



INDIRECT FEMALE SEX WORKERS BEHAVIOR TOWARDS VOLUNTARILY COUNSELLING AND TESTING (VCT) IN SLEMAN DISTRICT OF YOGYAKARTA: A PHENOMENOLOGICAL STUDY

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ABSTRACT

Background: HIV/AIDS among sex workers are one of the problems that need world's special attention. Indirect female sex workers carry the high risk of being contaminated with HIV/AIDS compare to non-female sex workers. Voluntarily Counselling and Testing (VCT) is one of the strategies of public health which is effective to prevention and at the same time is an entry point to get management service of case and treatment, support and medication for HIV/AIDS patients. **Purpose:** This research aims to discuss indirect female sex workers behavior towards VCT in the area of Sleman District of Yogyakarta. Method: This was a qualitative research with phenomenological study approach, applied to get a real illustration and an in-depth input of indirect female sex workers behavior towards VCT. Data collection was conducted in September 2017 towards indirect female sex workers working at beauty salon and "plus-plus" spa in the area of Sleman District amounted to 4 people. **Result:** Knowledge about HIV/AIDS is good enough but an understanding of VCT is lacking. Indirect female sex workers have tried to use condom during sexual intercourse with their customer. Thus, indirect female sex workers' knowledge about HIV/AIDS is pretty good but their understanding of VCT is lacking since they do not have good mood to conduct VCT although considering that it is important. **Conclusion:** Indirect female sex workers never maximally conducted VCT.

KEYWORDS: Behavior, Indirect Female Sex Workers, VCT.

INTRODUCTION

Human Immunodeficiency Virus (HIV) patients in the world in 2013 reached up to 35 million people including 16 million women and 3.2 million children aged < 15 years old. People who have been infected with HIV in 2013 amounted to 2.1 million consisted of 1.9 million adolescents and 240,000 children aged < 15 years old. A number of deaths due to HIV are 1.5 million people consisted of 1.3 million adolescents and 190.000 children aged < 15 years old.^[1]

Based on the report collected from each Province, total cumulative of HIV infection case submitted since 1987 until September 2014, the first province with most HIV cases are Jakarta. Whilst, 10 biggest city in Indonesia with most HIV cases are Jakarta, East Java, Papua, West Java, Bali, North Sumatera, Central Java, West Kalimantan, Riau Island and South Sulawesi. Special Region of Yogyakarta (DIY) was in rank 14 (2,611 cases). In 2015, was reported five cities with most HIV

cases and Jakarta still remain in the first rank (4,695 cases) followed by East Java, West Java, Papua and Bali, while DIY was in rank 13 with 513 total cases. The data until the first quarter of 2016 showed that the five top cities with most HIV cases were DKI Jakarta (1.164 cases), East Java (1,136 cases), West Java (1,048 cases), Central Java (712 cases) and Papua (615 cases), while DIY was in rank 17 (81 cases).^[2]

One of the efforts made the Government of Indonesia to decrease HIV/AIDS cases is through counseling and test service for HIV or called VCT. In 2014, the data showed that the number of health center serving for VCT was 1,583 with total visiting of 1,111,831, while in 2015, the number of health center serving for VCT was 2,221 an the visiting total was 1,275,636. While in DIY total health center serving for VCT in Yogyakarta municipality were 15 places, Sleman of 13 places, Bantul of 8 places, Gunung Kidul of 10 places and Kulon Progo of 8 places.^[3]

The result of the previous study shows that in the localization of Pasar Kembang of Yogyakarta, 56% of the indirect female sex workers there has a lack of self-awareness in VCT, and the most influential factor towards that testing is the support from the peer group.^[4] On the other hand, a research conducted in Canada shows that VCT among indirect female sex workers are pretty high (90%), since the awareness of examination needs has been very good.

Sex workers play a very important role in the growth of HIV/AIDS cases. They can work in localization, registered under the medical supervision (direct sex workers) or also work as an indirect female sex workers. Indirect female sex workers are also reported to get lower income than those working in localization, an interview conducted with participants indicate that they sometimes have a sexual intercourse without using condom, with the reason of their income will decrease. While the research result revealed that intervention of condom promotion must remain be the mainstay strategy of HIV prevention among the indirect female sex workers⁶. Some of previous studies discuss the awareness of indirect female sex workers towards VCT but this one will describe how indirect female sex workers behave towards VCT.

METHODOLOGY

This was a qualitative research with descriptive phenomenological approach. This research was conducted at Beauty Salon & “plus-plus” spas in the area of Sleman District in September 2017. The main informant was 4 indirect female sex workers at a “plus-plus” beauty salon. The data was collected through an in-depth interview.

Participant determination was decided based on purposive sampling technique (Strubert & Carpenter, 2011) under the criteria: indirect female sex workers who actively work in beauty salon and “plus-plus” spas, and have a willingness to be participant. Analysis data used Miles & Huberman’ (2007) interactive model consisting of four stages: (a) data collection, (b) data reduction, (c) data presenting, (d) conclusion drawing.

To conduct this research, the researchers hold the ethical approval from faculty of health sciences of Respati University of Yogyakarta under the number: 721.4/FIKES/PLVIII/2017.

RESULTS

Four indirect female sex workers participated in the interview session. Data illustration of participant demography is among other: participant aged 18 years old is 1 person, 29 years old is 2 people, and 46 years old is 1 person. Period at work as an indirect female sex worker: 0-1 year by 3 people, and > 1 year by 1 person. Background: primary school graduate by 1 person, and

Senior High School graduate by 3 people. Marital Status: marriage of 3 people, single by 3 people.

Based on the analysis result of qualitative data, indirect female sex workers behavior towards VCT in Sleman District of Yogyakarta collected two themes: (a) having an adequate knowledge about HIV/AIDS, (b) the lack of motivation in conducting VCT.

Having an adequate knowledge about HIV/AIDS

Having an adequate knowledge about HIV/AIDS is participant perception about the disease related to what they are currently doing. This perception consists of two sub-themes: perception of the HIV/AIDS contagion, and prevention effort of HIV/AIDS.

Perception on HIV/AIDS contagion: is participant knowledge about how they will be infected with that disease. Most of participant state that they have known how HIV/AIDS spread. Participant statement:

It is possible to spread during sex, through a syringe.

(Participant 1, 29 years old, interview, 2017)

Sperm.... syringe... injection... or what is it called? What's more? , blood, blood donor...

(Participant 2, 18 years old, interview, 2017)

Its spread is during sex, syringe, blood, breastfeeding.

(Participant 3, 29 years old, interview, 2017)

When having a sexual intercourse, and injection.

(Participant 4, 46 years old, interview 2017)

Prevention efforts of HIV/AIDS: prevention efforts of HIV/AIDS according to participant is using condom. A number of participants will deny if their customer do not want to use condom during sex. Participant statement:

...my customer commonly use it (condom), denying those suffering from sexual contagious infections (SCI).

(Participant 1, 29 years old, interview, 2017)

..using condom.. Consuming vitamin too...

(Participant 2, 18 years old, interview, 2017)

One of my customer's impossible requests is so far they do not want to use condom.. in my opinion I have to apply that rule I create by myself, if they do not want, I let them go and find another one.. I am afraid of contaminated with venereal disease.

(Participant 3, 29 years old, interview, 2017)

..the most important is using condom, and another is cleaning genital area...

(Participant 4, 46 years old, 2017)

Lack of Motivation to conduct VCT

Lack of motivation to conduct VCT among indirect female sex workers is an obstacle in the effort of

declining the number of HIV/AIDS case. Although participant has an adequate knowledge, but it still needs to conduct VCT to know the possibility of the risk to be contaminated with this disease. There are 2 sub-themes why they are lazy to conduct VCT: dealing with household chores, having a little information about VCT.

Dealing with household chores; dealing with household chores mean participant still have toddler, and having no time to come to the health center to conduct VCT. Participant statement:

Actually, If I have free time I want go there, but my children are still young...
(Participant 1, 29 years old, interview, 2017)

...I want to have a routine examination, but there are many household chores to do...
(Participant 2, 18 years old, interview, 2017)

I have a plan to go to the primary health center this end of month...
(Participant 3, 29 years old, interview, 2017)

I still have many things to do...
(Participant 4, 46 years old, interview 2017)

Having a little access to VCT information: means participant perception about the lack of access to VCT information. Most of them get that information from their friend not a health worker. Following is the participant statement:

I get that information from my friend..
(Participant 1, 29 years old, interview, 2017)

I got that from Mbak Lina (a friend of her who work as a indirect female sex worker too).
(Participant 2, 18 years old, interview, 2017)

Yes But, I know that VCT term from my friend Mbak Riri (indirect female sex worker too).
(Participant 3, 29 years old, interview, 2017)

I know that from vesta's staff (Non-Government Organization).
(Participant 4, 46 years old, interview, 2017)

DISCUSSION

Behavior is something complex; it is a result of various internal or external, psychological, and physical aspects. Behavior does not stand alone since it always relates to other factors.^[8] Having been seen from external and psychological aspect, so it can be known that participant gets a great pressure in those two aspects. With that profession, indirect female sex workers are at high risk to contaminate with HIV/AIDS.

A pretty high knowledge about HIV/AIDS will support in the effort of preventing the spread of disease and one

step to decrease the number of death. The result of in-depth interview for HIV/AIDS commonly shows that participant is commonly having a good knowledge, especially in terms of definition and how it spreads.

HIV is a symptom by which someone loses his/her ability to deal with infection got so he/she will easily be attacked by bacterial, virus, and fungus infection.^[9] This is in line with the previous research explaining that indirect female sex workers behavior in terms of HIV/AIDS prevention is through increasing knowledge.^[10] With a good knowledge, indirect female sex workers are expected to have a positive behavior towards HIV/AIDS prevention.

One effort to prevent HIV/AIDS by using condom is truly agreed by all IFSW since they understand the risk to be contaminated with sexual contagious disease, but actually it does not fully guarantee to not contaminate. This is in agreement with WHO's analysis that someone's idea or feeling also leads him to behave. A number of respondents acknowledge that there are some customers who do not like to use condom with the reason of cannot ejaculate and is inconvenient to wear when having a sex. Most of them always try and wore customer down to wear condom. There is who successfully wore them down to wear condom, but some of them also reject.

Three participants said that they choose to deny giving service if the customer does not want to wear condom. It is only one participant who is forced to remain give service even her customer reject using condom. That explanation is different from what beauty salon owner's stated that most of indirect female sex workers at beauty salon still do not obey the regulation to use condom, while those in localization have done since they are afraid to be fired from localization if do not obey they regulation. Thus, sex workers at localization are more ordered to wear condom. There is one participant who remains to give service without using condom to get higher income, since she has much more needs for his family. Such pressures then lead indirect female sex workers to have a bargaining position which is lower than customer ask. Traditional method to prevent HIV/AIDS among the indirect female sex workers is like promoting to use should be pressured, giving the high prevalence of SCI.

Screening and medication of SCI is an important strategy as the appearance of SCI can facilitate HIV contagion. Attention significance has to focus on indirect female sex workers who work at commercial sex place having higher risk to contaminate with *N.gonorrhoeae* and transmission of HIV.^[11]

One of the government's efforts to decline HIV/AIDS is through VCT service. VCT is one of the services to know the occurrence of HIV infection in someone's

body which can be held in formal health center or a community-based clinic.^[12] All indirect female sex workers cannot answer when given a question about VCT understanding. It is only one participant who can say that VCT is a kind of blood examination to know HIV/AIDS disease, most of indirect female sex workers' understanding of VCT is lacking. It is proven from the interview result indicating that they can mention in detail what VCT is, that is one of the factors motivating indirect female sex workers do not conduct VCT examination.

It is different from the research conducted by Mahmudah explaining that inhibiting factor of VCT is respondent experience and the stigma that health workers who still treats differently a sex worker so they feel inconvenient during the examination process and also soft stigma of the shy feeling to the counselor who is still young to explain felt complaint and having no good mood to get the VCT result.^[13]

The reason why participants having no good mood to conduct VCT is they still have really young children so it is hard to come to the health center, it is contrary to the fact that working at beauty salon having long duration. All participants say that they have a big worry if VCT result is positive to contaminate with HIV. Participant perception of HIV patients who die young makes them fear and shock. Obstacle also encountered by non-government organization "Vesta"^[7] in order to conduct VCT mobile towards all workers, they do not directly give answer to be ready when the field health workers make a recording. However, on the day, most of indirect female sex workers cancelled to conduct VCT with the reason of not permitted by their boss or with any reason.

An effort made by the Government of Indonesia or non-government organization in increasing indirect female sexworkers participation is very good, that is conducting free examination and VCT mobile. The utilization of VCT examination in other countries also runs very well. Per-case financing of positively contaminated with HIV is detected in unit VCT with better facilities than in independent VCT unit.^[14]

Indirect female sex workers' awareness to conduct VCT is a big problem, in China, VCT examination awareness is lacking with one of the reasons that a number of indirect female sex workers deny the examination since having a fear that VCT utilization will publish their characteristic of work.^[15] This voluntarily client has a characteristic to be open-minded, to come with their own intention, to be able to cooperate with counselor, to wholeheartedly follow the counseling process, to try to explain something clearly, to seriously disclose the secret, to be friendly, and to follow the counselling.^[16]

CONCLUSION

This research contains two main subjects: (a) having an adequate knowledge about HIV/AIDS, (b) having lack of motivation in conducting VCT.

Indirect female sex workers knowledge about HIV/AIDS are good enough, an effort that they do to prevent HIV/AIDS contagion is through using condom. All participants never met a client suffering from sexual contagious infection. However, their understanding of VCT is still lacking so they do not want to conduct VCT even they feel it is important as one of the efforts to prevent HIV/AIDS spread.

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CONFLICT OF INTEREST

There is no conflict of interest in this research.

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