



SRIKANDI: PATHWAYS TO HIV TESTING FOR WOMEN FROM INDONESIA LIVING IN WESTERN AUSTRALIA

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THE ISSUE

In the last decade, notifications of Human Immunodeficiency Virus (HIV) in Australia have been increasing among people born in Southeast Asia (SEA). For women from SEA, over two thirds are diagnosed late. In Western Australia, people born in Indonesia had the highest number of notifications among people born in SEA between 2011-2017.

Understanding the barriers to HIV testing, and identifying possible enablers, is needed to increase testing to ensure early diagnosis, reduce likelihood of onward HIV transmission and improve health outcomes. *Srikandi* is a three-year project to co-design an intervention to increase HIV testing uptake with women from Indonesia living in Western Australia. The project utilises participatory action research methodology.

METHODS

The project utilises end-user knowledge by working collaboratively with six community researchers. The research protocol has been developed*, ethical approval has been sought (HRE2018-0790), and a process established for working together as a team.

Focus groups and interviews were used to gather data in the initial phase of the project. Community researchers have been instrumental in the development of the focus group guide, participant recruitment and co-facilitation of focus groups. A content analysis and audit of HIV prevention resources (n=66) was undertaken using the valid and reliable Health Literacy INDEX tool.

Five focus groups have been held with women from Indonesia with diverse experiences including different lengths of time in Australia, marital status, religion and visa status. In-depth interviews have been conducted with six focus group participants, to further explore their experiences. Initial data has been analysed and is explored in the following sections.

MIGRATION EXPERIENCES

We asked women about their motivations and pathways for migration and their experiences of arriving in Australia.

MOVING TO AUSTRALIA

For women with male partners (mostly husbands), a number followed their partner to Australia. Some women had come to Australia for education or employment opportunities, or had come with parents.

Proximity to Indonesia was a key factor in the decision to move, as was the existing Indonesian community in Perth. Women also came to explore what was considered a more 'fun' and 'open-minded' country.

TWO CULTURAL IDENTITIES

Most women had existing Indonesian contacts prior to arriving in Perth. This influenced decisions related to housing, education and health services. Most remained closely connected to the Indonesian community.

Women described a process of trying to belong or adapt to the Australian culture, whilst close contact with the Indonesian community reinforced more conservative values from home.

SEX, CULTURE & GENDER

Preliminary findings suggested the following themes influence Indonesian women's willingness to test for HIV.

GENDER AND MORALITY

Almost all women referred to 'good girls', but with different meanings. Expected gender roles in the family and in community were reinforced in this. For all, 'good girls' referred to women who did not have sex outside of marriage; for some, this referred more specifically to housewives who cared for husband and children; or those who didn't have male friendships. Participants indicated that women were not expected to know about or discuss sexual health, including with sexual partners.

KEEPING SILENT

For some, participating in this research was the first time they had ever spoken about sex or sexual health. None had received formal education in sexual health, and received no communication from family members. Religious influences maintained a culture of silence around sex, even amongst married couples.

MARRIAGE FIRST – BUT NOT FOR MEN

Women indicated expectations to wait until marriage to engage in sex, but didn't believe this applied to men. Consequently, relationships before and outside of marriage became secret and not discussed between partners.

HIV RESOURCES

Most resources had poor readability and audience appropriateness against the INDEX criteria. The content analysis found an overemphasis on AIDS and missed opportunities to encourage HIV prevention or testing. Some resources also reinforced stigma towards people living with HIV. Transmission and prevention messages were often inconsistent.

WHERE TO FROM HERE?

Data collection is ongoing. There is a need for future resources to consider low literacy levels. The development of guidelines for HIV prevention resources would remove inconsistent messaging on HIV and reduce the utilisation of fear-based and stigmatising messages. While sex was considered a taboo topic for focus group participants, women stressed the need for education and testing options that were culturally appropriate and specific for women.

*Gray C, Crawford G, Lobo R and Maycock B. Co-Designing an Intervention to Increase HIV Testing Uptake with Women from Indonesia At-Risk of HIV: Protocol for a Participatory Action Research Study. *Methods Protoc.* 2019 Jun; 2(2): 41. doi: 10.3390/mps2020041

