

## SHORT ARTICLE

# Capacity Building, Structural Adjustment and Culture Changes in Coping with HIV/AIDS in Surakarta Indonesia

Argyo Demartoto<sup>1</sup>, Siti Zunariyah<sup>2</sup>, Sri Hilmi Pujihartati<sup>3</sup>

<sup>1</sup>Associate Professor, Department of Sociology, Faculty of Social and Political Sciences, Universitas Sebelas Maret, Surakarta, Indonesia; <sup>2</sup>Assistant Professor, Department of Sociology, Faculty of Social and Political Sciences, Universitas Sebelas Maret, Surakarta, Indonesia; <sup>3</sup>Assistant Professor, Department of Sociology, Faculty of Social and Political Sciences, Universitas Sebelas Maret, Surakarta, Indonesia

<a href="#">Abstract</a>	<a href="#">Introduction</a>	<a href="#">Methodology</a>	<a href="#">Results</a>	<a href="#">Conclusion</a>	<a href="#">References</a>	<a href="#">Citation</a>	<a href="#">Tables / Figures</a>
--------------------------	------------------------------	-----------------------------	-------------------------	----------------------------	----------------------------	--------------------------	----------------------------------

## Corresponding Author

Argyo Demartoto; Bengawan Solo VIII Street, Kelurahan Mojo, Pasar Kliwon, Surakarta, Indonesia  
E Mail ID: [argyodemartoto\\_fisip@staff.uns.ac.id](mailto:argyodemartoto_fisip@staff.uns.ac.id)



## Citation

Demartoto A, Zunariyah S, Pujihartati SH. Capacity Building, Structural Adjustment and Culture Changes in Coping with HIV/AIDS in Surakarta Indonesia. Indian J Comm Health. 2020;32(3):559-563.

**Source of Funding:** Nil **Conflict of Interest:** None declared

## Article Cycle

**Received:** 15/06/2020; **Revision:** 12/07/2020; **Accepted:** 18/08/2020; **Published:** 30/06/2020

This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).

## Abstract

**Background:** HIV-infected women increase in number due to biological condition, poor knowledge on HIV/AIDS, and low bargaining position. **Aim & Objective:** This study aimed to study capacity building, structural adjustment and culture changes in overcoming HIV/AIDS in Surakarta Indonesia. **Methods and Material:** Data was conducted through interview, observation, and documentation. Data was validated using source triangulation and analyzed using Longwe's Women Empowering Framework. **Results:** Responsive-gender HIV/AIDS coping procedures in Surakarta to encourage woman's reproductive right and realize gender equality. **Conclusions:** Capacity building, structural adjustment and cultural change is to improve, develop and integrate empowerment of women infected with HIV/AIDS.

## Keywords

Gender-Sensitive AIDS overcoming; Structural Adjustment; Cultural Change; Women with HIV/AIDS

## Introduction

People live with HIV/AIDS in 2018 by age interval of 15-24 years, out of 14,000 new HIV case found, 9,600 cases occur in females and 4,400 in males (1,2). In Surakarta, there are 2,857 HIV/AIDS cases during 2005 – December 2018, consisting of 974 HIV, 1,883 AIDS and 701 death cases. HIV/AIDS case, by sex, occurs in 54 women (47%) and 61 men (53%) during January-December 2018 (3). Women have a larger probability of being infected with HIV through sexual intercourse than men (4,5,6). Women also have risk related to violence such as rape, incest relation, and non-vaginal but anal sexual relation compulsion, by which bleeding may occur more easily (7,8,9).

Women's vulnerability to HIV is more due to gender gap leading to women's incapability of controlling their sexual behavior or drug injection from their husband or permanent partner, and poor access to HIV/AIDS medication service (9,10). The strong effect of social and cultural norms, traditional belief, and stereotype has been known repeatedly as the barrier of gender equality (11,12,13,14). Therefore government, non-government, and citizen care about AIDS (CCA) in Surakarta Indonesia through women empowerment in coping AIDS such as capacity building to improve the women's ability of coping with AIDS.

## Aims & Objectives

To study capacity building, structural adjustment and culture changes in overcoming HIV/AIDS in Surakarta Indonesia.

## Material & Methods

This qualitative research with case study was conducted among housewife, students, Female Sex Workers (FSW) and senior high school student in Surakarta, Indonesia (15). Data was collected through observation, in-depth interview and documentation (16). To test the data validity and reliability was used source triangulation (17).

## Results

**Address and Objective:** Housewives have high risk of being infected. It indicates that HIV/AIDS finds its moment more when the condition shows that HIV/AIDS epidemic feminization is occurring, particularly in Surakarta. The AIDS Commission of Surakarta organizes vision, mission, objective, and target of HIV/AIDS prevention and management program output to improve the people (community)'s understanding on HIV/AIDS, to create healthy and safe behavior from HIV/AIDS transmission risk, to improve people living with HIV/AIDS (PWA)'s access to healthcare service, and to reduce stigma and discrimination.

The priority of HIV/AIDS management attempt is the change of high risk behavior in vulnerable group, high risk group infected and group infected and PWAs. The development of Local Regulation and its application should consistently support the management of HIV/AIDS. In addition, in coping with HIV/AIDS, government serves as facilitator, while community, NGO, and business world serve as main actor.

The general objective of gender mainstreaming in coping with AIDS in Surakarta is to improve the awareness and the independency of women in governing their reproduction function and process including their sexuality life, so that their reproductive rights can be expectedly fulfilled and thereby their quality of life can be improved to realize gender equality and justice.

**Causing Factor:** There are three factors accelerating the transmission of HIV in women, direct, indirect, and fundamental involving different social units: individual, family, and society. At individual level, the direct cause of transmission includes HIV virus infection transmission, vulnerability to STI and no

psychosocial resilience, because social rights and safety is not guaranteed. At family level, the direct cause includes factors related to inadequate attention and protection for women and children, thereby gender problem occurs. Economic condition, limitation of authority in decision making at family level, inadequate health level of women and poor access to basic life need. At community (society) level, indirect cause includes poverty, low education, low policy and political supports, women's inadequate role in decision making process, low public participation and community's poor accessibility to the healing attempt.

**Direct and Indirect Target Groups:** Target group of women empowerment in preventing HIV/AIDS hazard is divided into: direct and indirect ones. Direct target group consists of some age groups in life cycle, including adolescent, productive age couple and women, pregnant women, pregnant lady, lactating women, and school-age child. The indirect target group of women empowerment in coping with AIDS is among others, women organization, particularly the one with activity network in the field level and with potential to implement CIE activities of HIV/AIDS prevention; Legislative; law enforcer; religious leader, society leader, and custom leader; professional organization, NGO (particularly operating in and caring about AIDS management activity); religious organization; mass media; and company and employer caring about AIDS hazard and prevention.

The improvement of justice and gender equality in family and community can be conducted through attempting to protect women's reproductive rights, revising, reviewing any biased-gender legislation, stopping a variety of social-cultural practices contributing to sexual abuse against women, protecting women's right to fulfilling their primary needs, accessing health information and service, and getting education as wide as possible. Women should be encouraged to contribute actively to AIDS activities in all area levels through activities, either individually or through women organization.

**Gender Mainstreaming Measures in Coping with AIDS:** Generally, all stakeholders are committed to take some measures with gender approach in coping with HIV/AIDS to remove biased gender in preventing and coping with HIV/AIDS in Surakarta. Considering the result of research, it can be stated that government, non-government, and Surakarta people attempts to build all parties' commitment

consistently by considering practical need and strategic gender need. It can be seen in (Table 1).

## Discussion

Gender concept is important in relation to health, particularly for women interest. Particularly in Indonesia, stereotype that women's domain is only in domestic sector is still strong so far (13). It is this that makes the women getting access, participating, benefiting from and controlling difficultly everything beyond domestic scope. Access to healthcare service and information is still low, so that women's knowledge particularly on HIV/AIDS is lower. Control is still weak over sexual behavior of either women themselves or their partner (due to education, culture, etc) (18). Economic factor is still a reason for women to be FSW, while FSW is one of key populations in HIV/AIDS dissemination. Stigma or myth about HIV/AIDS that is frightening still exists (leading to discriminative treatment against PWHAs or PLWHAs, particularly women and their family) (19).

Gender inequality issue in health sector seems to be more dominant in the context of HIV/AIDS dissemination (5,7,8). Indonesian women, including those in Surakarta, can control their own health less optimally, including their reproductive rights. Women's dependency on men is still high in some matters (potential to be the object of violence), women in social constructed are required to be obedient, passive, patient, and loyal, while men are dominant, aggressive, initiative taker in sexual relation, and it is considered as fair for them to have many partners (7).

In healthcare, questions are often not posed to the women about their and their partner's high risk behavior, so that most cases are found only in advanced stage (diagnosed lately in early stage) (9,10). Health promotion and healthcare program in preventing and coping with HIV/AIDS often makes women the object of intervention. It is because of the health workers' poor understanding on gender and no socialization about the strategy of coping with HIV/AIDS through gender approach; the availability of data classified by sex is also very limited, so that policy makers in preventing and coping with HIV/AIDS has not been responsive-gender (20).

Capacity building related to reproductive and sexual health and HIV/AIDS is conducted in such activities as socialization, communication, information, and

education, social advocacy and mobilization to MRAPs and public. In relation to the attempt of preventing HIV/AIDS, woman empowerment focuses on improving woman's knowledge, and independency, either individually or in her activity in organization to give the family and environment an education about the attempt of preventing HIV/AIDS. Cultural change about gender mainstreaming particularly in coping with AIDS should be prioritized. Women's knowledge and skill should be improved through communication, information, and education about all aspects of life, including HIV/AIDS (13,14,20).

## Conclusion

Capacity building, structural adjustment and cultural change supporting the documentation and the reporting of HIV/AIDS data separately using evidence based approach is a gender mainstreaming attempt in coping with AIDS in Surakarta. it is important to minimize the gap of access, benefit, participation, and control, and can fulfill the practical and strategic gender needs.

## Recommendation

This study analyse on an activities about women empowerment in coping AIDS includes: capacity building to improve the women's ability of coping with AIDS; culture changes, the change of culture partial to women; and structural adjustment, the structural adjustment attempt responsive to women.

## Limitation of the study

The limitations of this study was we could not comprehensively women empowerment in coping AIDS, because we have also not taken into attention to the heterogeneity of society in Surakarta.

## Relevance of the study

Women empowerment in coping AIDS is conducted to the women infected with HIV/AIDS, thereby can minimize the gap of access, benefit, participation, and control, and can fulfill the practical and strategic gender needs.

## Authors Contribution

All authors have contributed equally.

## Acknowledgement

This work was supported by grants from the Ministry of Research, Technology and Higher Education, Indonesia Number: 208/SP2H/DRPM/2019 to AD, SZ and SHP.

**References**

- UNAIDS. Global HIV Statistics. UNAIDS. Switzerland, 2018. Available at : [https://www.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_FactSheet\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf) . Accessed : December 23, 2019.
- The Foundation for AIDS Research (amfAR). Statistics: Women and HIV/AIDS, 2019. Available at : <https://www.amfar.org/about-hiv-and-aids/facts-and-stats/statistics--women-and-hiv-aids/> . Accessed : December 23, 2019.
- Kementerian Kesehatan Republik Indonesia. Laporan situasi perkembangan HIV dan AIDS di Indonesia sampai dengan Desember 2018. Jakarta: Kementerian Kesehatan Republik Indonesia; 2019.
- Seidel G. Women at risk: gender and AIDS in Africa. *Disasters*. 1993 Jun;17(2):133-42. doi: 10.1111/j.1467-7717.1993.tb01140.x. PMID: 20958763. [PubMed].
- Sen G, Östlin P. Gender inequity in health: why it exists and how we can change it. *Global Public Health - An International Journal for Research, Policy and Practice* 2008; 3(1): 1-12.
- Paudel V, Baral KP. Women living with HIV/AIDS (WLHA), battling stigma, discrimination and denial and the role of support groups as a coping strategy: a review of literature. *Reprod Health*. 2015 Jun 2;12:53. doi: 10.1186/s12978-015-0032-9. PMID: 26032304; PMCID: PMC4467680. [PubMed].
- Jewkes RK, Dunkle K, Nduna M, Shai N. Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. *Lancet*. 2010 Jul 3;376(9734):41-8. doi: 10.1016/S0140-6736(10)60548-X. PMID: 20557928. [PubMed]
- Amin A. Addressing gender inequalities to improve the sexual and reproductive health and wellbeing of women living with HIV. *J Int AIDS Soc*. 2015 Dec 1;18(Suppl 5):20302. doi: 10.7448/IAS.18.6.20302. PMID: 26643464; PMCID: PMC4672401. [PubMed].
- Hill M. Strides towards Establishing Temporality of Associations between Social factors, Behaviors, and Sexual Risk Purposed to Enhance HIV Prevention Strategies Tailored to African American Women. *HIV AIDS Research and Treatment Journal* 2018; 1(1): 2.
- Bogart LM, Collins RL, Cunningham W, Beckman R, Golinelli D, Eisenman D, Bird CE. The association of partner abuse with risky sexual behaviors among women and men with HIV/AIDS. *AIDS Behav*. 2005 Sep;9(3):325-33. doi: 10.1007/s10461-005-9006-1. PMID: 16091853. [PubMed].
- Paudel V, Baral KP. Women living with HIV/AIDS (WLHA), battling stigma, discrimination and denial and the role of support groups as a coping strategy: a review of literature. *Reprod Health*. 2015 Jun 2;12:53. doi: 10.1186/s12978-015-0032-9. PMID: 26032304; PMCID: PMC4467680. [PubMed].
- Tiessen R. Mainstreaming gender in HIV/AIDS programs: ongoing challenges and new opportunities in Malawi. *Journal of International Women's Studies* 2005; 7(1): 8-25.
- Longwe SH. Gender awareness: the missing element in the Third World development project. Oxford England : Oxfam; 1991.
- Longwe SH. Gender, equality and women empowerment, 2001. Available at: <http://www.quets.kwinnoforum.se/measuring/Namibianreport.html>. Accessed: December 23, 2019.
- Yin RK. *Applications of Case Study Research*. California: Sage Publications; 2012.
- Miles MB, Huberman AM, Saldana J. *Qualitative Data Analysis: A Methods Sourcebook*. London : Sage Publications; 2014.
- Creswell JW. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. United States of America: Sage Publications; 2014.
- World Health Organization (WHO). Consolidated guideline on sexual and reproductive health and rights of women living with HIV: web annex: community-led strategies for implementation (No. WHO/RHR/17.33), 2019. Available at: <https://apps.who.int/iris/bitstream/handle/10665/330034/WHO-RHR-17.33-eng.pdf>. Accessed : December 23, 2019.
- MacLachlan E, Neema S, Luyirika E, Ssali F, Juncker M, Rwabukwali C, Harvey M, Duncan T. Women, economic hardship and the path of survival: HIV/AIDS risk behavior among women receiving HIV/AIDS treatment in Uganda. *AIDS Care*. 2009 Mar;21(3):355-67. doi: 10.1080/09540120802184121. PMID: 19280411. [PubMed].
- UN Women. *Championing Gender Equality in the HIV Response: The experiences of five programme countries, 2015*. Available at : <https://www.unwomen.org/en/digital-library/publications/2015/4/championing-gender-equality-in-the-hiv-response-the-experiences-of-five-programme-countries>. Accessed : December 23, 2019.

**Tables**

**TABLE 1 GENDER MAINSTREAMING IN AIDS MANAGEMENT IN SURAKARTA**

No.	Measures	Actor
1.	Documenting and reporting HIV/AIDS separately by sex, age, etc, and using Evidence Based Approach in preventing and coping with HIV/AIDS	Government, Non-government, and community
2.	Socializing and advocating policy maker, planner, program manager and executor concerning gender and HIV/AIDS.	Government, Non-government, and community
3.	Sharpening the target (target segmentation) with local cultural approach and focusing on dominant gap issue.	Government, Non-government, and community (NGO, organization community, and religious Organization), and academician
4.	Empowering the couple in order to communicate transparently about sexual health and its risk	Community

5.	Empowering women/female adolescents and men/boy by improving access to education and information about sexual health and reproductive health (CIE comprehensively)	Government and Non-government
6.	Conducting an exploratory study on the effect of masculinity in relation to sexual health	Academician
7.	Improving reproductive healthcare and sexual health in the terms of scope, accessibility, and gender sensitivity to health workers	Health Institution
8.	Developing reproductive and sexual healthcare services that are more man-friendly (in the sense of men empowerment in preventing HIV/AIDS transmission and gender-based management).	Health Institution
9.	Integrating gender perspective into reproductive and sexual healthcare services	Health Institution
10.	establish cooperation and partnership in building community-based strategy to create social support and to organize an integrated program along with NGO caring about AIDS, PWHA network or high risk group, etc	Government, non-government, and community
11.	PWHA network or high risk group, etc	Peer Support Group, MRAPs, and community
12.	Empowering women, either PWHA or people living with HIV/AIDS (PLWHA), thereby can minimize the gap of access, benefit, participation, and control	Government, non-government, and Peer Support Group
13.	Building all parties' commitment consistently by considering practical need and strategic gender need.	Government, non-government, and community