This study aims to know the attitudes of housewives to HIV/AIDS testing in Yogyakarta, Indonesia. This research is correlational analytic research, using survey method with *cross sectional*. The sample in this research is housewives in Yogya City Indonesia. The research subjects of 350 people. Respondents of this study are mostly mothers aged >35 years, sekundipara, education middle, husband's work as a private employee and family income above the minimum wage. Majority respondents have a good knowledge of HIV/AIDS and HIV testing, supportive attitudes toward HIV testing and have high confidence in HIV testing, husband's attitudes, figure's attitude. While the belief of respondents to the attitude of the majority of friends to behave does not support HIV testing. The majority have a supportive attitude to HIV testing in the age group > 35 years, multiparity, high education, wife of military and family income above UMR. Respondents who have a supportive attitude toward the majority of HIV tests have a good knowledge of HIV/AIDS, have high confidence in HIV testing, have high confidence in the attitudes of husbands, friends and characters. The factors that have the most influence on the mother's attitude toward HIV testing are self-confidence in the HIV test and the belief in the husband's attitude.

Keywords: housewives, knowledge, attitude, belief HIV test

INTRODUCTION

The number of women living with HIV and AIDS in Asia varies greatly between different countries. It has been estimated that 90 percent of women living with HIV in Asia are infected by their husband or long term partner.¹

Since the start of the global HIV epidemic, in many regions, women have remained at a much higher risk of HIV infection than men. Moreover, HIV remains the leading cause of death of women of reproductive age, yet access to HIV testing and treatment remains low.²

New HIV cases in Indonesia based on data from the Ministry of Health of the Republic of Indonesia in 2013 were 29 037 cases, in 2014 as many as 32 711 cases and 2015 is as much as 30 935 cases. As for new cases of AIDS in 2013 is as many as 11,282 cases, in 2014 as many as 7,864 cases and in 2015 was 6,373 cases. Based on data on new cases of HIV and AIDS is still very high. Women who affected by AIDS in Indonesia has increased the case that in 2013 as much as 32%, while in 2014 has risen as much as 36% of AIDS cases in Indonesia and in 2015 they were 36% of cases.³

Yogyakarta Special Region (DIY) is one of the provinces in Indonesia which is famous as a cultural city and student city, currently ranked 8th for prevalence of HIV & AIDS case that is equal to 26,49 per 100.000 population.⁴ Based on the origin of HIV & AIDS patients in Yogyakarta can be seen in the following table:

Table 1. HIV / AIDS Case 2015 in Yogyakarta , Indonesia based on patient's origin

Origin of Patients	Man	Women	Not known	amount
City of Yogya	484	226	16	726
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Housewives in the Province of Yogyakarta reportedly affected by HIV & AIDS based on data from the HIV & AIDS Commission (KPA) DIY 2015 for 401 HIV cases. This figure is in the second rank of the number of HIV & AIDS cases by type of work. This figure is far above Commercial Sex Workers affected by HIV, reported as many as 119 cases.³

There are 4 actions recommended by WHO to prevent the occurrence of mother-to-child HIV transmission: (1) Strengthening of primary HIV prevention measures to ensure that women of reproductive age and their partners are protected from HIV infection; (2) providing contraception and counseling in order to achieve the target/coverage of family planning among women living with HIV; (3) provide HIV testing, counseling and antiretroviral drugs in a timely manner to HIV pregnant women to prevent transmission to their children and (4) ensure that care, treatment and support for women with HIV, children and their families has been properly provided and on time.⁵

HIV counseling and testing is conducted through the Counseling and Test approach of healthcare provider initiation (PITC) and voluntary counseling and testing (VCT), which is an important component in the prevention of mother-to-child transmission of HIV. The way to find out a person's HIV status is through a blood test.⁶

According to Social Cognitive theory, attitudes included in *personal factors* along with aspects of knowledge and *biological events*, influenced by behavior and *environmental factors*. Research by Nanik Setiyawati and Niken Meilani about Determinants of Conduct *Voluntary Counseling and Testing (VCT)* in Pregnancy in Yogyakarta in 2014, showed that the attitude of pregnant women in Yogyakarta to VCT shows the results of 67% of respondents supported VCT, but only 24% of pregnant women who tested HIV.⁷ The aim of this study is to know the attitude of the housewife to the HIV test and the factors that influence the housewife attitude toward HIV testing

METHODOLOGY

This research is quantitative research. This type of research is correlational analytic research using survey method. The approach used is *cross sectional* study. The population in this study are all housewives who are members of Family Welfare Empowerment group (PKK) in Yogya City and Sleman Regency.

The number of members of PKK in Yogyakarta and Sleman Regency is 8642. Determination of the sample size in this study by using the formula of sample size for the study by calculating the proportion according to *Isaac and Michael*. Based on the table determining the number of samples with 5% error rate obtained the number of samples is 334 respondents rounded to 350 respondents.

The sampling technique is using cluster sampling by taking 5 PKK groups in Umbulharjo and Gedongtengen District of Yogyakarta City and 13 PKK groups in Sleman Sub-district of Sleman Regency. The location was chosen because of that are working area of Puskesmas Umbulharjo, Gedeontengen and Sleman which are health centers which have implemented the prevention and control of HIV and AIDS.

The questionnaire has been done by the validity and reliability of PKK's mother in Mlati, Sleman and District of Mantrijeron Yogya City each 15 IRT, so the total validity test is done to 30 housewives. The analysis will be univariate, bivariate (*Chi Square*) and multivariate analysis (*Regression Logistic Analysis*).

RESULTS

Characteristics of respondents studied include age, number of children (parity), education, husband work and family income.

Table 2 : Respondent Characteristics

Variables	Frequency (n)	Percentage (%)
Age		
< 35 years old	82	23.4
> 35 years old	268	76.6
Total	350	100
Parity		
Nulipara	6	1.7
Primipara	83	23.7
Sekundipara	164	46.9
Multi gravida	97	27.7
Total	350	100
Education		
Basic	91	26.0
Medium	191	54.6
High	68	19.4
Total	350	100
Husband's work		
Private employees	111	31.7
Civil servants	52	14.9
Military	9	2.6
Driver, assistant to a driver	7	2.0
Merchants	29	8.3
Labor	35	10.0
Farmers	42	12.0
entrepreneur	65	18.6
Total	350	100
Family Income		
<Rp.1.450.000,00	189	54.0
> Rp.1.450.000,00	161	46.0
Total	350	100

The majority of respondents have a good level of knowledge that is equal to 80.6%. Maternal beliefs about the majority of HIV tests have high confidence as well as about the beliefs of mothers about the attitudes of friends and figures on HIV testing. But for mother's belief about the husband's attitude toward HIV testing is almost the same between those who have high and low confidence.

The result of bivariate test on the existing variable can be seen on the following table:

Table 3: Results of *Chi-Square* analysis on respondent characteristics

Variables	Support		Attitude Does not support		amount		p-value
	f	%	f	%	f	%	
	Age						
< 35 years old	1	50	134	50	268	100	0.699
	3						
	4						
> 35 years old	4	52.	39	47.6	82	100	
	3	4					

Parity							
Nulipara	4	66.7	2	33.3	6	100	0.693
Primipara	4	51.8	40	48.2	83	100	
	3						
Sekundipara	8	51.8	79	48.2	164	100	
	5						
Multipara	4	46.	52	53.6	97	100	
	5	4					
Education							
Basic	4	44	51	56	91	100	0.178
On	9	50.	94	49.2	191	100	
	7	8					
High	4	58.	28	41.2	68	100	
	0	8					
Husband's job							
Private employees	5	46	60	54	111	100	0.132
	1						
Civil servants	2	53.8	24	46.2	52	100	
	8						
Military	6	66.7	3	33.3	9	100	
Driver, Assistant to a driver	1	14.3	6	85.7	7	100	
Merchants	1	65.5	10	34.5	29	100	
	9						
Labor	1	51.4	17	48.6	35	100	
	8						
Farmers	1	40.5	25	59.5	42	100	
	7						
entrepreneur	3	56.	28	43.1	65	100	
	7	9					
Family income							
> Rp 1.450.000,00	8	55.3	72	44.7	161	100	0.104
	9						
< Rp 1.450.000,00	8	46.6	101	53.3	189	100	
	8						
Total	1	50.6	173	49.4	350	100	
	7						
	7						

The majority of respondents who have a supportive attitude to HIV testing are mothers > 35 years old, nulliparous, highly educated, employed husband of military and have family income >Rp 1,300,000.00. While mothers who have attitude do not support the majority are parity >3, basic education, private employee husband work. Based on the p-value shows no relationship between characteristics with the attitude of the housewife to HIV test.

Bivariate analysis on the variable of knowledge level with mother attitude toward HIV test is as follows

Table 4 : Bivariate Analysis Mother's Knowledge Level on HIV & AIDS with mother's attitude to HIV testing

Variables	Attitude						p-value
	Support		Does not support		amount		
Knowledge level about HIV & AIDS	f	%	f	%	f	%	
Good	152	54	130	46	282	100	0.016
Enough	12	30	28	70	40	100	

Less	13	46.4	15	53.6	28	100
Total	177	50.6	173	49.4	350	100

Mothers with good knowledge of the majority have a supportive attitude to HIV testing, whereas mothers with a fairly large knowledge of HIV have a non-supportive attitude toward HIV testing of 70%. The *p* value indicates a significant relationship between the HIV/AIDS knowledge level and the HIV test with the mother's attitude to the HIV test

Table 6: Bivariate Analysis Mother's belief about HIV & AIDS testing with mother's attitude to HIV testing

Variables	Attitude						p-value
	Support		Does not support		amount		
	f	%	f	%	f	%	
Maternal beliefs about HIV & AIDS							
High	131	63	77	37	208	100	0.00
Low	46	32.4	96	67.6	142	100	
Maternal beliefs about the husband's attitude about HIV & AIDS							
High	105	71	43	29	148	100	0.000
Low	72	35.6	130	64.4	202	100	
Maternal beliefs about friends' attitudes about HIV & AIDS							
High	109	61.2	69	38.8	178	100	
Low	68	39.5	104	60.5	172	100	
Mother's belief in character's attitude about HIV & AIDS							
High	115	59.6	78	40.4	193	100	0.000
Low	62	39.5	95	60.5	157	100	
Total	177	50.6	173	49.4	350	100	

Mothers with high confidence about HIV testing the majority have an attitude of supporting HIV testing otherwise mothers with low self-esteem have an unfavorable attitude towards HIV testing. The *p*-value indicates a significant relationship between maternal beliefs about HIV testing and mother's attitude to HIV testing.

Mothers with high confidence in their husbands' attitudes toward the majority of HIV tests have an attitude of supporting HIV testing and vice versa. The value of *p* suggests a significant relationship between maternal beliefs about the attitudes of husbands to HIV testing and mother's attitude to HIV testing.

Mothers who have high confidence about the attitudes of friends to the majority of HIV tests have the attitude of supporting HIV testing and vice versa. The *p*-value indicates a significant relationship between maternal beliefs about the attitudes of friends to HIV testing and the mother's attitude to HIV testing.

Mothers with high confidence about the attitudes of community leaders toward the majority of HIV tests have an attitude of supporting HIV testing and vice versa. The value of *p* suggests a significant relationship between maternal beliefs about the attitudes of husbands to HIV testing and mother's attitude to HIV testing.

Based on the value of p , then variable by multivariate analysis is education, husband's job, family income, knowledge level, mother's belief, mother's belief to attitude of husband, friend and figure.

Table 10: Multivariate analysis results

Variables	Coefficient	p	OR (95.0% CI)
Maternal belief in HIV testing	0.968	.000	2,633 (1,635-4,239)
Mother's belief about her husband's attitude to Constant HIV tests	1.252	.000	3,497 (2,174-5,624)
	-1.074	.000	0.342

Variables that affect maternal attitudes toward HIV testing are mother's beliefs about HIV testing and mother's beliefs about her husband's attitude to HIV testing. The greatest strength of the relationship is the mother's belief in her husband's attitude about HIV testing (OR = 3.497)

DISCUSSION

Based on the results of the above research, respondents who have a supportive and non-supportive attitude towards HIV testing are almost the same, that are respondents who have supportive attitude as much as 50.6% while those who do not support the HIV test as much as 49.4%. The large number of respondents who support the HIV test because the place of study is the work area of the Local Government Clinic that already have prevention and control programs HIV & AIDS so that the possibility of the respondent has been exposed to information about HIV & AIDS. This is also indicated by the high level of knowledge of respondents about HIV & AIDS and HIV test that is 80.6%. Study in Karnataka, 87% housewives had positive attitude towards people suffering from HIV/AIDS.⁸ As is the case with Sarkar's research which states that the greater knowledge among women in Pondicherry may be due to the higher prevalence of HIV in this Union territory.⁹

Respondents' beliefs about HIV & AIDS have a high confidence of 59.4%. Similarly, the mother's belief in the attitudes of husbands and figures against HIV testing. Mom's belief in the attitude of the majority friend has been low. According to Ajzen in *Reason action* theory attitude is influenced by belief, the higher one's confidence hence the more positive attitude it possesses.

In bivariate analysis, respondents aged >35 years of age have a supportive attitude but mothers < 35 years of age who are healthy reproductive age have a balance attitude between supportive and non-supportive. HIV testing of healthy reproductive age mothers is strongly recommended because at this age it is still possible to conceive so as to prevent transmission to the fetus it contains. Based on the target of the PMTCT program, Prong 1 states preventing the occurrence of HIV transmission in women of reproductive age, this is a focus on low prevalence of HIV & AIDS. It is therefore appropriate that women in healthy reproductive groups have been informed and programmed to prevent HIV & AIDS transmission.⁶

Respondents who have an attitude do not support the majority of HIV testing in women with multiparas. Whereas based education, on low educated respondents has an attitude of not supporting HIV testing. Based on the work of husbands, husbands who work as drivers and conductors of the majority have an unfavorable attitude, even though this group is a high-risk group contracting HIV. Research by Atilola GO, The mobile nature of this high-risk group has made getting HIV/AIDS awareness messages across to them a difficult task. However, we found that supporters of wife inheritance were more likely to accept their HIV status being disclosed ($P = 0.002$), truckers who have had sexual possibilities ($P = 0.020$) and those who confirmed that they had extramarital sex were less likely to have sex while on trip ($P = 0.000$). Also, it is possible to use condom during sexual act ($P = 0.040$) and those who use to have extramarital affairs were less likely to use condom during sexual act ($P = 0.000$).¹⁰

Based on the level of knowledge, respondents who have a good level of knowledge are supportive of HIV testing whereas respondents who do not support HIV testing are the majority in the knowledge level group. For mother's belief in HIV testing, on the attitudes of husbands, friends and leaders, the majority of those who favor supporting HIV testing are mothers with high confidence.

Variables affecting attitudes are mother's belief in HIV testing and mother's belief in her husband's attitude. Research conducted Asmaruddin et al (2016)¹¹ stated there was a significant difference between IRTs that tested HIV and not on husbands support ($p=0.0001$) and peer support ($p=0.0001$). There were no significant differences in age, education, knowledge, opinions, attitudes, access to services, access to information and support of staff on HIV testing. Although the research by Manjrekar states that family members, friends and healthcare providers as per 35,11% of our study participants, similar to that seen in the study done Vadodara by Kotecha PV.^{12,13} It is concluded that husbands and close friends who often communicate with respondents have an influence to perform HIV testing. While in this study the factors of self and husband who have a significant relationship to the attitude of housewife on HIV testing. According to housewife, the attitude of the husband has an influence in the IRT to test HIV. From the newsletter of the AIDS & an Anthropology research group, while many married women do not readily discuss their husband as a source of infection, probing, relieved and HIV risk.¹⁴

CONCLUSION

The respondents of this study were mostly mothers aged > 35 years, sekundipara, middle-educated, husband work as private employee and family income above minimum income rate. Majority respondents have a good knowledge of HIV & AIDS and HIV testing, supportive attitudes toward HIV testing and have high confidence in HIV testing, husbands' attitudes, and attitude. While the belief of respondents to the attitude of the majority of friends to behave does not support HIV testing.

The majority of respondents have a supportive attitude to HIV testing in the age group > 35 years, multiparity, higher education, wife military and family income above the minimum income rate. Respondents who have a supportive attitude toward the majority of HIV tests have a good knowledge of HIV & AIDS, have high confidence in HIV testing, have high confidence in the attitudes of husbands, friends and characters. The factors that have the most influence on the mother's attitude toward HIV testing are confidence in the HIV test and the belief in her husband's attitude about HIV testing.

ACKNOWLEDGEMENTS

We would like to thank the women and research assistants who participated in this study. The study was funded by Health Polytechnic Ministry of Health Yogyakarta, Indonesia

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**2 BUKTI KONFIRMASI REVIEW DAN HASIL REVIEW PERTAMA
(3 MARET 2020)**

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Joyce Encluna <joycencluna@gmail.com>
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Mar 3, 2020, 2:47 PM

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Please find attached the evaluation results from the reviewers. Kindly email back as soon as possible.

Dr. Abed who is cc'd on this email will now handle the processing of the manuscript. Kindly direct all communications to him.

My apologies for the late revert.

Thank you.

Joyce

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ATTITUDE OF HOUSEWIVES TO HIV AND AIDS TEST IN YOGYAKARTA, INDONESIA

ABSTRACT

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Housewives in the Province of Yogyakarta reportedly affected by HIV & AIDS based on data from the HIV & AIDS Commission (KPA) DIY 2015 for 401 HIV cases. This figure is in the second rank of the number of HIV & AIDS cases by type of work. This figure is far above Commercial Sex Workers affected by HIV, reported as many as 119 cases.³

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This research is quantitative research. This type of research is correlational analytic research using survey method. The approach used is *cross sectional* study. The population in this study are all housewives who are members of Family Welfare Empowerment group (PKK) in Yogya City and Sleman Regency.

The number of members of PKK in Yogyakarta and Sleman Regency is 8642. Determination of the sample size in this study by using the formula of sample size for the study by calculating the proportion according to *Isaac and Michael*. Based on the table determining the number of samples with 5% error rate obtained the number of samples is 334 respondents rounded to 350 respondents.

The sampling technique is using cluster sampling by taking 5 PKK groups in Umbulharjo and Gedongtengen District of Yogyakarta City and 13 PKK groups in Sleman Sub-district of Sleman Regency. The location was chosen because of that are working area of Puskesmas Umbulharjo, Gedeongtengen and Sleman which are health centers which have implemented the prevention and control of HIV and AIDS.

The questionnaire has been done by the validity and reliability of PKK's mother in Mlati, Sleman and District of Mantrijeron Yogya City each 15 IRT, so the total validity test is done to 30 housewives. The analysis will be univariate, bivariate (*Chi Square*) and multivariate analysis (*Regression Logistic Analysis*).

RESULTS

Characteristics of respondents studied include age, number of children (parity), education, husband work and family income.

Table 2 : Respondent Characteristics

Variables	Frequency (n)	Percentage (%)
Age		
< 35 years old	82	23.4
> 35 years old	268	76.6
Total	350	100
Parity		
Nulipara	6	1.7
Primipara	83	23.7

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Commented [WU9]: The method of calculating large samples does not need to be explained in detail

Commented [WU10]: Cluster sampling but region selected ??

Commented [WU11]: Variable operational definitions, research instruments, data collection techniques have not been explained

Commented [WU12]: Table is less representative

Sekundipara	164	46.9
Multi gravida	97	27.7
Total	350	100
Education		
Basic	91	26.0
Medium	191	54.6
High	68	19.4
Total	350	100
Husband's work		
Private employees	111	31.7
Civil servants	52	14.9
Military	9	2.6
Driver, assistant to a driver	7	2.0
Merchants	29	8.3
Labor	35	10.0
Farmers	42	12.0
entrepreneur	65	18.6
Total	350	100
Family Income		
<Rp.1.450.000,00	189	54.0
> Rp.1.450.000,00	161	46.0
Total	350	100

Commented [WU13]: Variables are too many categories

Commented [WU14]: Need to improve English

The majority of respondents have a good level of knowledge that is equal to 80.6%. Maternal beliefs about the majority of HIV tests have high confidence as well as about the beliefs of mothers about the attitudes of friends and figures on HIV testing. But for mother's belief about the husband's attitude toward HIV testing is almost the same between those who have high and low confidence.

The result of bivariate test on the existing variable can be seen on the following table:

Table 3: Results of *Chi-Square* analysis on respondent characteristics

Variables	Support		Attitude Does not support		amount		p-value
	f	%	f	%	f	%	
Age							
< 35 years old	134	50	134	50	268	100	0.699
> 35 years old	43	52.4	39	47.6	82	100	
Parity							
Nulipara	4	66.7	2	33.3	6	100	0.693
Primipara	43	51.8	40	48.2	83	100	
Sekundipara	85	51.8	79	48.2	164	100	
Multipara	45	46.4	52	53.6	97	100	
Education							
Basic	40	44	51	56	91	100	0.178

On	97	50.8	94	49.2	191	100	
High	40	58.8	28	41.2	68	100	
Husband's job							0.132
Private employees	51	46	60	54	111	100	
Civil servants	28	53.8	24	46.2	52	100	
Military	6	66.7	3	33.3	9	100	
Driver, Assistant to a driver	1	14.3	6	85.7	7	100	
Merchants	19	65.5	10	34.5	29	100	
Labor	18	51.4	17	48.6	35	100	
Farmers	17	40.5	25	59.5	42	100	
entrepreneur	37	56.9	28	43.1	65	100	
Family income							0.104
> Rp 1.450.000,00	89	55.3	72	44.7	161	100	
< Rp 1.450.000,00	88	46.6	101	53.3	189	100	
Total	177	50.6	173	49.4	350	100	

The majority of respondents who have a supportive attitude to HIV testing are mothers > 35 years old, nulliparous, highly educated, employed husband of military and have family income >Rp 1,300,000.00. While mothers who have attitude do not support the majority are parity >3, basic education, private employee husband work. Based on the *p*-value shows no relationship between characteristics with the attitude of the housewife to HIV test.

Bivariate analysis on the variable of knowledge level with mother attitude toward HIV test is as follows

Table 4 : Bivariate Analysis Mother's Knowledge Level on HIV & AIDS with mother's attitude to HIV testing

Variables	Attitude						p-value
	Support		Does not support		amount		
	f	%	f	%	f	%	
Knowledge level about HIV & AIDS							
Good	152	54	130	46	282	100	0.016
Enough	12	30	28	70	40	100	
Less	13	46.4	15	53.6	28	100	
Total	177	50.6	173	49.4	350	100	

Commented [WU15]: CI 95%??

Mothers with good knowledge of the majority have a supportive attitude to HIV testing, whereas mothers with a fairly large knowledge of HIV have a non-supportive attitude toward HIV testing of 70%. The *p* value indicates a significant relationship between the HIV/AIDS knowledge level and the HIV test with the mother's attitude to the HIV test

Table 6: Bivariate Analysis Mother's belief about HIV & AIDS testing with mother's attitude to HIV testing

Variables	Attitude
-----------	----------

	Support		Does not support		amount		p-value
	f	%	f	%	f	%	
Maternal beliefs about HIV & AIDS							
High	131	63	77	37	208	100	0.00
Low	46	32.4	96	67.6	142	100	
Maternal beliefs about the husband's attitude about HIV & AIDS							
High	105	71	43	29	148	100	0.000
Low	72	35.6	130	64.4	202	100	
Maternal beliefs about friends' attitudes about HIV & AIDS							
High	109	61.2	69	38.8	178	100	
Low	68	39.5	104	60.5	172	100	
Mother's belief in character's attitude about HIV & AIDS							
High	115	59.6	78	40.4	193	100	0.000
Low	62	39.5	95	60.5	157	100	
Total	177	50.6	173	49.4	350	100	

Mothers with high confidence about HIV testing the majority have an attitude of supporting HIV testing otherwise mothers with low self-esteem have an unfavorable attitude towards HIV testing. The *p*-value indicates a significant relationship between maternal beliefs about HIV testing and mother's attitude to HIV testing.

Mothers with high confidence in their husbands' attitudes toward the majority of HIV tests have an attitude of supporting HIV testing and vice versa. The value of *p* suggests a significant relationship between maternal beliefs about the attitudes of husbands to HIV testing and mother's attitude to HIV testing.

Mothers who have high confidence about the attitudes of friends to the majority of HIV tests have the attitude of supporting HIV testing and vice versa. The *p*-value indicates a significant relationship between maternal beliefs about the attitudes of friends to HIV testing and the mother's attitude to HIV testing.

Mothers with high confidence about the attitudes of community leaders toward the majority of HIV tests have an attitude of supporting HIV testing and vice versa. The value of *p* suggests a significant relationship between maternal beliefs about the attitudes of husbands to HIV testing and mother's attitude to HIV testing.

Based on the value of *p*, then variable by multivariate analysis is education, husband's job, family income, knowledge level, mother's belief, mother's belief to attitude of husband, friend and figure.

Table 10: Multivariate analysis results

Variables	Coefficient	<i>p</i>	OR (95.0% CI)
Maternal belief in HIV testing	0.968	.000	2,633 (1,635-4,239)
Mother's belief about her husband's attitude to Constant HIV tests	1.252	.000	3,497 (2,174-5,624)
	-1.074	.000	0.342

Variables that affect maternal attitudes toward HIV testing are mother's beliefs about HIV testing and mother's beliefs about her husband's attitude to HIV testing. The greatest strength of the relationship is the mother's belief in her husband's attitude about HIV testing (OR = 3.497)

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DISCUSSION

Based on the results of the above research, respondents who have a supportive and non-supportive attitude towards HIV testing are almost the same, that are respondents who have supportive attitude as much as 50.6% while those who do not support the HIV test as much as 49.4%. The large number of respondents who support the HIV test because the place of study is the work area of the Local Government Clinic that already have prevention and control programs HIV & AIDS so that the possibility of the respondent has been exposed to information about HIV & AIDS. This is also indicated by the high level of knowledge of respondents about HIV & AIDS and HIV test that is 80.6%. Study in Karnataka, 87% housewives had positive attitude towards people suffering from HIV/AIDS.⁸ As is the case with Sarkar's research which states that the greater knowledge among women in Pondicherry may be due to the higher prevalence of HIV in this Union territory.⁹

Respondents' beliefs about HIV & AIDS have a high confidence of 59.4%. Similarly, the mother's belief in the attitudes of husbands and figures against HIV testing. Mom's belief in the attitude of the majority friend has been low. According to Ajzen in *Reason action* theory attitude is influenced by belief, the higher one's confidence hence the more positive attitude it possesses.

In bivariate analysis, respondents aged >35 years of age have a supportive attitude but mothers < 35 years of age who are healthy reproductive age have a balance attitude between supportive and non-supportive. HIV testing of healthy reproductive age mothers is strongly recommended because at this age it is still possible to conceive so as to prevent transmission to the fetus it contains. Based on the target of the PMTCT program, Prong 1 states preventing the occurrence of HIV transmission in women of reproductive age, this is a focus on low prevalence of HIV & AIDS. It is therefore appropriate that women in healthy reproductive groups have been informed and programmed to prevent HIV & AIDS transmission.⁶

Respondents who have an attitude do not support the majority of HIV testing in women with multiparas. Whereas based education, on low educated respondents has an attitude of not supporting HIV testing. Based on the work of husbands, husbands who work as drivers and conductors of the majority have an unfavorable attitude, even though this group is a high-risk group contracting HIV. Research by Atilola GO, The mobile nature of this high-risk group has made getting HIV/AIDS awareness messages across to them a difficult task. However, we found that supporters of wife inheritance were more likely to accept their HIV status being disclosed ($P = 0.002$), truckers who have had sexual possibilities ($P = 0.020$) and those who confirmed that they had extramarital sex were less likely to have sex while on trip ($P = 0.000$). Also, it is possible to use condom during sexual act ($P = 0.040$) and those who use to have extramarital affairs were less likely to use condom during sexual act ($P = 0.000$).¹⁰

Based on the level of knowledge, respondents who have a good level of knowledge are supportive of HIV testing whereas respondents who do not support HIV testing are the majority in the knowledge level group. For mother's belief in HIV testing, on the attitudes of husbands, friends and leaders, the majority of those who favor supporting HIV testing are mothers with high confidence.

Variables affecting attitudes are mother's belief in HIV testing and mother's belief in her husband's attitude. Research conducted Asmaruddin et al (2016)¹¹ stated there was a significant difference between IRTs that tested HIV and not on husbands support ($p=0.0001$) and peer support ($p=0.0001$). There were no significant differences in age, education, knowledge, opinions, attitudes, access to services, access to information and support of staff on HIV testing. Although the research by Manjrekar states that family members, friends and healthcare providers as per 35,11% of our study participants, similar to that seen in the study done Vadodara by Kotecha PV.^{12,13} It is concluded that husbands and close friends who often communicate with respondents have an influence to perform HIV testing. While in this study the factors of self and husband who have a significant relationship to the attitude of housewife on HIV testing. According to housewife, the attitude of the husband has an influence in the IRT to test HIV. From the newsletter of the AIDS & an Anthropology research group, while

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many married women do not readily discuss their husband as a source of infection, probing, relieved and HIV risk.¹⁴

CONCLUSION

The respondents of this study were mostly mothers aged > 35 years, sekundipara, middle-educated, husband work as private employee and family income above minimum income rate. Majority respondents have a good knowledge of HIV & AIDS and HIV testing, supportive attitudes toward HIV testing and have high confidence in HIV testing, husbands' attitudes, and attitude. While the belief of respondents to the attitude of the majority of friends to behave does not support HIV testing.

The majority of respondents have a supportive attitude to HIV testing in the age group > 35 years, multiparity, higher education, wife military and family income above the minimum income rate. Respondents who have a supportive attitude toward the majority of HIV tests have a good knowledge of HIV & AIDS, have high confidence in HIV testing, have high confidence in the attitudes of husbands, friends and characters. The factors that have the most influence on the mother's attitude toward HIV testing are confidence in the HIV test and the belief in her husband's attitude about HIV testing.

ACKNOWLEDGEMENTS

We would like to thank the women and research assistants who participated in this study. The study was funded by Health Polytechnic Ministry of Health Yogyakarta, Indonesia

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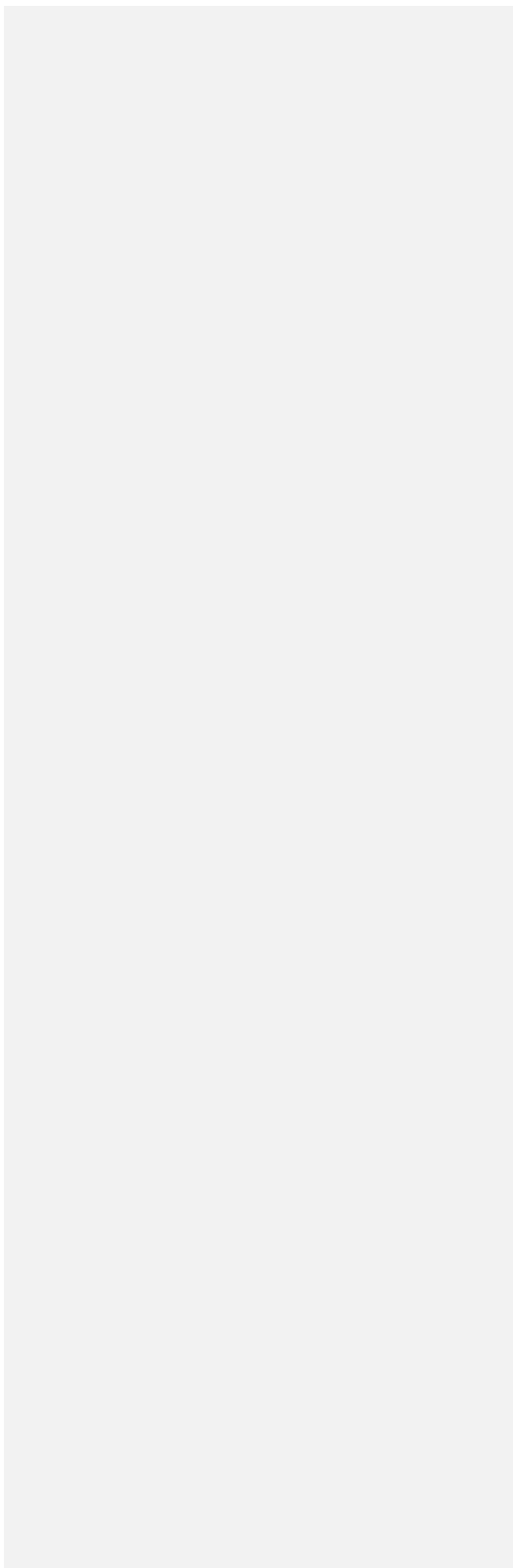
**3 BUKTI KONFIRMASI REVIEW DAN HASIL REVIEW
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Gmail interface showing two email threads. The first thread is from **abdrabuh.um@yahoo.com** to **me**, dated **Wed, May 26, 8:43 PM**. The email content includes: "Dear Author, Could you please register with the journal system and submit the original article as well as the corrected version in two files so that your article can be processed smoothly within the system? Kind Regards" and a link: [Sent from Yahoo Mail on Android](#).

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Submission Title	Author	Submission Date	Status	Actions
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FACTORS AFFECTING HOUSEWIVES' ATTITUDES TO HIV AND AIDS TEST IN YOGYAKARTA, INDONESIA

Nanik Setiyawati, Niken Meilani

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4/10/2021

ATTITUDE OF FACTORS AFFECTING HOUSEWIVES' ATTITUDES TO HIV AND AIDS TEST IN YOGYAKARTA, INDONESIA

ABSTRACT

HIV testing becomes one of the standard components of mother and child health services and family planning services at every level of health care. Housewives dominate HIV positive cases. There are 67% of pregnant women supported HIV test, but only 24% who tested HIV. This study aims to know the factors that influence the housewife attitude toward HIV testing in Yogyakarta which includes knowledge, mother's belief in HIV testing, belief the attitude of her husband, friend and community leaders. This research is correlational analytic with cross sectional design. The sample are 350 housewives in Yogya City and Sleman district that already implemented Prevention Mother to Child Transmission for HIV program. Analysis data use chi square and logistic regression. The result are majority of respondents: mothers aged >35 years, secundipara, education level is middle, husband's work as a employee and family income above the regional minimum income standard. Majority respondents have a good knowledge of HIV/AIDS and HIV testing, supportive attitudes toward HIV testing and have high belief in HIV testing from husband's attitudes and community leader's attitude. Respondents belief that the attitude of friends did not support HIV testing for them. The majority have a supportive attitude to HIV testing are have a good knowledge of HIV/AIDS, have high belief in HIV testing, have high belief in the attitudes of husbands, friends and community leaders. The most factors influence on mother's attitude toward HIV testing is mother belief in her husband's attitude.

Keywords: housewives, knowledge, attitude, belief HIV test

INTRODUCTION

The number of women living with HIV and AIDS in Asia varies greatly between different countries. It has been estimated that 90 percent of women living with HIV in Asia are infected by their husband or long term partner. Since the start of the global HIV epidemic, in many regions, women have remained at a much higher risk of HIV infection than men. Moreover, HIV remains the leading cause of death of women of reproductive age, yet access to HIV testing and treatment remains low.¹

New HIV cases in Indonesia based on data from the Ministry of Health of the Republic of Indonesia in 2013 were 29 037 cases, in 2014 as many as 32 711 cases and 2015 is as much as 30 935 cases. As for new cases of AIDS in 2013 is as many as 11,282 cases, in 2014 as many as 7,864 cases and in 2015 was 6,373 cases. Based on data on new cases of HIV and AIDS is still very high. Women who affected by AIDS in Indonesia has increased the case that in 2013 as much as 32%, while in 2014 has risen as much as 36% of AIDS cases in Indonesia and in 2015 they were 36% of cases.²

Yogyakarta Special Region (DIY) is one of the provinces in Indonesia which is famous as a cultural city and student city, currently ranked 8th for prevalence of HIV & AIDS case that is equal to 26,49 per 100.000 population.³ Peoples with HIV/AIDS majority live in Yogya city (726 people) and Sleman Regency (737people). Yogya city and Sleman have implemented HIV prevention program from mother to child trough the Primary Health Centre. Housewives in the Province of Yogyakarta reportedly affected by HIV & AIDS based on data from the HIV & AIDS Commission (KPA) DIY 2015 for 401 HIV cases. This figure is in the second rank of the number of HIV & AIDS cases by type of work. This figure is far above Commercial Sex Workers affected by HIV, reported as many as 119 cases.²

There are 4 actions recommended by WHO to prevent the occurrence of mother-to-child HIV transmission: (1) Strengthening of primary HIV prevention measures to ensure that women of reproductive age and their partners are protected from HIV infection; (2) providing contraception and counseling in order to achieve the target/coverage of family planning among women living with HIV; (3) provide HIV testing, counseling and antiretroviral drugs in a timely manner to HIV pregnant women to prevent transmission to their children and (4) ensure that care, treatment and support for women with HIV, children and their families has been properly provided and on time.⁴

HIV counseling and testing is conducted through the Counseling and Test approach of healthcare provider initiation (PITC) and voluntary counseling and testing (VCT), which is an important component in the prevention of mother-to-child transmission of HIV. The way to find out a person's HIV status is

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Answer: Revised

Commented [WU22]: Need to be clarified about the research subject
Answer: Revised

Commented [WU23]: mentioned about operational definitions, instruments and data analysis.
Answer: Revised

Commented [WU24]: Similar studies have been published in journals, so the authors need to show the novelty of this study.
Answer: revised

through a blood test.⁵ According to Social Cognitive theory, attitudes included in *personal factors* along with aspects of knowledge and *biological events*, influenced by behavior and *environmental factors*.

Previous research carried out data mining through qualitative research with a focus group discussion method, obtained results that the majority of respondents supported the implementation of HIV testing, but there are still those who think housewives do not need to be tested for HIV and they afraid to test HIV. The person who has the most influence on a mother's attitude to take an HIV test is her husband.⁶ Then continued research about Determinants of Conduct Voluntary Counseling and Testing (VCT) in Pregnancy in Yogyakarta in 2014, showed that the attitude of pregnant women in Yogyakarta to VCT shows the results of 67% of respondents supported VCT, but only 24% of pregnant women who tested HIV.⁷ Based on these data the researchers continued research to explore what factors influenced the mother's attitude to HIV testing which included the level of knowledge about HIV, the mother's belief in HIV testing, belief the attitudes of her husband, friends and community leaders. **The aim of this study is to know the factors affecting of housewife's attitudes toward HIV testing in Yogyakarta, Indonesia.**

METHODOLOGY

This research is quantitative research. This type of research is correlational analytic research using survey method. The approach used is *cross sectional* study. The population in this study are all housewives who are members of Family Welfare Empowerment group in Yogya City and Sleman Regency as much 8642. The simple size use Isaac and Michael theory and obtained 350 respondent. The sampling technique is using cluster sampling by taking 5 groups family welfare empowerment in of Yogya City and 13 groups in Sleman Regency. The location was chosen because that area have implemented the prevention and control of HIV in primary health centers

RESULTS

Characteristics of respondents studied include age, number of children (parity), education, husband work and family income.

Table 1 : Characteristic of Respondent

Characteristic	Frequency (n)	Percentage (%)
Age		
≤ 35 years old	82	23.4
> 35 years old	268	76.6
Parity		
Nulipara	6	1.7
Primipara	83	23.7
Sekundipara	164	46.9
Multipara	97	27.7
Education		
Basic	91	26.0
Middle	191	54.6
High	68	19.4
Husband's work		
Employees	111	31.7
Civil servants	52	14.9
Military	9	2.6
Others	178	50.9
Family Income		
Under regional income standard	189	54
Above is the same regional income standard	161	46
Total	350	100

The majority of respondents are women aged more than 35 years, secundipara, level of education is medium and under regional income standard.

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Answer: revised

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Answer: Revised

Commented [WU27]: Table is less representative
Answer: already revised

Commented [L28]: Variables are too many categories
Answer: already revised

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Answer: already revised

Tabel 2: Distribution of variable

Variable	n	%
Level of knowledge		
Good	282	80,6
Enough	40	11,4
Less	28	8
Mother beliefs about HIV & AIDS		
High	208	59,4
Low	142	40,6
Mother beliefs about the husband's attitude about HIV & AIDS		
High	148	42,3
Low	202	57,7
Mother beliefs about friends' attitudes about HIV & AIDS		
High	178	50,9
Low	172	49,1
Mother's belief in community leader's attitude about HIV & AIDS		
High	193	55,1
Low	157	44,9

The majority of respondents have a good level of knowledge that is equal to 80.6%. Mother beliefs about HIV tests majority have high belief as well as about the beliefs of mothers about the attitudes of friends and community leader on HIV testing. Majority of mother have low belief to husband's attitude towards HIV & AIDS.

Table 3 : Bivariate Analysis Mother's Knowledge Level on HIV & AIDS with mother's attitude to HIV testing

Variables	Attitude						p-value
	Support		Does not support		amount		
	f	%	f	%	f	%	
Knowledge level about HIV & AIDS							
Good	152	54	130	46	282	100	0,016
Enough	12	30	28	70	40	100	
Less	13	46,4	15	53,6	28	100	
Total	177	50.6	173	49.4	350	100	

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Answer: yes

Mothers with good knowledge of the majority have a supportive attitude to HIV testing, whereas mothers with a fairly large knowledge of HIV have a non-supportive attitude toward HIV testing of 70%. The *p* value indicates a significant relationship between the HIV/AIDS knowledge level and the HIV test with the mother's attitude to the HIV test

Table 4: Bivariate Analysis Mother's belief about HIV & AIDS testing with mother's attitude to HIV testing

Variables	Attitude				p-value
	Support	Does not support	amount		

	f	%	f	%	f	%	
Mother beliefs about HIV & AIDS							
High	131	63	77	37	208	100	0.00
Low	46	32.4	96	67.6	142	100	
Mother beliefs about the husband's attitude about HIV & AIDS							
High	105	71	43	29	148	100	0.000
Low	72	35.6	130	64.4	202	100	
Mother beliefs about friends' attitudes about HIV & AIDS							
High	109	61.2	69	38.8	178	100	0.000
Low	68	39.5	104	60.5	172	100	
Mother's belief in community leader's attitude about HIV & AIDS							
High	115	59.6	78	40.4	193	100	0.000
Low	62	39.5	95	60.5	157	100	
Total	177	50.6	173	49.4	350	100	

Mothers with high belief about HIV testing the majority have supporting attitude towards HIV testing otherwise mothers with low belief about HIV does not support attitude towards HIV testing. The *p*-value indicates a significant relationship between mother beliefs about HIV testing and mother's attitude to HIV testing.

Mothers with high belief in their husbands' attitudes toward HIV testing, majority have an supporting attitude towards HIV testing. The value of *p* suggests a significant relationship between mother beliefs about the attitudes of husbands towards HIV testing and mother's attitude to HIV testing.

Mothers who have high confidence about the attitudes of friends to the majority of HIV tests have the attitude of supporting HIV testing and vice versa. The *p*-value indicates a significant relationship between mother beliefs about the attitudes of friends to HIV testing and the mother's attitude to HIV testing.

Mothers with high belief about the attitudes of community leaders toward HIV testing have supporting attitude towards HIV testing. The value of *p* suggests a significant relationship between mother beliefs about the attitudes of husbands to HIV testing and mother's attitude to HIV testing.

Based on the *p*-value of variabel above, then five variable by multivariate analysis are education, husband's job, family income, knowledge level, mother's belief, mother's belief to attitude of husband, friend and community leader. The five variabels were subjected to a multivariate analysis and there are two variable that influenced the mother's sttitude towards HIV testing, there can be seen in the following table

Table 5: Association factors of mother attitudes towards HIV testing by Logistic Regressions model

Variables	Regression Coefficient (b)	P	OR (95.0% CI)
Mother belief about HIV & AIDS	0.968	.000	2,633 (1,635-4,239)
Mother's belief about her husband's attitude to Constant HIV tests	1.252	.000	3,497 (2,174-5,624)
	-1.074	.000	0.342

Variables that affect mother attitudes toward HIV testing are mother's beliefs about HIV testing and mother's beliefs about her husband's attitude to HIV testing. The greatest strength of the relationship is the mother's belief in her husband's attitude about HIV testing (OR = 3.497)

DISCUSSION

Cognitive Social Theory states attitudes are influenced by environmental factors fisk and social factor. Social links that affect mothers' attitudes are husband support, friend support, and community leader support.⁸ In this study tested the influence of social support on mothers' attitudes towards HIV

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Answer: Revised

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Answer : revised

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Answer: revised

testing was examined supporting from husband, friend, community leader and knowledge. Respondents in this study, have a supportive and non-supportive attitude towards HIV testing are almost the same, that are respondents who have supportive attitude as much as 50.6% while those who do not support the HIV test as much as 49.4%. The large number of respondents who support the HIV test because the place of study is the work area of the Local Government Clinic that already have prevention and control programs HIV & AIDS so that the possibility of the respondent has been exposed to information about HIV & AIDS. This is also indicated by the high level of knowledge of respondents about HIV & AIDS and HIV test that is 80.6%. Study in Karnataka, 87% housewives had positive attitude towards people suffering from HIV/AIDS.⁸ As is the case with Sarkar's research which states that the greater knowledge among women in Pondicherry may be due to the higher prevalence of HIV in this Union territory.⁹ Same with study before Setiyawati, majority of housewife in Sleman have support attitudes to HIV testing for women.¹⁰

Housewife have high belief about HIV & AIDS. Similarly, the mother's belief in the attitudes of husbands and community leader towards HIV testing. They belief majority her friend has been low attitudes of HIV testing. According to Ajzen in *Reason action* theory attitude is influenced by belief, the higher one's confidence hence the more positive attitude it possesses.¹¹ HIV testing of healthy reproductive age mothers is strongly recommended because at this age it is still possible to conceive so as to prevent transmission to the fetus it contains. Based on the target of the PMTCT program, Prong 1 states preventing the occurrence of HIV transmission in women of reproductive age, this is a focus on low prevalence of HIV & AIDS. It is therefore appropriate that women in healthy reproductive groups have been informed and programmed to prevent HIV & AIDS transmission.⁵

Respondents who does not support to HIV testing in women are multipara. Whereas based education, on low educated respondents has an attitude of not supporting HIV testing. Based on the work of husbands, husbands who work as drivers and conductors of the majority have an unfavorable attitude, even though this group is a high-risk group contracting HIV. Research by Atilola GO, The mobile nature of this high-risk group has made getting HIV/AIDS awareness messages across to them a difficult task. However, we found that supporters of wife inheritance were more likely to accept their HIV status being disclosed ($P = 0.002$), truckers who have had sexual possibilities ($P = 0.020$) and those who confirmed that they had extramarital sex were less likely to have sex while on trip ($P = 0.000$). Also, it is possible to use condom during sexual act ($P = 0.040$) and those who use to have extramarital affairs were less likely to use condom during sexual act ($P = 0.000$).¹²

Knowledge related to prevention of HIV¹⁶. Woman with moderate knowledge had a good attitudes.¹⁷ Based on the level of knowledge, respondents who have a good level of knowledge are supportive of HIV testing whereas respondents who do not support HIV testing are the majority in the knowledge level group. For mother's belief in HIV testing, on the attitudes of husbands, friends and leaders, the majority of those who favor supporting HIV testing are mothers with high confidence.

Variables affecting attitudes are mother's belief in HIV testing and mother's belief in her husband's attitude. Research conducted Asmaruddin et al (2016)¹⁴ stated there was a significant difference between IRTs that tested HIV and not on husbands support ($p=0.0001$) and peer support ($p=0.0001$). There were no significant differences in age, education, knowledge, opinions, attitudes, access to services, access to information and support of staff on HIV testing. Although the research by Manjrekar states that family members, friends and healthcare providers as per 35,11% of our study participants, similar to that seen in the study done Vadodara by Kotecha PV.^{15,16} It is concluded that husbands and close friends who often communicate with respondents have an influence to perform HIV testing.

While in this study the factors of self and husband who have a significant relationship to the attitude of housewife on HIV testing. According to housewife, the attitude of the husband has an influence in the IRT to test HIV. From the newsletter of the AIDS & an Anthropology research group, while many married women do not readily discuss their husband as a source of infection, probing, relieved and HIV risk.¹⁷ The most influential person in the mothers's attitude towards the HIV test was the husband.

CONCLUSION

Majority of the respondent are have a good knowledge about HIV, have high belief about HIV, have low belief about husband's attitude, have high belief about friend's attitude, have high belief about community leader's attitude to HIV testing. There is relationship between knowledge, mother belief about HIV, husband's attitude, friend's attitude and community leader's attitude with housewife's attitude towards attitude to HIV testing. The most factors influence on the mother's attitude toward HIV testing is mother's belief in husband's attitude to HIV test.

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Commented [WU34]: Conclusions have not been formulated based on research objectives
Answer: revised

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clinic in Durban, South Africa. University of Kwazulu-Natal Research Space. 2015. Available form:
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[MJPHM] Editor Decision

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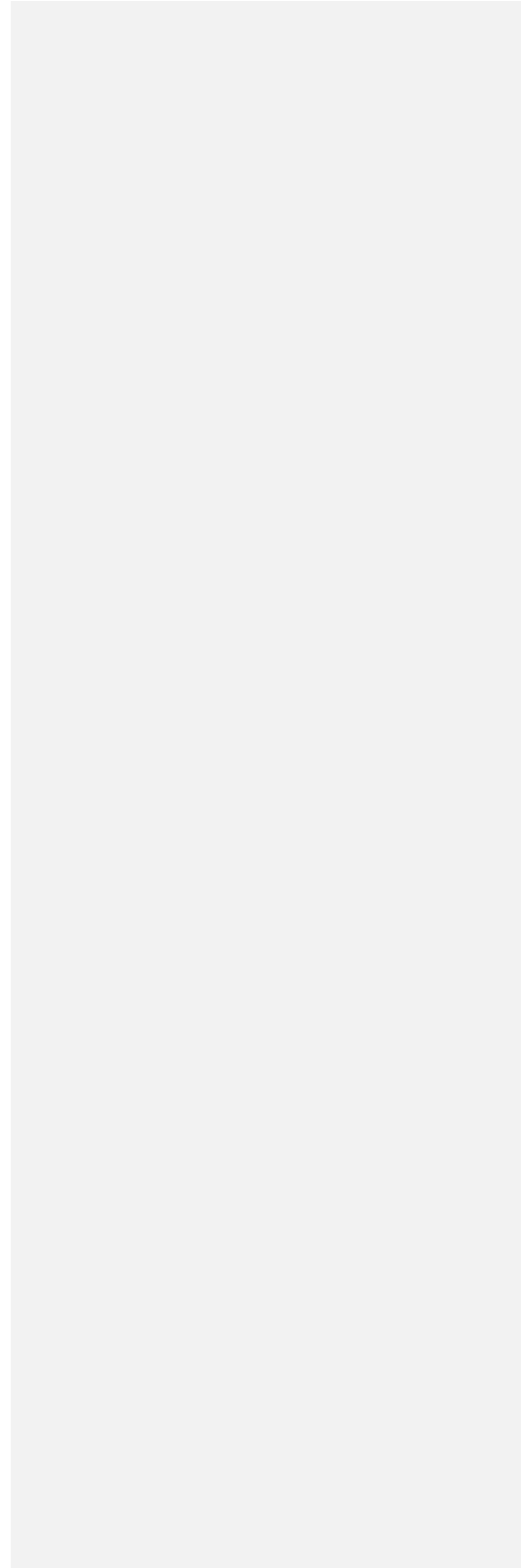
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Our decision is: Revisions Required

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2021-06-05 05:05 PM

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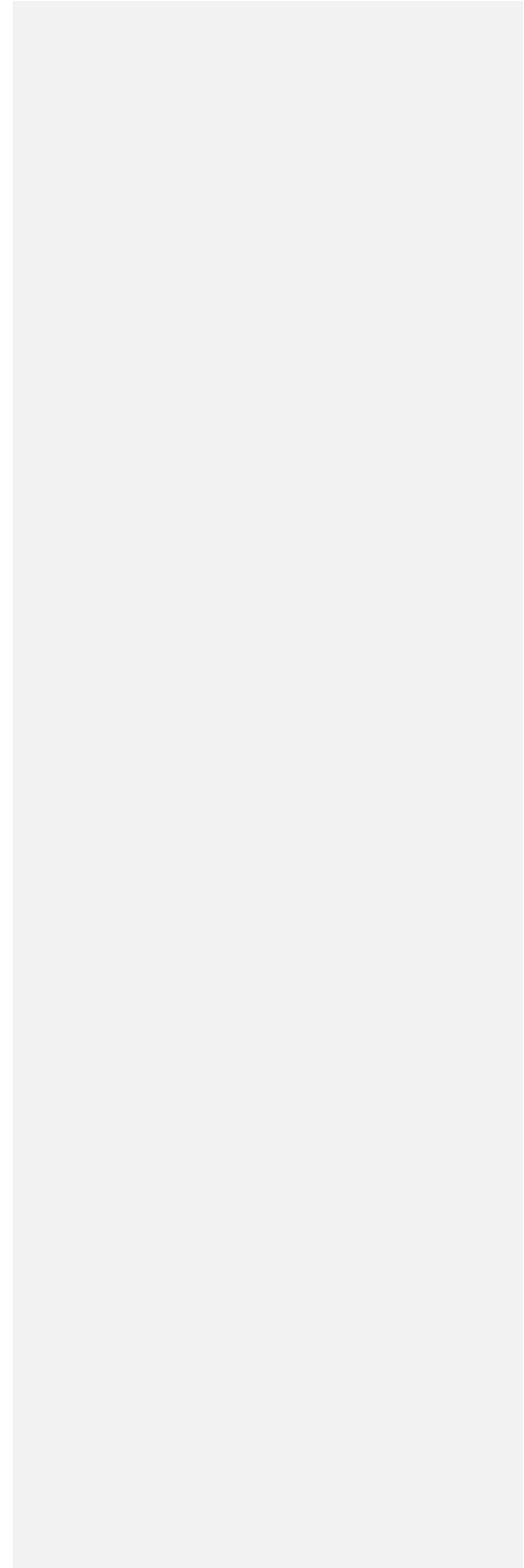
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Our decision is to: Accept Submission

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**5 BUKTI KONFIRMASI HASIL REVIEW KEEMPAT
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Notifications



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2021-09-06 09:04 AM

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