

# FACTORS INFLUENCING SEXUAL AND REPRODUCTIVE HEALTH OF WOMEN LIVING WITH HIV IN BANTEN PROVINCE INDONESIA: A MIXED-METHODS STUDY

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## **Disclosure of Interest Statement**

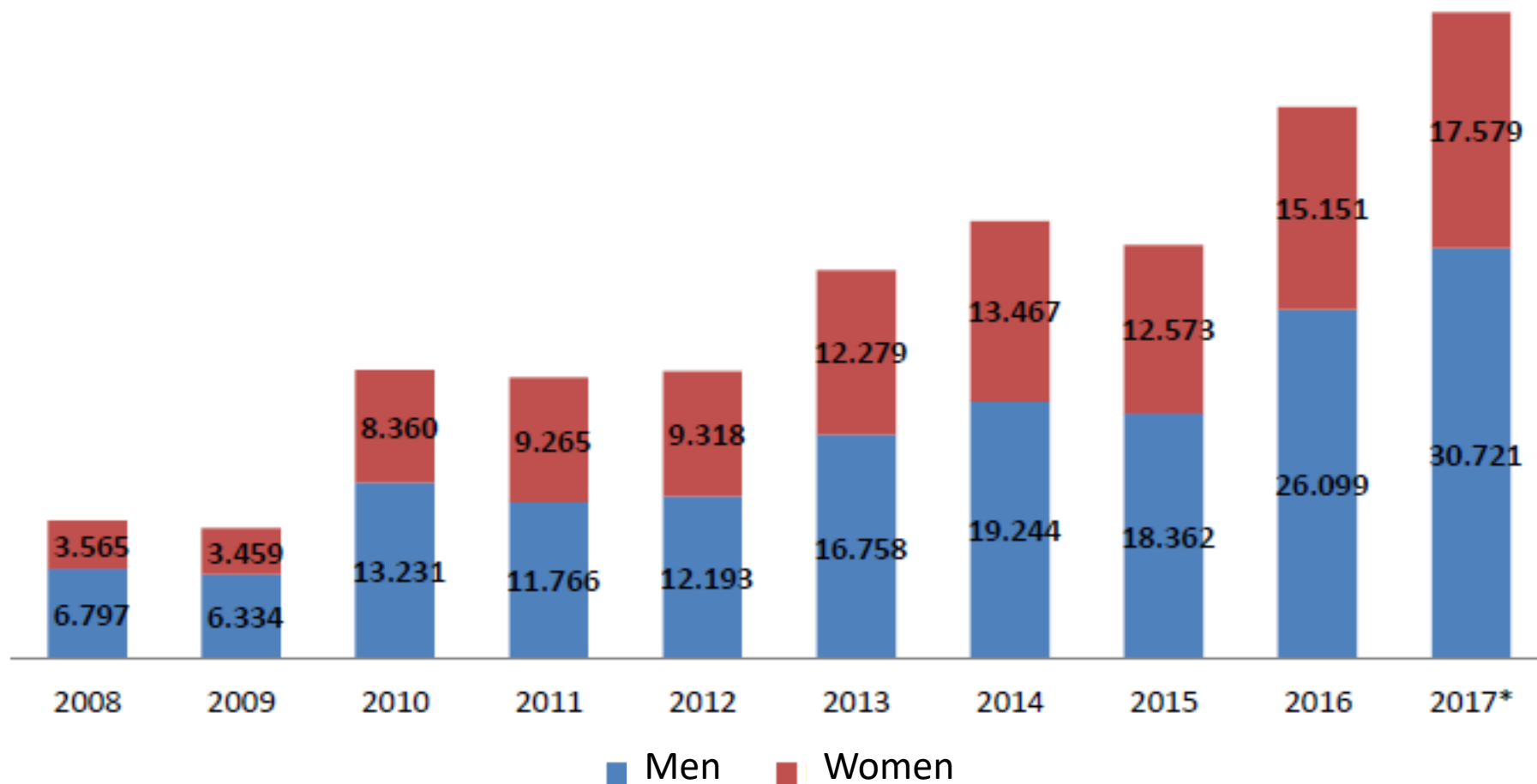
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## **Human Research Ethic Committee Approval**

The University of Queensland Human Research Ethics Committee Approval no. 2017000354

# Indonesia Reported Cases of HIV

(Indonesia Ministry of Health, 2017)



# BANTEN

- Size: 9,662 km<sup>2</sup>
- Peripheral cities of Jakarta
- 12,959 millions population (90% Muslim)

Total reported new cases in 2017: **1,315**  
(Indonesia MoH, 2017)



# Research aim

Explore factors influencing sexual and reproductive health decisions of women living with HIV (WLHIV) in Banten Province, Indonesia

## Focus on:

- *Fertility desire*
- *Contraceptive use*
- *Unsafe Sexual Behaviour*

# Methodology

## *Convergent Parallel Mixed Method Study*

### Quantitative Inquiry

- Cross sectional written survey
- 209 respondents (18-50 years)
- May – November 2017
- Seven Banten regions
- Five peer-recruiters
- Descriptive and binary logistic regression analysis
- SPSS V.25

### Qualitative Inquiry

- Personal in-depth interview
- 30 participants (18-50 years)
- May – November 2017
- Seven Banten regions
- Thematic analysis
- NVivo V.12

### Data Integration

# Survey Respondent Profile (N=209)

- 87.6% Muslim
- 60.3% aged 30-39 years (mean 32.7 years)
- 58.9% Married
- 88.6% High-school graduated
- 60.3% No current fertility desire
- 61.7 % Using contraception
  - 86% *Condom*
  - 68.4% *Inconsistent condom use*
- 33.9% Unmet contraception needs
- 33.3% Self-reported symptoms of STI

# Factors Influencing Lack of Fertility Desire

- >1 living children  
(*aOR:8.31, 95%CI:4.03-17.17, p<.001*)
- Non-HIV disclosure to
  - Familiar others  
(*aOR:4.08, 95%CI:1.00-16.73, p:0.05*)
  - Partner  
(*aOR:2.55, 95%CI:1.25-5.23, p<.001*)
- Urban living  
(*aOR:2.44, 95%CI: 1.10-5.38, p<.05*).
- Too old
- Fear for child's well-being
- Stigmatization with last pregnancy
- Poor MTCT knowledge and counselling
- Lack of partner support
- Family discouragement for childbearing

## Theme: Factor influencing fertility desire

### Family pressure for childbearing

*“My mother in law asked me to use injected contraception in a month after we married. My own mother also suggested me to take the method.” (Ya, 23yo, housewife)*

*“My husband and his family expected me to have a baby soon after our three years marriage. They said that I should have a child soon before I get old.” (Iy, 30 yo, housewife)*



# Factors Influencing Unmet Contraception Need

- Non-HIV disclosure to family (*aOR:15.39, 95%CI:3.06-77.42*)
- Non-married status (*aOR:5.10, 95%CI:1.74-14.97*)
- Having casual partner (*aOR:3.98, 95%CI:0.98-16.18*)
- Partner influence in contraceptive decision (*aOR:3.05, 95%CI:1.33-6.98*)
- Partner's fertility desire (*aOR:2.65, 95%CI:1.06-6.63*)
- Non-married status
- Poor contraceptive knowledge
- Religious belief
- Partner's inconsistent condom use
- Partner's disapproval of using other methods
- Forced contraception by health care providers
- Lack of contraceptive counselling

## Factors influencing contraceptive use

### 🌀 Partners as last contraceptive decision making

*“Previously, I wanted to use injected contraception, but my husband forbid me to use any method. He said in the past none of the prophet’s wife used contraception. He said just let the God gives us child... He said that the prophet had a lot of children. ‘Please do not use any contraception.’ So, I do not use any...” (Me, 33 yo, employed)*

*“Their answer was similar that it was inconvenience of using condom for the intercourse.” (Ar, 33 yo, married, housewife)*

# Factors Influencing Unsafe Sexual Behaviours

- Difficulties in negotiating safer sex practices (67.5%)
- Inconsistent condom use
  - 91.2% Not able to obtain/buy condom
  - 94.4% Not able to ask their partner to use condom
  - 85.7% Not married
- Poor sexual health knowledge
- Cultural beliefs of talking about sexuality
- Male dominant relationship
- Limited financial autonomy
- Familiar others influences

# Factors influencing unsafe sexual behaviours

## 🌀 Cultural belief of talking about sexuality

*“I am shy of telling my husband about my sexual excitement. For me, I only serve him... Once I felt the pain of having sexual intimacy with him, because I was not aroused, but my husband wanted it. I was just silent and did not say anything to him... My husband never asked about my sexual satisfaction... My parent was from the old generation who never talked to us about sexuality...*

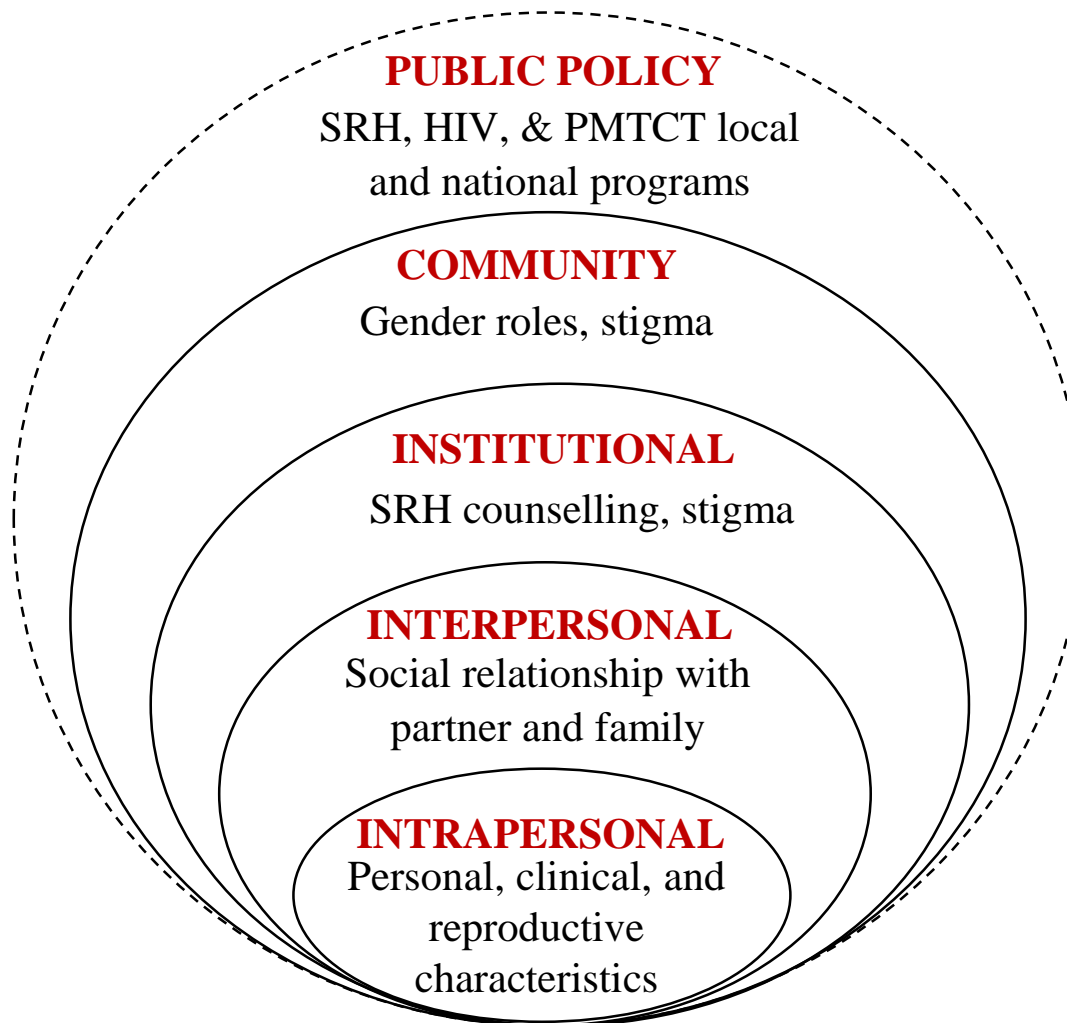
*My religion teaches me that it is an obligation of the wife to serve their husband and it is a sin to refuse our husband invitation for sexual intimacy. So, I don't dare to refuse him” (Sa, 39yo, housewife)*

# Factors influencing unsafe sexual behaviours

## Community & public policy barrier for condom use

*“Anywhere we go, we always bring our own condom. If we run out of condom, we buy it in Indomart (groceries shop). However, now the condom is expensive. So, it is better to take them from home. If there is a raid, we do not worry because we are married. I will show my marriage certificate if it is required.” (Ad, 31 yo, married, employed)*

# Integration:



Factors influencing sexual and reproductive health of Bantenese  
WLHIV framework *(adapted from McLeroy Ecological Model, 1988)*

# Future Implication

- Strategies need to be designed to build WLHIV capacity to achieve optimal SRH by considering their complex socio-cultural-religious context.
- Interventions should be develop to assist WLHIV in Indonesia to make independent and safer sexual and reproductive decisions with the involvement of their familiar others.
- Further research - models of SRH care for WLHIV in Indonesia

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