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CONTENTS

Volume 9, Number 11

November 2018

1. Is there any Difference between Revised Indian and WHO BMI Classification? A Study on Male Desk Job Workers 01
Akilesh Anand Prakash, B M S Nagraj
2. Dermatophytosis in a Tertiary Care Teaching Hospital of Odisha: A Study of 100 Cases of Superficial Fungal Skin Infection 07
Ajaya Kumar Jena, Rajesh Kumar Lenka, Mahesh Chandra Sahu
3. Evaluation of Deferral Pattern among Blood Donor Population in a Hilly Terrain of Solan Region, North India 12
Sushant Kumar Meinia, Anuj Sharma
4. Evaluating the Impact of HR Practices on Employee Deviant Behavior: An Exploratory Study on Employees of IT Industry 17
Sainath Malisetty, Malathi Narayanan, CH.Bala Nageswara Rao
5. Role of Physical Activity in Management of Musculoskeletal Disorders: An Association with BMI 22
Pooja Sharma, Supriti Aggrawal, Sadhana Meena
6. An Empirical Study on Retail Demand for Store Brand Pickles in Tirunelveli, Tamil Nadu 27
Varadarajan Rangarajan, K Thulasi Krishna
7. Knowledge of Disease Management among Maintenance Hemodialysis Patients in Coastal Karnataka – A Cross Sectional Pilot Study 33
Bryal D'Souza, Rajesh Kamath, Ravindra Prabhu, Unnikrishnan, Sagarika Kamath
8. Study on Global Public Health Threats due to Emerging or Re-Emerging Infectious Diseases and the Strategies to Reduce Threats 38
Manas Kumar Kundu, Tarit Kr Mandal, Malavika Bhattacharya
9. A Study to Compare the Efficacy of Dynamic Soft Tissue Mobilization Vs Self Myofascial Release Techniques for Hamstring Tightness in Healthy Male 44
G Yasmeen Imtiaz, S Prabhakar, V Balachander
10. Estimation of Vitamin D Levels in Children with and without Early Childhood Caries – A Case Control Study 51
Anitha Jayakumar, Deepa Gurunathan, EMG Subramainan

| | |
|---|-----|
| 56. Improvement Efforts of Hazardous Waste Management Implementation in Karimun Regency Fabrication Yard, Indonesia | 293 |
| <i>Sharyne Sylvani, Haryoto Kusnopranto</i> | |
| 57. Distribution and Seasonal Variations of Copepoda in Euphrates River at Samawah City, Iraq | 298 |
| <i>Sahib Shanon Ibrahim</i> | |
| 58. Sociodemographic the Characteristics of “Slum and Urban Area” Customer Behavior Depot and Identification of Escherchia Coli with RT-PCR by Gen EF-Tu | 304 |
| <i>Alfina Baharuddin, Anwar Daud, Thahir Abdullah, Mochammad Hatta</i> | |
| 59. Prevalence and Determinants of High-Risk Women in Pregnancy, Labor and Postpartum with Premarital Screening in Semarang City, Central Java, Indonesia | 311 |
| <i>Dewi Puspitaningrum, Nuke Devi Indrawati, Indri Astuti Purwanti</i> | |
| 60. Mothers’ Behaviour Regarding School-Aged Children’s Nutrition: in Indonesia | 317 |
| <i>Eka Mishbahatul Marah Has, Della Febien Prahasiwi, Sylvia Dwi Wahyuni, Nursalam, Ferry Efendi</i> | |
| 61. Spatial Variation of Human Cancer Incidence across Babylon State in (2010) | 323 |
| <i>Samah Ibrahim Shamki, Afrah Ibrahim Shamki</i> | |
| 62. Characteristics of Overweighed and Obese Adults attended Nutritional Clinic in Al-Qadisiyah Governorate, Iraq, 2014 | 329 |
| <i>Fatima A. Alkhalidi, Rami S. Alshemerty</i> | |
| 63. Floating Prostitution and the Potential Risk of HIV Transmission in a Religious Society in Indonesia | 334 |
| <i>Hardisman Dasman, Firda Firdawati, Ilma Nuria Sulrieni</i> | |
| 64. The Effect of Training on Efforts to Reduce Maternal Mortality Risk to Behavior of Community-Based Safe Motherhood Promoters (SMPs) | 339 |
| <i>Yusriani, Muhammad Khidri Alwi, Heru Santoso Wahito Nugroho</i> | |
| 65. Medulloblastoma of the Posterior Fossa in Children: Perioperative Surgical Complications | 346 |
| <i>Asa’ad F. Albayati, Ahmed Hilal Kamel, Yaseen M. Taher, Sadiq Fadhil Hammoodi, Hayder Adnan Fawzi</i> | |
| 66. Chemical Synthesis and Characterization of Silver Nanoparticles Induced Biocompatibility for Anticancer Activity | 352 |
| <i>Ali Ibrahim Shkhair, Mohammed Kareem Jabber, Murtadha M-Hussein A-kadhim, Abdullah Hasan Jabbar</i> | |
| 67. Relationship Analysis of Noise to Hypertension on Workers at Pharmaceutical Products Factory X in 2018, Depok City, West Java Province | 358 |
| <i>Andreas Billy Falian, Haryoto Kusnopranto</i> | |
| 68. The Effect of Blended Learning and Self-Efficacy on Learning Outcome of Problem Solving (Learning Strategy Improvement for Health Students) | 365 |
| <i>Saifuddin, Punaji Setyosari, Waras Kamdi, Wasis Djoko Dwiyoogo, Heru Santoso Wahito Nugroho</i> | |
| 69. Association between the Fundal Site of Placenta and Duration of Stages of Labour | 370 |
| <i>Yusra Noaman Mohammed, Ekhlis Jabar Kadhim, Hanaa Mohammed Haider, Hayder Adnan Fawzi</i> | |
| 70. Contributing Factors of Neonatal Death from Mother with Preeclampsia in Indonesia | 375 |
| <i>Ernawati, Kristanti Wanito Wigati, Austana Nur Hafizh, Budi Santoso, Nursalam</i> | |

Floating Prostitution and the Potential Risk of HIV Transmission in a Religious Society in Indonesia

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ABSTRACT

Background: Indonesia known as the most populous Moslem country in the world, where Padang Municipality, the capital city of West Sumatera Province is recognized as one of the most religious societies in the country. The law strictly prohibits prostitution and adultery, which is supported by all religious communities. However, the Province HIV/AIDS Prevention Commission recorded that there has been a substantial number of female sex workers (FSWs) in the city. At the same time, the number of HIV/AIDS cases also significantly increased. This study aims to explore existence of prostitution practice and the risk of HIV transmission.

Method: A qualitative study has been conducted to answer the research question by interviewing 31 women sex workers using grounded theory approach and as well as two health workers and three HIV/AIDS prevention commissioners. The data was analyzed using thematic framework analysis.

Result: The poverty is the main reason of FSWs falling into prostitution practice, adding by lack social support from their family and relatives, weak personality and environment influence. Majority of them (58,1%) have low level of education and little knowledge of HIV/AIDS, in which they perceive that they are safe from getting infected when they see the client is physically healthy. Additionally, due to their economic dependant on their sexual transaction, they have low bargaining power to their clients, which leads to unprotected sex.

Conclusion: Economic factor and lack of social control contribute to prostitution practice in Padang Municipality. The sexual contact is mostly unprotected, which becomes a potential risk of HIV transmission.

Keywords: Prostitution, poverty, HIV/AIDS

BACKGROUND

Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome (HIV/AIDS) has become a global health problem. *United Nations Programme on HIV/AIDS* (UNAIDS) reported that up to the end of 2015 36.7 million people infected HIV, and 3.3% among of

them died due to AIDS. The cases have also increased in Asia Pacific within the last decade, which was about 5.1 million people infected HIV, and 300.000 of them were the new cases.¹ The HIV/AIDS has also threatened Indonesia, where the cases has increased over the years. Ministry of Health of Indonesia reported that accumulative cases up to early 2016 were 191.073 of HIV and 77.940 AIDS, which significantly increased since 2014.²

Province of West Sumatera also faces HIV/AIDS epidemic especially in the capital city, Padang Municipality. Despite well-known as a religious society, the cases founded also increased in the last five years.

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Department of Health of West Sumatera Province reported that the case rate of HIV/AIDS in the province was 24.04/100.000 inhabitants in 2015. The rate is even higher than the national average (19.1/100.000 inhabitants), and placed the Province of West Sumatera in rank 8th nationally.³ Among all districts and municipalities in the province, Padang has the highest number of the cases. Department of Health of West Sumatera Province reported that the cases rate was 56.96/100.000 inhabitants in the city, which was higher than the provincial and national rates, and estimated that nearly 600 cases of HIV/AIDS cases in the city.³

There are high risk population groups, which the prevalence of HIV/AIDS is higher in those population, such as injected drug users, female sex workers (FSWS), and man ho have sex with man (MSM). The prevalence of HIV positive has been found constantly 5% or more in these high-risk population group since 2015. Indonesian Commission of HIV/AIDS prevention also reported that that HIV cases distributed predominantly among those groups, namely 10.4% direct FSWs, 4.6% indirect FSWS, 24.4% transgender, 0.8%-FSWS client, 5.2% MSM, and 52.4% drug users.⁴ In Padang Municipality especially, despite it is illegal and forbidden by all ethnic and religious societies, there are hidden or floating prostitution practice in the city.^{5,6} Floating prostitution is even worse in spreading of HIV/AIDS because health promotion program cannot reach those community. This study aims to explore the floating prostitution practice in the city and the potential risk of HIV transmission.

METHOD

The study used a qualitative inquiry to address the research objectives by using population case study approach. The participants of the study were 31 women sex workers, which were obtained by snowball principle from the informants, and as well as three commissioners of HI/AIDS prevention of West Sumatera Province and two health workers.

The data was gathered by conducting semi structural interview with the informants, and it is analyzed thematically using behavioral and social relation theories, and later presented narratively.

RESULT

Overview of FSWs

The age of FSWS in Padang range between 20 and 56 years, which majority of them (54.9%) more than 35 years old, and more than half (58.1%) have low level of education. Interestingly, in the marital status, most of them are widow (74.2%). See table 1.

Table 1. Characteristic of female sex workers in Padang

| Variable | | f | % |
|----------------------------------|-----------------------|----|------|
| Age (years) | < 25 | 4 | 12,9 |
| | 25-30 | 6 | 19,4 |
| | 31-35 | 4 | 12,9 |
| | 36-40 | 6 | 19,4 |
| | >40 | 11 | 35,5 |
| Level of education | Low (up to grade 9th) | 18 | 58,1 |
| | High School | 11 | 35,5 |
| | University Level | 2 | 6,5 |
| Marital status | Single | 1 | 3,2 |
| | Married | 7 | 22,6 |
| | Widow | 23 | 74,2 |
| Ethnic | Minangkabau | 25 | 80,6 |
| | Java | 2 | 6,5 |
| | Acehnese | 1 | 3,2 |
| | Malay | 3 | 9,7 |
| Starting age as sex workers (yo) | <20 | 3 | 9,7 |
| | 20-30 | 15 | 48,4 |
| | >30 | 13 | 41,9 |
| Length as sex workers (year) | ≤ 1 | 8 | 25,8 |
| | > 1-5 | 11 | 35,5 |
| | > 5 | 12 | 38,7 |

Poverty

The sex workers have various reasons fall into prostitution practice, including poverty, environment influence and family displaced. However, most of them blame that their economic condition influences their decision working as sex workers. As mentioned by the informants:

"My reason is... forcing by condition. Ya, I have a husband, but the income is not enough" [R3].

"...for living, I am a single mother, to fulfill my basic need and my four children" [R5].

"I work like this because of economic need. My husband unemployed, then I work like this, he doesn't know" [R15].

"I am divorced with my husband. I don't have income, I don't have money but I have to take care my children so I do this" [R31].

Life style

Some of them fell enjoy for what they are doing, who has been as sex workers for more than 10 years. For this woman, she perceives that sexual transaction is as easy way to earn much money, to provide a high-profile life style, such as having expensive gadgets and luxurious holiday. As mentioned by informant:

"Honestly, yes, I do this because my family is poor, but I want to have what people have..." [R18].

"...I don't 'know... ya.. I want to out from this job, but not now. Now... just enjoy it, I am fine..." [R21].

Personality

Weak personality and lack of family attention added the economic reasons, which make them easily influenced by the friends and the environment. Some of them used to works as shop keepers or helper in beauty salon, but they earned small amount of money. When they saw a friend work as a sex worker earned much money and had a luxurious life style make them tempted to do the same. As in mentioned by informant:

"Initially... I worked as a helper in beauty salon, I didn't know the sexual job.. I didn't know the job like this, I just knew hair cut and creambath, but... yeah I saw 'plus service' what other do... you know, sex. Then.... Finally, I also do the same" [R18].

"I divorced... stress, I used to have much money from my husband. Then, I worked in beauty salon... initially, I just do hair cut and little massage, but at the end... you know I do 'this' sex" [R21].

"Initially I only did real salon, then, follow the stream... just like that" [R23].

Lack of internalizing of religious values

From the religious perspectives, all sex workers believe in the God and having a religion. They perceive that the prostitution is very forbidden and a sin. However, they have to work as sex workers to fulfill their economic need.

"I am Moslem, I know this is a sin, but I don't know what to do, this is my life no, otherwise I don't have a food. If I have another job, I quit" [R1].

"I am Moslem... this is a sin, but due to my condition, so I don't know, but in 'selling a sex' I have a boundary..." [R16].

They perceive that earning money is far more important for them and their family. They see that working as a sex worker is an easy way to do, as mentioned by informant:

"My religion is Islam, I know this is forbidden, it says 'haram' (strickly forbidden), but only by doing this I can earn money for my children. If I work in another place, I know I can only earn very small amount" [R25].

"I am a Moslem, in my religion this is very forbidden, I don't have a job..., this is the only way that I can do to earn money" [R21].

Risk of HIV transmission

Risk of HIV transmission are related to their knowledge, attitude sexual practice. In this study we found that most sex workers having low level of knowledge and lack understanding of risk of HIV/AIDS. Most of them perceive that don't have to worry about HIV/AIDS if they do not feel any symptoms. They also believe that the clients are perfectly healthy if they do not see any signs of any diseases in their body or genital organs. As mentioned by informant:

"HIV/AIDS as many people say, bad smell, itchy, that's I see when people got the disease. I am not sure, coz I never get it" [R15].

"I never do a checkup, but I know my body, I don't have any kind of symptom" [R16].

Lack of knowledge of HIV/AIDS risk is added by their economic dependant on the sexual transaction. Most of FSWS cannot force or persuade their clients to have a condom because they feel it may create unpleasant

situation and even insulting them. They fear that they may lose the client, which means loss of income. Out of 31 FSWS, only 12,9% of them use condom consistently, and even 29% of them explained that they never use (table 2). Most of them said they have done HIV test (77%), and willing to do so. However, they never do check up voluntarily. They have done a test is only relied on HIV/AIDS outreach program from Commission of HIV/AIDS Prevention of Padang Municipality or West Sumatera Province.

Tabel 2. Sexual Activity of FSWS

| Sexual Activity | | f (n=31) | % |
|---------------------------------------|-----------|----------|------|
| Condom Use | Never | 9 | 29,0 |
| | Sometimes | 18 | 58,1 |
| | Always | 4 | 12,9 |
| Sexual Transaction Frequency (Weekly) | < 7 | 11 | 35,5 |
| | 7-14 | 12 | 38,7 |
| | > 14 | 8 | 25,8 |

DISCUSSION

This qualitative study on FSWS in Padang Municipality reveals that the city is not free from prostitution practice despite it is recognized as one of the most religious society in the country. Also, in contrast by public assumption that the FSWS in the area come from outside of West Sumatera Province, the study shows that majority (80.6%) of them are West Sumateran origins of Minangkabau ethnics. This means that the FSWS comes from the inner society. The study indicates that the society norms and values are not apply for their principles. This is supported by our finding that, most of FSWS do not really understanding their religious values and social norm. despite they believe in God and have a religion, they do not practice it. As Roem⁶ mentioned that prostitution in the city is really exist. Some of them may used illegal street taxi in night time, which called 'dark taxi'. They use this kind of service to approach client and as well as to escape easily from city police if any incidental patrol.

Despite living in a society with strong religious norm, this cannot prohibit them to be FSWS, in which they have lack of understanding of their religious and social norm. They have personal justification, with the reasons of poverty and feeling displaced from their family and relatives. As the study found, that most

of them are widow, in which they are responsible for economic burden of their family and their children. With low level of education and lack of skills, its is difficult to find proper job for them, then a prostitution is an easy way that they see to earn money. This study also similar to Destriani and Harnani⁷ research in Pekanbaru, other city in Indonesia, which explained that most of floating FSWS were women who were failure in their marriage and have low level of education. Rokhmah⁸ also mentioned that sexual transaction is an alternative way of women to survive in urban area. Women with low level education and limited job vacancy, may see protitution is an open opportunity, which also relatively give satisfactory income for survive.

Knowledge and understanding of FSWS in Padang are very weak, despite all of them know HIV/AIDS threat. They never do check up voluntarily, and some of them did a test is only relied on HIV/AIDS outreach program from Commission of HIV/AIDS Prevention of Padang Municipality. Lack of understanding of HIV/AIDS, in which they believe that the clients are perfectly healthy if they do not see any signs of any diseases, is also seen by their way in serving their client. Among all of participants, only 12,9% of them use condom consistently, and more than a quarter (29.5%) never use it. More over, floating FSWS has low bargaining position to their client due to economic dependant on the sexual transaction. For them, loss of client means loss of income. As a result, they cannot force or persuade the clients to have protected sex, which lead to risk of HIV transmission. Similar study by Januraga⁹ in Bali, that FSWS also compete economically with their peers, which likely to accept unprotected sex from their clients to win the competition and get a customer. The sex workres may know their vulnerability to HIV/AIDS but they cannot ask the clients to use condom due to fear of client rejection and anger.¹¹ It means that safe and protected sex in prostitution is not only influenced by FSWS knowledge on risk of the diseases but alo by economic and gender relation issues.¹⁰ Health promotion through comprehensive primary health care should be done to address this problem.¹²

CONCLUSION

This study examined that the society with strong religious and social values may not free from prostitution practice, when other social factors, such as poverty and lack of social support make women more vulnerable.

Women who become FSWs too dependent economically on their prostitution practice likely to accept unprotected sex, which become a potential of HIV transmission.

Ethical Clearance: Formal permission was obtained from the Board of Nation and Public Protection of Padang Municipality. Participation of of FSWs were invited voluntary and they were informed that their participation would remain anonymous.

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