

Problems Of Married Women With HIV/AIDS In Michel Foucault's Body Power Analysis In Medan City

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Abstract. This research focuses on the problems experienced by married women with HIV/AIDS due to cultural influences, which are analyzed using Michel Foucault's body power theory. The design of this study is qualitative research with a phenomenological approach. This aims to reflect the life world of HIV/AIDS cases in married women in Medan City. Several things behind the permissive state of the informants cannot be separated from the pressure (determinism) of cultural values that have been constructed into the informants' understanding. The state of determinism that influences these problems includes the cultural values of households, which provide space for the construction of patriarchal domination. This then presents the Episteme of serving the husband, which creates Oppression (Subaltern) in women. Not only facing chronic health problems but also complicated household problems due to illness. Even though their position is also that of a victim who contracted it from their husband.

Keywords: HIV/AIDS, Married woman, Body Power

1. Introduction

Overcoming the problem of HIV/AIDS cases is of particular concern in Indonesia's Sustainable Development Goals (SDGs) on welfare and health goals. The HIV/AIDS case is like an iceberg phenomenon. This is because the difficulty in implementing HIV/AIDS control cannot be separated from the character of the problem, which is challenging to identify and is 100 times greater than the identified data, "in the number of recorded AIDS cases, it is 100 times more relevant to the hidden cases".^[1]

The number of people living with HIV/AIDS (PLWHA) in Indonesia is increasing yearly. In December 2019, 377,564 cases of HIV/AIDS were detected, and according to the Ministry of Health's report in 2020, this increased and was estimated to be 640,443 people. One of the areas in Indonesia with a high number of HIV/AIDS cases is the Medan city area. Based on data from the Medan City Health Service in a health webinar in January 2022, from 2006 to 2021, there were 8,198 HIV/AIDS cases found in Medan. Meanwhile, in 2022, there will be 66 cases detected. So, the total from 2006-2022 totalled 8,264 cases, with most cases experienced by married women. This means that a promiscuous sexual life does not solely cause the transmission of HIV/AIDS, but there are other factors within a legal marriage bond.

This problem cannot be separated from stigma in society, which labels people with HIV/AIDS (PLWHA) with various stigmatizations. Maghfiroh explains that the hidden situation of HIV

AIDS cases results from the bad stigma as violators of moral values that society attaches to people with HIV AIDS ^[2]. So sufferers prefer to hide their illness, do not want to seek treatment and even choose to end their lives ^[3]

Stigma makes sufferers prefer to hide their illnesses, not want to seek treatment and even choose to end their lives. The socio-cultural determination of sufferers also exacerbates this. There is still very little research on HIV AIDS cases in married women infected by their husbands, especially looking at the relationship with cultural factors in the family. HIV AIDS research still focuses on risk populations, namely men who have sex with men ^[4], injecting drug users ^[5], sex workers ^[6], and transgender ^[7].

The finding of cases of married women being infected with HIV AIDS by their husbands requires an in-depth study regarding whether this infection was accepted consciously by the women or whether the women refused but were unable to fight back because patriarchal power dominates and shackles women in married life. In Postmodern theory, Foucault also examines the lives of urban women who experience bondage and lack of freedom in the sphere of sex and power in society, or what Foucault calls bodily power over women ^[8].

2. Methods

This type of research is qualitative research with a phenomenological approach to reflect the experiences (the life world) of HIV AIDS cases among married women in the city of Medan. The data sources in this research are primary data sourced from observations and interviews and secondary data from the Medan City Health Service's HIV AIDS data collection. The data collection technique used was as follows: (1) Observation, which was carried out at the informant's home and adjusted to the time and permission from the informant to visit his residence. The observations made in this research were direct observations of the lives of married women living with HIV in their families. The results of the observations focused on observing the form of gender relations with husbands in domestic life. Researchers found that there were problems in gender relations between husbands and informants. (2) Interviews were conducted at the informant's home and at several locations chosen by the informant to provide comfort in telling stories. The interviews were semi-structured, dialogical and in-depth regarding the life history of the informants, primarily related to the cultural determinism experienced by the informants, which resulted in them being infected with HIV AIDS.

The analysis technique in this research refers to the Moustakas Phenomenology data analysis technique with the flow of writing interview transcripts, Horizontalization, Cluster of meaning and comprehensive narrative ^[9]. The data analysis process consists of (1) Carrying out the interview transcript process by writing down the entire results of the interview or dialogue with the informant, which have been described in the attachment to the interview transcript results. (2) The results of the interview transcripts were then grouped (Horizontalization) based on the textural meaning related to the research focus. Researchers separate statements that are less relevant to the research focus. The classification of relevant statements is then outlined in the Horizontalization table in the attachment. (3) then carry out a Cluster of meaning, namely the researcher groups again in more detail regarding relevant statements to find the essence or meaning of the informant's statement regarding attitudes of obedience originating from cultural determinism, the actualization of gender relations felt by the

informant and the role of the informant's family in helping to deal with HIV AIDS in informants.

3. Result and Discussions

3.1 Data on married women living with HIV in Medan City

There is no specific data regarding married women living with HIV whom the Medan City Health Service surveyed. Still, another categorization data that can be used as a reference is pregnant women who experienced HIV AIDS cases. Based on data sourced from the Medan City Health Service from a distribution of 11 Community Health Centers in several sub-districts of Medan City, the total number of HIV AIDS cases in pregnant women reached 1,461 cases in January-May 2022. The data on categorizing PLWHA pregnant women is certainly not a complex picture of the data. Married women living with HIV in Medan City. Of course, many more cases have not been identified and reported. Researchers interviewed several married women living with HIV in Medan City who their husbands infected. They feel angry and disappointed but also resigned to the health situation they are experiencing without being able to express the actual reality. Women only try to hide their illnesses to avoid stigma and discrimination from society for themselves and their children.

3.2 life History Married woman living with HIV

- 1) Riana (44)
Toba Batak ethnic housewife who was diagnosed as infected with HIV AIDS in June 2014 and has children who are also infected with HIV AIDS. The husband's lifestyle, who is a drug addict and uses needles in groups to make tattoos on the body, is the underlying factor behind the husband being infected with HIV AIDS and infecting Riana. There was no moral or material assistance from the family. She even considered "selling" herself because her husband could not meet his living needs due to his declining health condition.
- 2) Mira (36)
An ethnic Javanese housewife who was diagnosed with HIV AIDS in 2007 and was infected by her husband. Mira's husband is a drug addict with tattoos all over his body. When she found out about this health status, Mira was pregnant with her last child, so at the time of giving birth, Mira's doctor carried out a sterilization procedure (removing the uterus) without Mira's knowledge or consent.
- 3) Siska (31)
An ethnic Malay housewife who was diagnosed with HIV AIDS in 2021. This is because, in 2020, Siska's husband became ill and was hospitalized and then tested positive for HIV AIDS in 2020. The husband knew his HIV status long before he married Siska and had taken ARVs for 1 year. The husband's family knew about his condition but hid his health status from Siska.
- 4) Listiawati (39)
Karo ethnic woman who was diagnosed positive for HIV AIDS in 2009. She was infected by her husband, who died in the same case in 2010. Listiawati never put up a fight because she was afraid of damaging her sickly husband's mental health.
- 5) Lydia (38)

Karo ethnic housewife who was diagnosed with HIV AIDS in 2012. She first found out about her status because her husband was sick and diagnosed with HIV AIDS. The husband's lifestyle, who works as a ship crew, often involves free sex before marriage. Lydia and her husband were asked to leave the house because Lydia's in-laws feared contracting the disease.

3.3 Cultural Determinism in the Spread of HIV AIDS among Married Women

Culture as a system or communal way of life creates values and norms, which also provide determinism to the owner of the culture. Abdullah explains that cultural determinism can be understood as a normative narrative and values created by the community, where the product of the narrative exerts pressures that determine the personality, perceptions, beliefs and understanding of individuals in their culture ^[10]. This pressure directs you to be obedient and adapt to all normative things, especially in marriage. Based on the results of interviews conducted by the team, several forms of cultural values have been constructed into the informant's understanding as a form of cultural determinism, namely:

- 1) The cultural value of householding that is inherent through Petuah (*Pedah-pedah*)
The results of interviews at different times, namely with Lydia and Listiawati, explained that the strong cultural values of the Karo ethnic group, which were enculturated in the informant, meant that the informant could only accept what she experienced from her husband. According to the two informants, the Karo cultural values in their parents' advice (*Pedah-pedah*) about married life are still embedded in their understanding. Lydia (38) said, "*Bagi si nciduri langit it means like spitting into the sky, then hitting yourself in the face*", Listiawati (39) said "*Siagengen radu mbiring, sikuningen radu megersing*" which means smearing each other black, decorating each other equally -just as beautiful." Even though they were suffering, these inherent cultural values made informants reluctant to share the illness they suffered with their husbands with their families and other people because it resulted in shame for themselves.
- 2) The Episteme of "serving" the husband who creates oppression (subaltern) in women
Patriarchal domination manifests in the form of men's power over women's bodies (wives), manifested in fulfilling sexual needs. Sisca (31) said, "When having sex, I don't dare to negotiate with my husband to suggest using contraception (condoms)." The dissatisfaction felt by the husband through the use of condoms is more important than the health impacts that the woman will experience. Mira (36) also said she was afraid to go against her husband's wishes, especially as she was considered a disobedient and disobedient wife. Fear of a series of bad reviews that will later be pinned on women and kill self-resistance and negotiation. Foucault calls this mastery an episteme, which is not knowledge but has become a metaphysics that holds women together with their logical reasoning ^[11]. Women are sexually powerless with their bodies over the norms created in their communal living system. Then, with this Episteme, men are significantly superior to the power of women's bodies in sexuality. This means that women have turned off the space to speak (the voiceless) themselves.
- 3) There is minimal cultural value in reproductive health education
The lack of understanding of reproductive health obtained from parents in the past meant that women did not dare to question their husbands' sexual health. This was conveyed by Sisca (31) in an interview that she did not know how to have safe sexual relations or use contraceptives. According to his parents, it was previously thought to reduce the pleasure

of sexual intercourse. This situation makes Sisca feel taboo and find it difficult to negotiate the use of contraception, so she never uses contraception during intercourse

4) The divorce process is complicated in culture

Riana (44), who is of Batak Toba ethnicity, said that since she found out that her husband was infected with HIV/AIDS, she wanted to divorce. The informant explained, "I feel hurt and angry with my husband and want a divorce, but the *Mamodai* custom in Batak Toba for divorce is complicated." The *Mamodai* tradition is a plot that must be carried out by Toba Batak, married couples who want to divorce. This tradition requires first asking permission from several kinship structures in the husband's and wife's families and discussing the issue of wanting a divorce openly. This will undoubtedly impact the disclosure of health information experienced by partners and their children. Apart from that, the *Mamodai* process usually tends to prevent divorce from occurring. A complicated process in culture meant that the informant did not divorce her husband, and still lived together.

3.4 Gender Relations in the Spread of HIV/AIDS among Married Women in Medan City

Based on the data that has been collected, gender relations between husband and wife (informants) in married life are the factors behind the spread of HIV/AIDS, including:

1) Husband's not open attitude towards health status

Husbands feel there is no need to tell their wives that they can potentially be infected with HIV/AIDS. This was conveyed by Agustin (49) in an interview: "Why should I tell you? She is already my wife, and we are legally married in the eyes of the law, so I don't need to tell you about my illness." What was conveyed by The informant can be understood as a basis for thinking that shows that the wife does not have the right to know about her husband's health. Marriage makes the husband, as the head of the household, feel entitled to determine what is and is not necessary to be informed. Even though the husband's lifestyle is a drug addict (using injection needles), Having free sex before marriage carries a high risk of being infected and transmitting HIV/AIDS to his wife.

2) Minimal communication about sexuality in the family

Based on the results of interviews with all informants, the informants felt that it was taboo to discuss sexuality with their husbands, especially when it came to seeing their husband's unhealthiness. The absence of this communication means that no understanding correlates the decline in the husband's health condition with the husband's health status. Women feel trust in their husbands even though women also feel a decline in their health.

3) Lack of collaboration in the family's health support capacity

Even though it is clear that lifestyles have the potential for HIV/AIDS transmission, husbands are reluctant to check their health. Women then become the first health examiners for the decline in health they experience. When the diagnosis results show that a woman is positively infected with HIV, AIDS becomes the starting point for a reverse situation where her family is blamed for her health status. The absence of health collaboration in the family is also shown in the husband's lack of attention to the recovery of himself and his family. All informants stated that the husband did not take medication regularly. This situation resulted in the husband's health condition

getting worse. However, wives still care for their husbands while caring for their health.

4) Domination of husband's power in decision-making

Men's dominating power in gender relations in the family means that women's opinions are often ignored. One of the experiences experienced by an informant named Mira (39) said that she had to undergo sterilization by removing the uterus without her consent. The husband considers this as a preventive measure for the transmission of HIV AIDS to children. Minimal knowledge about HIV AIDS leads to decision-making without any discussion with the wife.

4. Conclusion

The permissive state of the informants cannot be separated from the pressure (determinism) of cultural values that have been constructed into the informants' understanding. Several determinisms influence this situation, including (1) The cultural value of householding that is attached to the teachings (*Pedah Pedah*); (2) The Episteme of "serving" the husband who creates oppression (subaltern) in women (entering the theory of body power); (3) Minimal cultural value in reproductive health education; (4) The divorce process is complicated in culture. Not only that, gender relations between husband and wife (informants) in married life are factors behind the spread of HIV AIDS, including (1) The husband's non-open attitude towards health status; (2) Minimal communication about sexuality in the family; (3) Lack of collaboration in the family's health support capacity; (4) Domination of the husband's power in decision making.

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