

**PERCEPTIONS OF PREVENTIVE AND HEALTH SEEKING
BEHAVIOR FOR SEXUALLY TRANSMITTED INFECTIONS
AMONG FEMALE SEX WORKERS IN SEMARANG, CENTRAL
JAVA- INDONESIA: A QUALITATIVE STUDY**

RATU MATAHARI

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF ARTS
(POPULATION AND REPRODUCTIVE HEALTH RESEARCH)
FACULTY OF GRADUATE STUDIES
MAHIDOL UNIVERSITY
2012**

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.....
Miss Ratu Matahari
Candidate

.....
Ms. Kerry Richter, Ph.D
Major- advisor

.....
Asst. Prof. Suchada Thaweesit, Ph.D
Co- advisor

.....
Prof. Banchong Mahaisavariya,
M.D., Dip Thai Board of Orthopedics
Dean
Faculty of Graduate Studies
Mahidol University

.....
Assoc. Prof. Emeritus Aphichat Chamrathirong
Program Director
Master of Arts Program in Population
and Reproductive Health Research
Institute for Population and Social Research
Mahidol University

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was submitted to the Faculty of Graduate Studies, Mahidol University
for the degree of Master of Arts (Population and Reproductive Health Research)
on
August 17, 2012

.....
Miss Ratu Matahari
Candidate

.....
Asst. Prof. Pimonpan Isarabhakdi, Ph.D
Chair

.....
Ms. Kerry Richter, Ph.D
Member

.....
Emeritus Prof. Suporn Koetsawang M.D
Member

.....
Asst. Prof. Suchada Thaweessit, Ph.D
Member

.....
Prof. Banchong Mahaisavariya,
M.D., Dip Thai Board of Orthopedics
Dean
Faculty of Graduate Studies
Mahidol University

.....
Assoc. Prof. Sureeporn Punpuing, Ph.D.
Director
Institute for Population and Social
Research
Mahidol University

ACKNOWLEDGEMENTS

First and foremost, I would like to express my sincere gratitude and appreciation to Allah SWT for HIS blessings on my life. Special thanks must be extended to my major advisor Dr. Kerry Richter and my co-advisor, Asst. Prof. Dr. Suchada Thaweesit for their kindness, knowledge, and invaluable guidance in qualitative research methods as well as data analysis. Also my appreciation goes to Emeritus Prof. Suporn Koetsawang M.D as my external examiner for your academic advices and Asst. Prof. Dr. Pimonpan Isarabhakdi as chair on my thesis defense.

Importantly, I would like to thank the Ministry of Education of Republic Indonesia who given me the double degree scholarship. I would like to thank drg. Zahroh Shaluhiah, Ph.D, Mr. Antono Suryoputro, MPH who gave me support during my learning process in Diponegoro University and Mahidol University also Master program of Health Promotion of Diponegoro University staffs who always help me in preparing the permitting process for my research and handling on my scholarship.

I would like to thank all of the ajarns and staffs of Institute for Population and Social Research (IPSR) Mahidol University for the valuable knowledge and the best experiences. Also my appreciation goes to all of my respondents (key informants) that I interviewed because without their cooperation I could not conduct my research successfully.

Special thank given to my parents who always praying and supported me during I study here.

Salaya, thank you for gave me many memorable things during I stayed in Thailand. I have new extraordinary Ajarns, lovely friends, new atmosphere and meaningful experiences that I got from you. I will apply the good things that I got from Thailand when I back to Indonesia. Bye Salaya...

Ratu Matahari

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RATU MATAHARI 5438710 PRRH/M

M.A. (POPULATION AND REPRODUCTIVE RESEARCH)

THESIS ADVISORY COMMITTEE: KERRY RICHTER, Ph.D.,
SUCHADA THAWESIT, Ph.D.

ABSTRACT

The Female sex workers (FSWs) are a key affected population for HIV transmission because they have risky sexual behavior with many partners. A study from the Ministry of Health and Semarang Provincial Health Department found that 32% of FSWs in Semarang were infected by gonorrhea and 56% with Chlamydia. The prevalence of Chlamydia, Gonorrhea, and active syphilis among FSWs in Indonesia is among the highest recorded among Asian countries in the year 2007. This research aims to investigate the perception and health seeking behavior of female sex workers in one community in Semarang province.

The study used qualitative research methods to investigate these issues. Six female sex workers with sexually transmitted infection (STIs) experience participated in in-depth interviews and 12 female sex workers participated in two focus group discussions. Content analysis was used to analyze the data.

The study found that the knowledge of STIs among female sex workers is still influenced by the myths that are prevalent in the community. Female sex workers are in a low level bargaining position regarding insistence on condom use with their clients. Their “*mami*” (*mamasans* or brothel managers) are not concerned about the FSWs’ health, thinking only about the money that they make from the female sex workers. Thus the female sex workers are most likely to get information about STIs from their peers. Female sex workers will go to health care services if they are getting any symptoms, such as itchiness from their vagina and/or vaginal discharge with a strong odor. In order to improve the knowledge and perceptions about sexually transmitted infections among the female sex workers, it is recommended that programs address the awareness of the *mami* by conducting informal workshops.

KEY WORDS: PERCEPTION/ PREVENTIVE/ FEMALE SEX WORKERS/ STIs

61 pages

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CHAPTER I

INTRODUCTION

1.1 Background

Indonesian societies communicate a negative perception in the words which are used to describe Female Sex Workers: “*Perempuan Tuna Susila*” meaning an immoral woman and “*Pelacur*” meaning a woman that has sexual behavior with many partners. Prostitution is not officially permitted and sex workers caught soliciting can be sent to rehabilitation centres, yet in some urban areas brothels are tolerated. (Wolffers and Bevers, 1997)

Women that work as female sex workers in Indonesia are marginalized because they go against social norms about the meaning of “*good*” woman and “*bad*” woman. As the country follows a patriarchal system, the terms of “*good*” and “*bad*” woman is very important. “*Good*” is related to virginity, monogamy, and high morality and “*Bad*” is related to immorality and having more than one partner. (Surtees, 2007)

Women who enter the sex industry usually do so due to economic problems. They may be divorced and have to support their families economically. They will exchange sexual acts for many kinds of rewards, principally gifts, but will not think of themselves as sex workers. (Wolffers et al, 1999). Certain parts of Java are well known to be prostitution recruiting grounds that have traditionally specialized in providing women for sexual services. For instance in Surabaya, East Java there is a Female Sex Workers area known as Dolly. It is the biggest sex trade locality in South East Asia besides Patpong, Bangkok and Geylang, Singapore. (Gorman, 2011)

Female Sex Workers in Indonesia not only sell their services in their own country but there are also increasing links between the Indonesian sex industry and Singapore.

This is through the creation of sexual networking through sex workers' migration. Most of the Indonesian Female Sex Workers go to Malaysia or Singapore (Geylang prostitution area). Indonesia Female Sex Workers go to both countries from Batam Island. Batam Island is in the border among Indonesia and Malaysia and Singapore. It is easy to get clients from foreign countries from there (Ford and Lyons, 2007). The earnings of Female Sex Workers there are approximately 8 to 15 U.S. dollars or approximately 250-500 baht for each sexual act. The lower rate (8 dollars) only applies to Female Sex Workers who are older (26-30 years old). (Gorman, 2011)

Female Sex Workers are a key population for HIV transmission because they have risky sexual behavior with many partners. If they do not use a condom during sexual intercourse it increases the risk of Sexually Transmitted Infections (STIs) among them. Unprotected sex among FSW has become the second largest source of HIV transmission in Indonesia, after sharing contaminated drug injecting equipment. (IBBS, 2007). The estimation of curable sexually transmitted Infections is more than 30 million cases each year. In 2006 estimated that there are 8.6 million people living with HIV (PLHIV) in Southeast Asia it also consists of 960.000 thousands people that infected in the previous year (UN Joint Program on HIV/AIDS, 2006)

The most recent Integrated Biological and Behavioral Surveillance (IBBS, 2007) survey found that 36% of Direct Sex workers in East Java and 60% in Jakarta were infected with at least of one of the common STIs (Chlamydia, Gonorrhea, and Syphilis) among FSWs in Indonesia. In Semarang It self founded found that 32% of Female Sex Workers in Semarang were infected by Gonorrhea and 56% with Chlamydia. The prevalence of Chlamydia, gonorrhea, and active syphilis among FSWs in Indonesia is among the highest recorded among Asian countries. Many factors are related to this situation including low rates of condom use, inadequate STI screening, and ineffective diagnostic and treatment regimes. Beyond screening, the data indicate that only about one half of FSWs seek professional medical help when faced with signs and symptoms of STIs. The others practice self medication, go to other types of service providers, or take no action at all. (Ministry of Health of Republic Indonesia, 2005)

1.2 Problem Justification

Female sex workers are a group with a high prevalence of sexually transmitted infections and HIV/AIDS. Consistent condom use is still a problem among them due to a lack of bargaining skill between them and their clients to use condom. This had led to the number of STIs and HIV cases to increase year to year.

By the data from Ministry of Health of Indonesia in 2005 mentioned that generally, women (female sex workers) do not experience any symptoms when they have Sexually Transmitted Infections. Thus, they often do not know whether they are infected or not. Moreover, 61% of direct Female Sex Workers did incorrect treatment when they got STI symptoms .

1.3 Research Question

- a. How are the perceptions of prevention behaviors for Sexually Transmitted Infections (STIs) among Female Sex Workers in Semarang, Central Java?
- b. How the health-seeking behaviors for Sexually Transmitted Infections (STIs) among Female Sex Workers in Semarang, Central Java?

1.4. Objectives

1.4.1 General Objective

Understand the perception of prevention and health seeking behavior for Sexually Transmitted Infections among Female Sex Workers in Semarang, Central Java.

1.4.2 Specific Objective

- a. Describe the knowledge of female sex workers about sexually transmitted infections (STIs)
- b. Describe how components of the Health Belief Model may explain health-seeking behavior for STIs among female sex workers in Semarang:
 1. To understand the perceived susceptibility of the female sex workers about sexually transmitted infections

2. To understand the perceived severity of the female sex workers about sexually transmitted infections
3. To understand the perceived benefit of female sex workers about health treatment when they are getting sexually transmitted infections
4. To understand the barriers of female sex workers to get health services when they are getting sexually transmitted infections
5. To understand the external factors (cues to action) of female sex workers to do prevention of sexually transmitted infections and health seeking
6. To understand the self efficacy of the female sex workers about sexually transmitted infections prevention.

CHAPTER II

LITERATURE REVIEW

2.1 Health Seeking Behavior

Health seeking behavior is the practice of a person to visit health services or practice a healthy life style to achieve a higher level of health status. This condition includes of using health facilities to check health status in case of symptoms or sign of diseases so they can prevent and control the disease before it gets worse (North American Nursing Diagnosis Association, 2007).

2.2 Sexually Transmitted Infections

Sexually transmitted infections (STIs) are responsible for an enormous burden of morbidity and mortality in many developing countries because of their effects on reproductive and child health (Wasserheit 1989) and their role in facilitating the transmission of HIV infection (Laga, Diallo, and Buvé 1994).

Persons who have STIs are infectious to their sexual partners even when they have no symptoms of infections. The risk of STIs can be increased by having concurrent multiple sexual partners, frequently changing sexual partners, having unprotected sex with multiple partners, and having unprotected sex with sex workers (WHO, 2002).

There are three STIs that are common among FSW in Indonesia: Chlamydia *Trachomatis*, Nesseria Gonorrhea, and Syphilis. The most common STI among direct and indirect FSWs is Chlamydia. The highest prevalence of Chlamydia among direct FSW is found in Jakarta (55%), North Sumatera (49.4%), and Central Java (44.4%) (IBBS, 2007).

2.3 Female Sex Workers

Most Female Sex Workers in Indonesia are young, have a low level of education and live below the poverty line. Many have often entered the sex trade to earn money for supporting their families (WHO, 2002).

It is estimated that there are 95,000-157,000 direct sex workers and 85,000-107,000 indirect sex workers in the year 2009 (National AIDS Commission Indonesia, 2008).

Female Sex Workers in Indonesia may be divided into two groups, Direct Sex Workers and Indirect Sex Workers. Direct sex workers are brothel based, working in brothels that have pimps. A pimp is a person who is responsible for bringing clients to Female Sex Workers; they get money from the FSW after she gives services to the clients (Hull, 1999).

Sex trade outside of brothels, especially for street based Female Sex Workers, is under police control. They work in fear that the police will catch them. If they see that police is controlling the FSW area they will run away. But if they are caught they may be beaten or raped by the police to avoid the legal punishment. (Gorman, 2011)

Indirect Sex Workers in Indonesia usually work as a waitress at the truck stops, roadside beer shops, food vendors. They also work at the massage parlors, beauty salon, and also spas. Another terms that usually used to refer to female sex workers are *Pecun of prerempuan percuma* (it is means that the “woman for free”) because she gives sex service for many men, like stuff given for free in the shopping mall. This kind of female sex worker mostly comes from highly educated woman and they are also from high economic families. Almost all of the female sex workers as “*pecun*” they exchange their sexual service with some highly cost stuffs, for example like diamond ring, a branded clothes, shoes, and so on. In Indonesia societies called “*pecun*” as materialistic woman. Another type of female sex workers in Indonesia is ‘*Secretary Plus*’. A woman who became “secretary plus” means that she has the main job as secretary but she also has extra job as sex worker. As a secretary plus, she has

highly cost for sexual services and usually they have special clients or customers (Surtees, 2004).

Women in Indonesia who enter the sex trade do so mostly because of economic reasons. The usual characteristics of Female Sex Workers include low skills and low education, so it is difficult for them to compete to get a good job. Indonesia is a country that follows patriarchal concepts and the virginity of a woman is very important. Most societies give “*bad*” stereotypes of Female Sex Workers because there is an assumption that becoming Female Sex Workers is breaking the cultural norms.

2.4 Theory of Behavior Change

The conceptual framework of this study is based on the Health Belief Model Theory.

2.4.1 Background of the Health Belief Model (HBM)

The Health Belief Model was originally developed to explain and predict the health preventive behavior in a community. This theory has the main idea to explore about health behaviors in term of practices and utilization of health services. But after 1952 this theory had been revised to distinguish between illness and the sick role behavior.

Even though the theory was used to explore health behavior, it failed to explain the health screening program of tuberculosis (TB). After that, the HBM has been used to know about sexual risk behavior and the transmission of HIV in short and long period.

2.4.2 Components of the Health Belief Model

The HBM predicts that behavior is a result of a set of core beliefs which have been redefined over the years. The original core beliefs are the individual's perception of:

2.4.2.1 Susceptibility to illness (Perceived susceptibility)

Susceptibility to illness refers to the perception of the person that easy to infect with a disease. For instance a female sex worker feel easy (susceptible) or not to infect by Sexually Transmitted Infection (STIs) because they have risky sexual behavior with many partners in sex.

2.4.2.2 Severity of the illness (Perceived seriousness)

Perceived severity refers to the beliefs or perception of a person about the effect that will they get when they infect by a disease. For instance getting wound, pain, loss time of work, getting stigma and discrimination from surrounding (family, friends, health providers) when infect by communicable disease. Another example is when the female sex worker infect by Sexually Transmitted Infection (STIs) they will get the side effect of this disease not only for the economic but also in social side. For example when a female sex worker get STIs, it means that she has to get treatment and can not work until the disease cured if they can not work so they will not have money for her family. Stigma and discrimination always face of female sex workers when they have STIs probably the pimps will drop them out from the brothel and their friends also will differentiate them and sometimes the peer will tell to another person if their friends get STIs. Stigma and discrimination not only stop on pimps and friends, sometimes the health provider stigmatize them when they check the STIs up.

2.4.2.3 Benefits of health behavior

The acceptances of a person to susceptibility towards a condition will effect to the perceived severity of a person and will encourage a person to change the behavior. This situation depends on the beliefs of the person towards the activities that can decrease the effect of a disease or the benefits that they will get when take an activity that related to decrease the disease. For example when female sex workers feel that they are susceptible to get Sexually Transmitted Infections (STIs) and they feel that they will get so many side effects if they infect by STIs so they will think that

health services will give them the benefits to cure the disease so they can work without STIs and earn money for themselves also their families.

2.4.2.4 Perceived barriers to behavior

The potential negative aspects of a particular health action, or perceived barriers, may act as impediments to undertaking recommended behaviour. One of the major reasons people don't change their health behaviors is that they think that doing so is going to be hard. Sometimes it's not just a matter of physical difficulty, but social difficulty as well. Changing your health behaviors can cost effort, money, and time.

However, action may not take place, even though an individual may believe that the benefits to taking action are effective. This may be due to barriers. Barriers relate to the characteristics of a treatment or preventive measure may be inconvenient, expensive, unpleasant, painful or upsetting, If pimps do not support Female Sex Workers to get treatment when they get STI symptoms or if their peers give them a bad story about health services experiences, they will be afraid to check themselves. These characteristics may lead a person away from taking the desired action.

2.4.2.5 Cues to action (Perceived Self Efficacy)

Cues to action are external factors of the individual that prompt a desire to make a health change. "Cues to action" are the factors that encourage people to do prevention of health behavior. The cues to action could be from inside or outside of the individual. From the inside is the individual itself and from the outside is from peers, boss, health provider, etc. The HBM suggests that these beliefs of the individual should be used to predict the likelihood that a behavior will occur.

2.5 Conceptual Model of Health Belief Model Theory

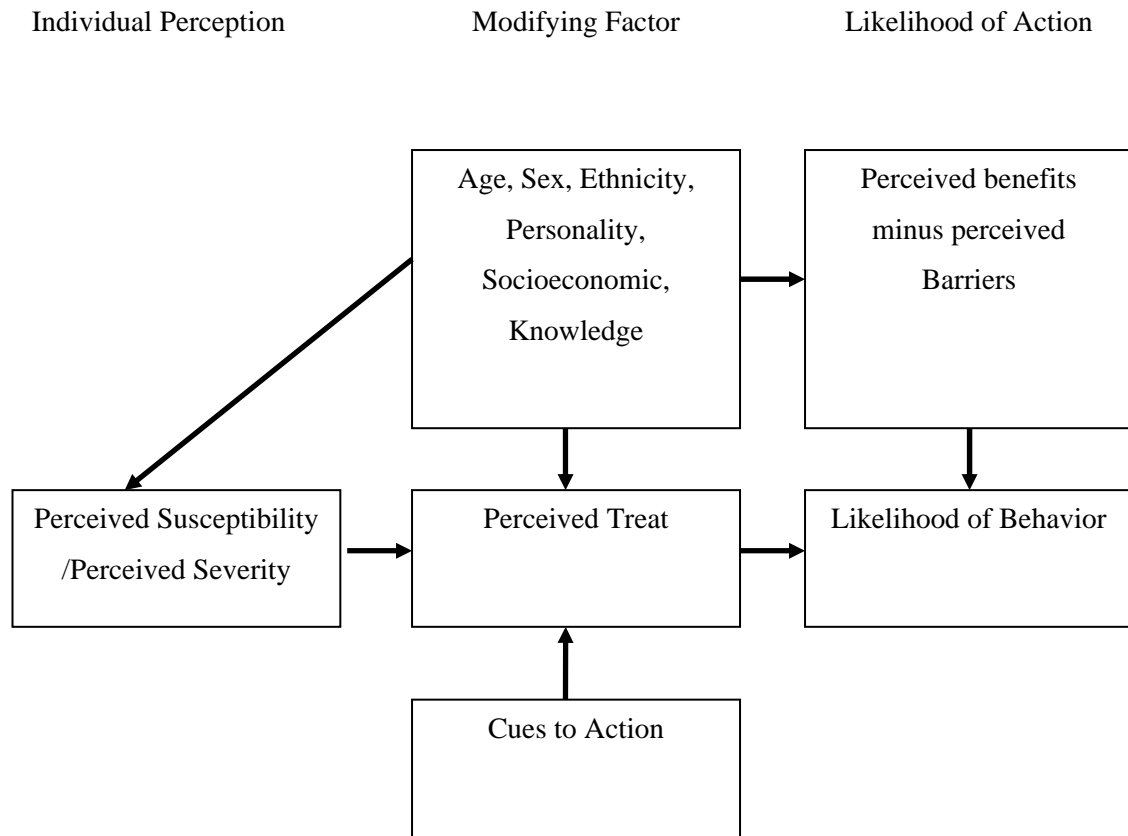


Figure 2.1 The Health Belief Model. In Glanz K., Lewis F.M.& Rimer B.K., (Eds).
Health Behavior and Health Education: Theory Research and Practice. San
Francisco: Jossey-Bass. (Stretcher, V. & Rosenstock I.M., 1997).

2.6 Related Literature

There were many studies that conducted in Southeast Asia about health seeking behavior and prevention behavior on STIs among Female Sex Workers for example like mentioned below:

2.6.1 Health Seeking Behavior for STIs among Female Sex Workers in Vietnam

This is study about health seeking behavior for sexually transmitted infections (STIs) among female sex workers in Hanoi and Da Nang, Vietnam. This qualitative study used in-depth interview, focus groups, and participatory observation. The number of respondents of this study is 15 in-depth interview and 9 FGD that was conducted in Hanoi also 15 in-depth interview and 5 FGDs conducted in Da Nang. The research also mentioned about the perception of condom use behavior among female sex workers as portrayed below:

“No condom if I will do sexual intimate with my lover. If we use condom it will break our loving sensation and reducing the sexual satisfying”.

Furthermore, the attitudes towards STIs also identified that they concerned about their health. In this study mentioned that the female sex workers has little concern about Sexually Transmitted Infections (STIs) or even HIV and AIDS.

“I never went for STIs check up...I do not have time.... If I infected by HIV I will still live 10 years. Now we have effective medicines for HIV and I feel ashamed with my family”.

By this study most favorite action to treat the sexually transmitted infections (STIs) is self medication. The method that they usually used is to go to the pharmacists, use vaginal antiseptic, and only see the doctor when the self medication is not successful. Their opinion portrayed as below:

“There was pink rash on my vagina, but it was gone away. No treatment is needed”.

2.6.2 Barriers of Using Sexual Health Services for Female Sex Workers in Nepal

This qualitative research conducted on 15 female sex workers in Nepal that do not use health services. This study has a purpose to identify the barriers that female sex workers facing on reach health services when they get illness. From 15 respondents get the information about the barriers of reaching health services, they are: stigma and discrimination that giving to them from the health provider. One of the female sex worker's opinions is portrayed as below:

“When I come to the doctor and the He asked me about my job, when and how I infected by the disease? When I answered, he looked up me strangely”.

Another opinion of the female sex workers about the barriers of getting health care services is feeling embarrassment when go to the male doctor and some of female sex workers felt lack of privacy and confidentiality when see the doctor.

“A male doctor asked me to show my Vagina but I could not. The doctor said how could I do the treatment? So I would not to see him again”.

“In the hospital there were many people that are queuing for the medication. I was afraid that someone would recognize me as female sex workers. My client also could visit the hospital”.

2.7 Definition of the concepts

2.7.1 Perceived Susceptibility:

Perceived Susceptibility is beliefs of female sex workers about the likelihood of getting Sexually Transmitted Infections (STIs) because they had sexual intercourse with many partners “*pelanggan*” also with their regular partner or they called “*pacar*” of boyfriend. When the clients also having unsafe sex with many women beside with the female sex workers it self so it is means that the female sex workers susceptible of getting Sexual Transmitted Infection.

2.7.2 Perceived Severity:

This is the beliefs or perception of female sex workers that Sexually Transmitted Infections (STIs) is dangerous or serious disease so they will worry if the infected by this disease because they will get side effect if they get STIs not only physically but also for economic and social reasons. When female sex workers get STIs they will feel the effect on physic of this disease automatically for instance they feel itchy on the vagina, feel pain when urinate (pee). Moreover, they will not have money because when the get STIs they can not work. Pimps and peers as the part of the society will dismiss them as their Female Sex Workers also peer will stigmatize and often the peers make a gossip to the clients so the clients do not want to have sex with the female sex workers that ever had STIs infection.

2.7.3 Perceived Barriers:

Beliefs about the health care services that make Female Sex Workers less likely to seek treatment for Sexually Transmitted Infections (STIs). For instance that Female Sex Workers ever had stigma and discrimination from the health personnel so they do not want to see the doctor when they have Sexually Transmitted Infections (STIs) another barriers that maybe feel of them is having no time so they do not aware with the disease.

2.7.4 Cues to Action:

Cues to action is support that female sex workers get from persons or stuffs that will make them want to do prevention behavior and encourage the health services for STIs treatment. For example that pimps have power for supporting the female sex workers to check the health up regularly and do prevention behavior properly.

2.7.5 Self Efficacy:

Self efficacy is related to the confidentiality of female sex worker to do prevention behavior properly and seek the health services when they have Sexually Transmitted Infections (STIs). For example that Female Sex Workers always go to health services for check their health status.

2.8 Research Framework

The research framework of this research is focused on the perception of the female sex workers in the Argorejo brothel about prevention behavior for Sexually Transmitted Infections (STIs) and Health seeking behavior also their barriers that they were faced to reach it. The perception of female sex workers are influenced by their knowledge of STIs and the social culture. In this case, this study portrays how the perception of female sex workers to prevent STIs and how they seek the health care when they are getting STIs also the barriers that they will facing to go to health services.

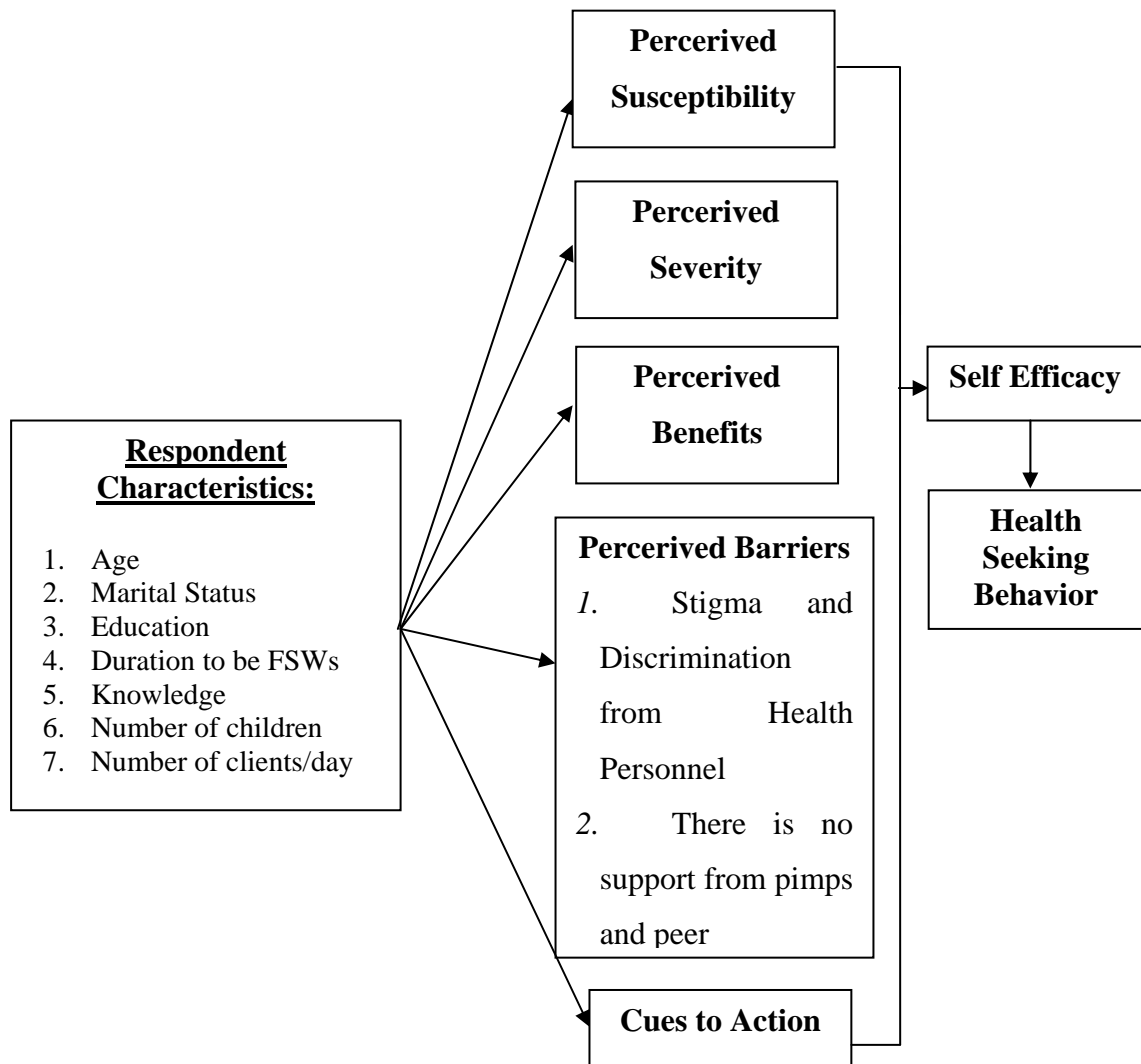


Figure 2.2 Research Framework

CHAPTER III

RESEARCH METHODOLOGY

3.1 Research Design

This study explored about STIs prevention behavior and health seeking behavior among female sex workers. In this part I describe on the reasons why using Health Belief Model (HBM) Theory. Health Belief Model mainly is a behavior theory that mentioned about care seeking behavior and the perception of someone on a disease.

The research methods used in this study is qualitative research design which uses in-depth interviews, key informants in this study is six female sex workers who has or ever had experienced getting Sexually Transmitted Infections (STIs), another way that I did to got related information from the Female Sex Workers I also interviewed the STIs clinic doctor and outreach worker of Griya ASA NGO (NGO who works for Female Sex Workers in this brothel) The purpose of using qualitative research is to develop concepts that help a deeper understanding of social phenomena and behaviors in a natural setting. (Moleong, 2005).

3.2 Research Site

I conducted this research and data collection in Semarang, Central Java, Indonesia. The fieldwork was carried out in short time. Semarang is the capital city of Central Java in Indonesia. Since Semarang became the business destination in Central Java, a lot of people migrated to this city. There are numerous kinds of job available in this city, even sex trade.

3.3 Sampling Methods

3.3.1 Sample Selection

The key informants of this research are Female Sex Workers brothel based in Semarang, Central Java. Their aged is between 20-30 years old and has Sexually Transmitted Infection (STIs) or ever had STIs experiences before when the research conducted. They worked as female sex workers at least 6 months.

I decided to choose female sex workers as the subjects of this research because the HIV transmission in Indonesia is heterosexual as the main way. The Female Sex Workers have sexually risky behavior with many partners; they often have sexual intercourse without condom protection.

Six Female Sex Workers were interviewed in this study have the criteria are as follow:

- 1) Age : The youngest is 20 years old and the oldest is 30 years
- 2) Marriage status: All of marriage status (Married, Widow, Single) or even cohabitation
- 3) Duration to be engaged in Sex work: Minimum 6 months
- 4) Have Sexually Transmitted Infections (STIs) or ever had Sexually Transmitted Infections (STIs)
- 5) For the in-depth interview the informants are the female sex workers who have status as “freelance” sex workers. The term “freelance” means that they are not stay in the brothel for a whole day but they just come to the brothel for works and came back to their home. This kind of female sex workers still not covered by the brothel management because they are still unregistered by the brothel management.

I also interviewed one “*mami*” of the brothel, one doctor of STIs clinic in the brothel, one outreach worker of Griya ASA NGO, one peer educator as my additional informants. The Griya ASA NGO has many activities for female sex workers. It is also has one of STIs clinic in the brothel which is provided VCT and

STIs screening but still there are 40% of the female sex workers did not reach this health service.

3.3.2 Sample Technique

I did snowball sampling to get the details information from female sex workers who has sexually transmitted infection (STIs) at least for six months as female sex workers (FHI, 2002). First, I started this research by questioning one of outreach worker on Griya ASA NGO about who the female sex worker that has STIs infection and would be the respondent of this research. After I found one of female sex worker with STIs experience and want to be the respondent then they requested to recommend others. After 5 (five) days, the numbers of respondents became more and more and they selected based on their availability and their experiences on Sexually Transmitted Infection (STIs).

As the addition, I also visited Griya ASA NGO for several times because it made me as the researcher to be closer to brothel community and female sex workers' atmosphere. I met some of NGO officers that will help me to find the informants on my research. I got difficulties to get the first respondent that wanted to be my respondent because they felt so shy to expose their STIs status to another person but one of the peers helped me to found the first key informant.

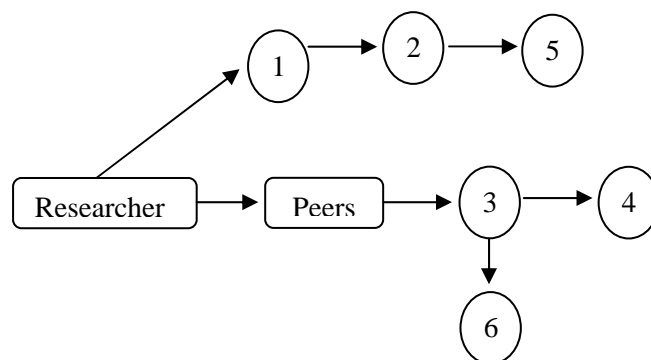


Figure 3.1: Snowball sampling to found six Female Sex Workers with Sexually Transmitted Infections (STIs)

3.4 Research Methods

3.4.1 In-depth Interview

Due to this topic is very sensitive, In-depth interview was used to get information from female sex workers who is getting STIs or ever have experience of Sexually Transmitted Infections (STIs). In this method besides conducted the interview among six female sex workers who ever have sexually transmitted infections also with “*mami*”. “*Mami*” is a nick name of an old woman who is rented their room for female sex workers. They are ex-female sex workers.

The six of female sex workers who engaged in in-depth interview have the differences of their life background. Found female sex workers with sexually transmitted infections history was very difficult. A peer of the female sex workers helped me to found the informants of this study and after that the first informant would like to help me to find others.

3.4.2 Focus Group Discussion

In order to get more information about the perception of Female Sex Workers about Sexually Transmitted Infections (STIs) and their health seeking behavior I did Focus Group Discussion. I conducted 2 groups of discussion. There were six persons in each group and differentiate by the level of education. **Group 1** is High Education which is this group consist of female sex workers who were graduated from Junior and senior high school. All of the female sex workers who are in the focus group discussion ever nor ever got sexually transmitted infections. **Group two** is low level education consists of female sex workers who were graduated from primary school.

3.5 Validity of data

3.5.1 Data Triangulation

Information about the perception of female sex workers about sexually transmitted infections (STIs) based from not only themselves but also from their peers,

mami, NGO outreach worker, STIs clinic's doctor, and 2 groups of focus group discussions.

3.5.2 Rapport Building

I asked my friend to introduce with one of female sex works in that brothel. My friend is a student of university in Semarang and she knew some of female sex workers in that brothel. She introduced me with her friend (as Female sex worker), even I asked my friend who was knew her but the first respondent felt ashamed. At the First, I explained to her that I am student of Diponegoro University and I was interesting in studying of Female Sex Workers' life especially for health side.

I used Javanese language to communicate with them. This language will made me became closer with my respondents. Also I learnt from them some terms that they usually used in their daily communication. By using special terms that they usually used for daily conversation will made closer between me and the respondents. In Javanese culture when we spoke with some terms that familiar in female sex workers group, it would give the "bad" meanings or Javanese thought that those terms appropriate for female sex workers only. For instance they are normally used term "*memek*" to said vagina or they would like to say "*kontol*" or "*manuk*" to mentioned penis.

I also said to my respondents that this in-depth interview method will be used for me and after I finished my research I will delete the recording. It will make increase the trustworthiness'. Most of the respondents said that they would be ashamed if anyone saw their picture or recognized their voice because at the first they thought that I would like to mad a video recording for them.

Most of the interview conducted in the morning while some of them conducted in the afternoon. It was depends on the appointment that I made with them. The reason why they were more likely to did interview in the morning because they did not have many clients that will came to them and the situation of the brothel still quiet in the morning. Normally I did for the interview at 10.00 am until 14.00 pm for two until three respondents. They are more likely to had interview in their room, by the reason this situation will keep their confidentiality.

Mostly they were so friendly and cooperative with me. At the first interview I felt so nervous because my informant was so attractive and she said about sex, I felt so embarrassed. I needed around half hour to adapt. After I adapted with my respondent we could do interview so freely. I like to be a listener for them and they would like to tell everything about their life and also their friends. Even, there was a female sex worker who teaches how to use condom by mouth.

3.6 Data Processing and Data Analysis

After received the information from the respondents, I prepared the transcript for content analysis. **First**, after making a transcript the reduction of data should be done. This step has the purpose to identify the part of the data that has meaning with the research problem and then gives coding. The aim of the coding is to know the source of the data that I got from the respondents and related topic that I want for completing this study. **Second**, data presentation has the purpose to combine the information that got by the respondents so the researcher can make the conclusion from every single word that the female sex workers said during the interview section. **Third**, the conclusion is getting from comparing between question and the result of the research.

3.7 Ethical Consideration

The subjects of this research are Female Sex Workers. As a marginalized group, it is important that the researcher preserves their confidentiality and does not disclose their identity. In this study anonymity is a must. Before doing in-depth interviews, the subjects will be informed about the purpose of the study and how their confidentiality and anonymity will be protected. They will sign an informed consent form with the purpose of certifying that the respondent understands the details of the research study and is willing to join voluntarily.

The subjects of this study will be interviewed one by one in a separate room. This situation has the purpose to keep the privacy of the subjects and keep the safety of the researcher.

By the Guerrero in 2002 mentioned that there are at least four essential ethics when doing qualitative research, they are: privacy, confidentiality, informed consent, benefit and reciprocity.

a. Privacy

For keep the respondent's privacy during the research by choosing the comfortable and private place for focus group discussion and in-depth interview is needed. Especially for the in-depth interview need the private room or place to have interview in sensitive cases. Moreover, because in in-depth interview I asked them about their experience of getting STIs so I would not force my respondents if they do not want to.

b. Confidentially

Before I did interview for in-depth and focus group discussion as the researcher I said to the informants if their confidentiality would be protect. The data from respondents will not be reported without their permission. The name of the respondents also mentioned initially with giving nickname so the readers did not know the real biodata of the informants, number that referring of any cases and all of the information will keep as the secret. Before doing the interview both in Focus Group Discussion and In-depth interview I asked the respondents permission to record the conversation after I finished to made the report I would like to erase it.

c. Informed Consent

As the completing document for kept the confidentiality of the informants, researcher provided an informed consent which is consisted of the purpose of this study and the identity of the researcher. By giving the signature to this letter it is means that the respondent would gave their consent to this research. By gave the

signature before did the interview section would guarantee the confidentiality of the informants.

d. Benefit and reciprocity

In this part the research must be beneficial not only to researcher but also to the respondents, and policy maker in term of increasing the sexual knowledge, prevention knowledge on STIs, and health care seeking behavior for female sex workers.

3.8 Limitation of the Study

This study is about sensitive case so the respondents afraid will get stigma and discrimination if their pimps and friends know their health status so some of the respondents more likely to had in-depth interview outside brothel to avoid stigma and discrimination. Another limitation is about limited time for data collecting because of that I had the small number of respondents because it is very difficult to find respondents that want to interview on sexually transmitted infections experiences.

CHAPTER IV

RESEARCH FINDINGS

In this study I interviewed six female sex workers who ever have Sexually Transmitted Infections (STIs). Because of they have history of getting STIs so I gave the pseudonym of them. It has a purpose to keep their confidentiality. I divided this chapter into subtitles, they are:

1. Knowledge of FSWs about Sexually Transmitted Infections (STIs)
2. Experiences to get sexually Transmitted Infections (STIs)
3. Experiences to give services to clients who have STIs symptoms
4. Perceived Severity of Female Sex Workers about STIs
5. Perceived Susceptibility of Female Sex Workers about STIs
6. Perceived Benefit of Female Sex Workers Taking Treatment for STIs
7. Perceived Barriers of Female Sex Workers to prevent STIs
8. Cues to action to prevent STIs
9. Self Efficacy of Female Sex Workers to Prevent STIs
10. Health Seeking Behavior

For the first I would like to introduce the key informants of this study, they are:

4.1 Study Participants

Female Sex Worker 1 (Called: Jasmine)

Jasmine is 20 years old. She is married. Her husband was her ex client. She loves her husband so much. She was joined in this work when she was 18 years old because of she has to helped her mother to earn money for their family after her father passed away. At that time her friend offered this job to her and she's agreed

because she needed much money and she did not know what kind of job that she has to get. She was so afraid when entered this workplace. She said that *“I was so afraid to have sex with a man who I did not know before, I gave my virginity not to my husband”*. After two months worked there she felt in love with one of her clients. *“It was love at the first sight sister, He’s handsome and when I have sex with him I felt something different on my heart...my heart beat fast..hahaha...He was my customer...”*. I have a baby when I was 19 years old and now my son is 1 year. Did you still working when you have pregnancy? She answered that when her pregnancy in the first tri semester she still worked but after that she did not, because she felt more tired and she was afraid that she will get miscarriage.

When I asked her about the sex service that she usually gave to her clients, she answered that vaginal intercourse only. If her clients asked for other activities like oral or anal sex she refused it. She thought that doing oral sex was so disgusting because she has to lick the penis of her clients. Even kissing she was does not want to do it because she thought that when she did kissing with her clients it means that she has to give more expression and felt like very intimate. Jasmine usually get eight until twelve per week, if a man wants to get her sex service have to paid 15 US dollar but this price is bargained.

Female Sex Worker 2 (Called: Rose)

The second female sex worker who I interviewed is Rose. She is 22 years old and widow. She just joined in this workplace 6 months latest because she has to earn money for her daughter after she divorced. She said that *“ Halahhhh sister, my husband is not a responsible man, he divorced me and does not want to give me money for our kid...”*. This condition forced her to find a job to get money, at that time her neighbor who work in this brothel offered this job and she accepted. Rose is one of the female sex workers in the Sunan Kuning brothel who has low education. She was graduated from elementary school. Her family does not know about her work now, she told to her family that she works as servant in Semarang.

When I asked her about her feeling to be a female sex worker, she answered that she felt so nervous because she has to having sexual with other man but when she was used giving sex service she felt it is like usual nothing special. This woman usually gets ten clients in a week but she ever did not get even one person. Her clients have many backgrounds from young to old. She ever has a client a senior high student.

Female Sex Worker 3 (Called: Flora)

Flora is the third female sex worker that I interviewed. She is 26 years old and is married. Flora has joined in this brothel for 4 years. She joined in this brothel because of her broke heart up. His boyfriend left her with another woman after he grabbed her virginity before they are married. The feeling of priceless on herself made her had the “crazy” idea to become female sex worker. She thought that became female sex worker will revenge her broken heart. She felt satisfied when having sex with the clients because she will get money from them. *“ehmmm..it’s better when I have sex with my clients because I will get money from them so I never broken heart when they left me....oh I remembered on my ex boy friend..”*. Flora lives outside the brothel in the rent house with her husband and her daughter. She met her husband in this brothel; her husband is a motorcycle taxi driver in this brothel area. He picked her up frequently before. They met when Flora worked in the brothel for 2 years. His husband still allows her to work in this place after they are getting married. *“Yachh He knew my background sister, so yaaa He does not want me to quit from this job...and I don’t..I need to buy food, milk for my kid.. my husband just remembering me when I have sex with my clients don’t forget to use condom and be careful about AIDS...”*

Female Sex Worker 4 (Called Lily)

Lily is my fourth female sex worker who I interviewed. She is 26 years old and single. She was graduated from diploma (3 years education in university). The history why she became female sex worker was so different with the others three informants. This educated woman wanted to apply as the English teacher in Hong

Kong by that time an illegal worker supplier in her hometown offered this kind of job with the allurements that she will get high salaries and better life there. After she thought many days finally she accepted that job. But unlucky for her, when she came in Hong Kong the worker supplier who sent her cheated her. They sold Lily as sex worker. She was so afraid, worry, confused and she does not know anyone there. The person who the link with the illegal supplier has forced her to accept this job. When the interviewed session conducted she remembered about the “black” moment in her life. *“I ashamed to be a female sex worker, if I was remembered that I was graduated from religion course. I ashamed to be a child of my deceased daddy. I could not make him proud of me in the heaven”.*

Lily joined in the sex trade in Hong Kong for almost 1 year and she came back to Indonesia by the reason that her mom was getting sick. After she is in Indonesia, she opened a clothing shop joining with her friend. Bad luck came to her again; her friend cheated her and stolen all of the profit from selling the clothes. Lily could not pay for the distributor and she was imprisoned for eight months. After finished the detention period she felt hopeless and then she came to this brothel and became a female sex worker here. Lily is one of a belle (*prima donna*) in this brothel. She has foreign clients like from Japan and United States. When I asked her which one she likes between Indonesian and foreign clients, she answered that she is more likely to having sex with foreigner. Why she is more likely to having sex with foreigner than Indonesian, because of her foreign clients have good awareness to prevent Sexually Transmitted Infections (STIs). They always asked her to use condom when they having sex and the clients always kept the condom in their wallet. She said that the condom that distributed in this brothel (*sutra* brand) is low quality, torn easily, and it is not fit with her clients’ penis. I gave her question, what the condition that would be easily to broken up the condom and Lily said that the penis of her foreign clients has different size between Indonesian, they are bigger and the condom size here is smaller and made by low quality of latex and sometimes when I put the condom on the penis my nails etched it.

The “*booking*” time that usually Lily given to her clients is short time service for a half hour. She is offers the price for a short time service \$15 which is usually her clients bargain it. When I asked her how many clients that she usually gets

in one day, she answered that probably around four or five persons but depends on the situation if in the weekday usually she got more than five persons but less than ten persons. It is assumed that she worked started at 10 am until 1am next day. She told me that she ever did not get even one client.

The sexual behavior that usually given to the clients is sexual intercourse (vaginal) but Lily usually did masturbation when she booked by the Japanese. *"I like when my Japanese client comes to me, he just wants me to take a shower and doing masturbation...He just looked at me while he did "ngocok" his penis (the client doing masturbation also)"* Lily said.

Female Sex Worker 5 (Called: Lavender)

The fifth of female sex worker called Lavender, she is 28 years old and widow. She joined in this work as 1 year. She was graduated form elementary school. Lily is a mother of 2 kids. She became sex workers around 2 years ago. I asked her why she became a female sex worker; she gave me an answer that she has to keep her children after her husband passed away around 2 years ago. She comes from one of sub urban area in Semarang. Actually became a female sex worker never thought in her mind, the situation forced her to entered this job because without any skill, she could not find appropriate job. She tried for many time to apply to be a factory worker but they could not accept a worker with low education. *"I disappointed with myself, I am a stupid woman sometimes I asked myself, why I did not go to school last time? Now I became a "naughty" woman."* Said Lavender.

How could you join in this job? She answered that it was a long story, after my husband passed away I looked up for many job but I never got even one. Time flied and I met my old friend, I asked him for gave me a job. He was a *papi* in this brothel and I worked with him. Lavender did not know that her friend is a *papi* in the brothel, she said that her friend told her that he has a good job for earn much money and just by giving the service for the clients. She thought that the job is like a waitress in a restaurant or café. So did you feel that your friend cheated you? Lavender gave her idea that she felt cheated by her friend but she could not do anything. She only think how the way to get money easily without having skill. How was your

feeling when you entered this job at the first time? She answered that she did not know what the feeling that she has at that time, she just felt like usual. Even she told that doing this job not need to express your feeling, we have to open our groin (“*selangkangan*”) and get money. Did your families know about your work? She answered that her mom does not know but her sister knows. I understand that became a female sex worker is so complicated, I know this job is not good even the communities will judge me as a bitchy, full of sins, and many negative perspective more. So I have to keep this situation, especially for my mom and my children.

Lavender told that she became a rich woman by doing this job. Doing sexual intercourse as a husband and wife is the usual sex service that she gave to her clients but she claimed that she did more than that if her having sex with her boy friend. *“I do kissing, “karaoke” or oral sex, and vaginal intercourse. I love my boyfriend. He is a kind man and sometimes he gives me money if I do not get a client. He loves my children”*. Same as Lily that Lavender also like to give short time service for her clients. The charge that she offered is around 15 US dollar and she has to give to her “*papi*” or “*mami*” as 2 dollar for paid the room that they were provided, but if her clients give her a bonus she will keep for her self. A question given to her, what kind of client that usually uses her “service”? She answered that every men that have a penis and the most of her clients are 25 years above with different background of their job. Usually Lavender gets eight clients or sometimes more. Lavender claimed that she usually get 8 until 10 clients per week so she can earn money approximately 150 US dollar per week. Her income will be decrease when the Muslim’s holy month “Ramadhan” comes because the brothel would be open in the night after the fasting break at 8:00 pm until 3 am. So if the Ramadhan comes she will have other work like become a capster.

Female Sex Worker 6 (Called: Lotus)

This woman is the oldest one that I interviewed; she is 30 years old of 3 children. She works here at eight years ago. She is in cohabitate relationship when she was in 20 years old. She has 3 children they are eight years old boy, 5 years old girl, and two years old girl. Her cohabitation partner is a mechanic. Lotus thought that she

became a female sex worker is a destiny from God. She just walked on her way to do this job. She was so young when she entered this job. Lotus told that her mother also ex female sex worker in this brothel. Her mother allows her to do this kind of job. Her mother introduced her to a “*mami*” which is her mother friend’s. When I asked her about her marital status she answered that she’s never married. She thought that marriage would make her life so terrible. The cohabitation made her more flexible to find another man if she is bored with her partner. How was your feeling when you entered this job for the first time? She answered that was so complicated, even she went here frequently with my mom but she never gave services for client. She felt so nervous if she could not give the best service to her clients.

Lotus usually got ten clients in a week for a short time services. She did vaginal and oral sex with her clients. The charge that she offered to her clients started from 20 US dollar but most of her clients bargain it. Lotus has to give 2 US dollar for her *mami*. Her clients mostly in 45 years up and sometimes she get a young client, senior high school student or college student.

The List of Respondent who is in the Focus Group Discussion (FGDs) are show in the table 4.1 below:

Table 4.1 Characteristics of Study Participants

High Level of Education					
Name	Age	Year worked as FSWs	Education	Income/day (Average)	Marital Status
AA	23	2	Senior High School	60 US dollar	Married
AB	20	1	Senior High School	40 US dollar	Married
AC	25	3	Senior High School	80 US dollar	Married
AD	27	4	Senior High School	40 US dollar	Married
AE	22	1	Senior High School	40 US dollar	Married
AF	20	1	Senior High School	60 US dollar	Married
Low Level of Education					
AA1	24	3	Primary School	80 US dollar	Married

BB1	24	2	Primary School	20 US dollar	Married
CC1	23	2	Primary School	40 US dollar	Married
DD1	28	4	Primary School	40 US dollar	Married
EE1	30	2	Primary School	20 US dollar	Married
FF1	27	1	Primary School	60 US dollar	Married

After I told about the background of the key informants in this research the sub chapter will explain about their perception of Sexually Transmitted Infection (STIs) and seeking care behavior. For the additional information I use the Focus Group Discussion (FGDs), information from *mami*, NGO outreach worker, and the STIs clinic doctor in the brothel.

4.2 Knowledge of FSWs about Sexually Transmitted Infections (STIs)

Commercial sex worker is one of the jobs with high risk for contacting and transmitting sexually transmitted diseases. In this sub topic I would like to explain about the understanding of female sex workers about the what sexually transmitted infections it is, the symptoms of sexually transmitted infections, the way to get sexually transmitted infections, the side effects that they probably would like to get when they have sexually transmitted infections, and also the way to prevent of getting sexually transmitted infections.

1. Female Sex Workers' understanding about Sexually Transmitted Infections (STIs)

According to the information that I got from the in-depth interviews showed that most of the informants have the good understanding about the definition of sexually transmitted infections. They mentioned that sexually transmitted infections was a kind of Gonorrhea (GO), Syphilis (SP) or they usually called in term “*brondong jagung*”, also HIV&AIDS and those kinds of diseases caused by having sexual intercourse with many people without using condom. But the information that got from the female sex workers who have the low level education mentioned that,

Sexually Transmitted Infections was kind of the “naughty” disease because in the Indonesia especially in the Javanese context assumes that a female sex worker is a “naughty” person. They have many sexual partners and this behavior broken down the value that followed by the Eastern societies.

Yacch..I’ve heard that sexually Transmitted Infections are like GO, SP, and HIV&AIDS because we have many sexual partners, like me also. We can be transmitted from our clients sister.. I do not know it is right or wrong but I think it is the risk of my job. I heard that it’s very dangerous. I will get sick. (Lavender, 28 years)

Ehmm..the disease of “naughty” woman. (Lotus, 30 years)

2. The understanding of female Sex Workers about the symptoms of STIs

What are the symptoms of sexually transmitted infections? According to my informants, they mentioned the general symptoms of STIs. They mentioned the symptoms of STIs differently based on their experiences that they felt before. Some of them said that they had bad smell of vaginal discharge accompanied by itch for more than 2 weeks and felt pain when they urinated. A common symptom that female sex workers felt is getting vaginal discharge, got itchiness on their vaginas and felt pain when they urinated. This can be seen from the responses of in-depth interview

Felt itchy on my vagina, sometimes also felt painful when urinating. I just had antibiotics and washed my vagina with warm water, sister... maybe I did not clean my “memek” (vagina) properly (Jasmine, 20 years)

The results of two groups of focus group discussion mentioned that the symptoms of getting sexually transmitted infections are getting vaginal discharge with bad odor and some pain when urinated but for the group of low level education mentioned that the symptoms of sexually transmitted infections is getting headache, getting cold in the night and weakness.

“Ehmm...vaginal discharge with very bad odor and sometimes maybe we got headache and getting cold in the night” (FGD, Low education)

“ Usually we have very bad vaginal discharge, sister..and felt painful when we’re urinated”
(FGD, High Education)

3. The Way to get Sexually Transmitted Infections (STIs)

How the way to infected of sexually transmitted infections? Theoretically, sexually transmitted Infections can only be transmitted through unsafe sexual contact behavior with many partners. Unsafe sexual behavior means doing sexual intercourse whether vaginal, anal, or oral without using a condom. (FHI, 2000) Most of the respondents said that the way to get sexually transmitted because of the having sex with many partners without using condom but they are still have beliefs that kissing would be they way to get sexually transmitted infections because they thought that the virus caused STIs living in the saliva and when they having sexual intercourse with non circumcised man it is means that the client’s penis was so dirty and full of bacteria so if they have sex with client non circumcised means that the excreta of the penis will be moved to their vaginas and it could be the way to transmit the diseases.

“Sexual intercourse...kissing...and especially having sexual intercourse with non circumcised man” (Lotus, 30 years)

One female sex worker told me her opinion about the way of Sexually Transmitted Infections. She said that STIs can be transmitted if she was having sex with clients without using condom and also if she having sex with the clients when she’s getting influenza. She thought that when she has influenza it is means that her antibody was decreasing and easy to get sexually transmitted infections.

“Yaa because of we have sex with many men sometimes we did it without condom or maybe if I’m getting flu, it would be easy to get STIs. (Lavender, 26 years)

The additional information to support the statement above I got from the result of Focus Group Discussion (FGDs). Both of the group discussion has the different point of view about the knowledge of way to get sexually transmitted infections. The first group which is consists of the female sex workers with high level

of education gave the idea that Sexually Transmitted Infections can be transmitted by having sexual intercourse with many partners without using condom. While the group two which consists of the female sex workers with low level education gave the idea that they way to transmitted STIs not only by having sexual intercourse without condom but some of them thought that if the clients did not taking shower before having sex with them so the penis was not cleaned enough and it would be easy to get STIs.

“Before we have sexual intercourse, I asked my client to take a shower in my room. He has to clean his penis with soap. Besides will clean up the penis also give the good smell and fresh” (BB1, 24 years FGD low education)

Another information I got from the “*mami*”, she thought that they way of STIs transmission is by having sexual intercourse without using condom but she told that it is a business, “we have to give the best service to the client, said *mami*”. They give much money so my forecaster should follow their client’s request.

4. Side effects of getting Sexually Transmitted Infections (STIs)

Getting Sexually Transmitted Infections will give many side effects to the Female Sex Workers. It is not only on their physic but also on their social life. According to my informants, getting STIs would make them feeling uncomfortable physically because they would be very weak and feel some pain of their vaginas. Another effect was coming from their surrounding like their “*mami*” of “*papi*” (boss) the woman or man who rented room for their “*anak asuh*” (foster care) who would kick them out if they caught exposed by STIs. Furthermore, their peers who disliked them would tell to “*mami*” about their health status. It seemed like competitive condition among Female Sex Workers itself to get many clients.

“Sometimes my bad friend tell to “mami” and I will lose my clients”(Lotus, 30 years)

The fear that they will kick out by their *mami* will make the female sex worker to hide their status. Besides, getting STIs means they had to take several medicines. It would be boring for them. Consuming the medicines which was not based on the prescription was always done by the female sex workers in the brothel because they do not want to take a long time for the medication.

I have to eat many medicines...hahahaha...because I dislike medicines so usually I finished it only in 2 days even though the receipt was for 1 week...

(Lavender, 28 years)

The Focus Group Discussion 1 has the idea that if a female sex workers get STIs it would be give effect on their body and they will lost money. A female sex worker who's getting STIs means has to take a rest. If she got worst disease so she could not work and she would not have money.

I never have experience about STIs before, but I think if I'm getting STIs so I can not earn money and have to see a doctor. I have to spent a lot of money

(AC, 25 years-FGD high level of education)

In addition, NGO outreach worker as the additional informant mentioned that many Female Sex Workers in Sunan Kuning brothel were resistant with some medicines because most of them had low level of education and it would be related to their perception on how to consume the medicine based on the doctor's prescription. For other information I got from the STIs clinic doctor in the brothel, He told that most of the female sex workers in this brothel are women with low education level. They have wrong perception about the medication. *"I gave them a prescription and explanation how to consume these medicines but they always broke up the rules, some of female sex workers here resistant of some kind of medicines already. They often consume antibiotics which they bought in the drugstore when they got vaginal discharge or itchiness on their vagina without any prescription"*.

5. The Way to Prevent Sexually Transmitted Infections (STIs)

How do Female Sex Workers prevent Sexually Transmitted Infections? Actually the best way to prevent sexually transmitted infections is by using condom but from the in-depth interview, most of the informants still do traditional methods to prevent sexually transmitted diseases based on their perceptions. There were many ways to prevent STIs according to female sex workers living in the brothel like use betel leaves soap and baby soap to clean their vaginas, drinking “*jamu*” or herbal drink. They also used toothpaste to clean their vaginas after having sexual intercourse with their clients. They had belief that if they cleaned their vagina with toothpaste tenderly, it would kill the bacteria from the client’s penis.

Most of the female sex workers are more likely to wash their vaginas with the betel leaves soap and baby soap. These methods are common in the female sex workers in this brothel. The reason they want to use betel leaves soap because it would gives good smell on their vaginas and baby soap would make their vaginas smooth like baby’s vagina. Whereas using this material would be irritate the vaginas and destroyed the flora normal of vagina and will make easy to having vaginal discharge.

“I use condom when doing sexual intercourse with my clients and clean my vagina with betel leaves soap” (Jasmine, 20 years)

Only one of them who cleaned up her vagina using toothpaste because she thought that the ingredients of toothpaste that giving tender sensation would be killed the bacteria on her vagina.

Usually I clean my vagina with baby soap, tooth paste, and drink herbal ingredients “jamu” (Lotus, 30 years)

The supporting information also I got from the Focus Group Discussion (FGDs) which is in both of the groups have similar idea that using betel leaves soap or

another feminine's hygiene products would can prevent a female sex worker from getting Sexually Transmitted Infections (STIs).

After I had sex with my clients, I washed my vagina with betel leaves soap and warm water. This method will kill the bacteria that can transmit sexually transmitted infections (STIs). We have to use it regularly sister, not only after having sex with the clients but also after we took a shower and before went to bed.

(AF, 20 years, FGD high education)

Yaa we have to drink herbal life "jamu" washed our vaginas with betel leaves soap of mix with "betadine" and warm water will prevent us of getting sexually transmitted infections like AIDS.

(AAI, 24 years, FGD low education)

Those methods hereditary among Female Sex Workers. Most of them got the information about the way to cleaning up their vaginas was from their "mami" and friends.

4.3 Experiences to get Sexually Transmitted Infections (STIs)

All of informants in in-depth interviews had experienced by having Sexually Transmitted Infections (STIs) before. They mentioned about the kind of the diseases that they got and the symptoms. The symptoms that they usually got were like feeling itchy on their vagina because of vaginal discharge with very deep bad smell in a long time, and sometimes feeling painful when they wanted to pee. The kinds of the diseases that they have were called "Jenggeren" or Syphilis.

Some of the female sex workers who become in-depth interview informants told that they got Candiloma Acuminata or they called as "jengger ayam".

"Ehmm vaginal discharge with a bad smell sister and very itchy..I went to midwife and said that I got "Jengger Ayam" or Candiloma" (Flora, 26 years)

Most of the informants in this study claimed that they have the disease for at least two years ago and some of them said that got the relapse when the study was conducted. At the first time when they got some symptoms of sexually transmitted

infections, they did not do anything because they thought that it is naturally. But after they felt some uncomfortable on their vaginas, like getting itchiness so some of them would like to go to health services by their friend encouragement or they went to the drug store to get some antibiotics.

4.4 Experiences to give services to clients who have STIs symptoms

All of informants in this in depth interview claimed that they got clients who had STIs symptoms on their penis. The informants knew it after the clients put off their clothes when they would do sexual intercourse. The female sex workers usually would ask the clients to use condom when they recognized that their clients got these symptoms. The symptom that they usually met was like “*brondong jagung*” or this sign looked like “*pop corn*” on the penis. The informant who got the experience said that after having sex with him, she felt very itchy on her vagina. This experience was different from one of the informants who said that she got clients with the bloody pus on his penis. The Female sex worker recognized it after having sex using condom and she found the mixture of puss and sperm in his condom.

Yes, I got client with “brondong jagung” sister on his penis. I had sex with him and used condom but after that I felt very very itchy on my vagina. I washed it with boiled water, I was worried that my husband would be angry....

(Jasmine, 20 years)

All female sex workers here had coupled also, even husband or boyfriend. They claimed that when they had sexual intercourse with their partner they never used condom. The reason was because they wanted to express their feelings to their love. In another word, condom would make a burden between penis and vagina.

I never use condom with my husband....He is my husband..no need to use condom, I believe on his health and I love him....

(Jasmine, 20 years)

Supporting information also I get from the both of Focus Group Discussion (FGDs). Some of the participants in the group one mentioned that they ever got clients with the symptoms of STIs on their penis. She found some wound with pus on the clients' penis and then she asked the client to use condom when they have sexual intercourse.

The additional information got from the NGO outreach worker that most of the female sex workers in this brothel had a husband or even a boy friend. He said that many couples of them were their ex clients before. The sexually transmitted infections that often happened among female sex worker in Sunan Kuning brothel is Gonorrhea, when the female sex workers join in the "*sekolah*" activities they will get STIs screening and the doctor would like to ask the female sex workers about their sexual behavior.

The STIs clinic doctor of this brothel mentioned that almost all of the female sex workers in this brothel were getting sexually diseases because of they transmitted from their clients. Their clients are the heterosexual men and they did not guarantee only having sex with female sex workers in this brothel area only.

4.5 Perceived Susceptibility of Female Sex Workers about STIs

Female sex workers are those with high risk on getting STIs transmission. Most of them have low level of education. This part will show us about their perception on how easy they get STIs or not. As female sex workers, they never know who their clients are. It means that they do not know their health conditions of their clients too.

Informant with higher education level had the perception that it was very easy for a commercial sex worker to get a sexually transmitted disease. This was because they had sexual relations with more than one person and usually did not use condoms during sexual intercourse in accordance to the customer request.

Feeling surrender of being as Female sex workers made them think that Sexually Transmitted Infections (STIs) is one risk of their work besides getting unwanted pregnancy.

Yes sister, easy to get STIs because we have many sexual partners.. so we have to use condom (Lily, 26 years)

The Focus Group Discussion have idea that they are easily to get sexually transmitted infections because of their risk sexual behavior with many partners and they usually not using condom when they have sexual intercourse.

“It’s easy to get STIs, we understand the risk of our jobs” (FGD, high education)

“Yeahh we don’t have choice sister...it would be easy to get many kind of diseases not only STIs” (FGD, low education)

4.6 Perceived Severity of Female Sex Workers about STIs

The perception of the informant about the severity of STIs will lead to their awareness to find health services for getting routine check up for their health. Most of the informants claimed that they would go for seeking care if they had some complaints like getting vaginal discharges and itchiness on their vaginas. Besides, one of the informants would go to health care service if the condom was broken while having sexual intercourse with her clients. Their perceived about the severity of sexually transmitted infections is low.

“Not necessarily...I will go to health care services if I have some complaints on my vagina only..like if I was getting vaginal discharge and itchiness on my vagina”(Rose, 22 years)

Another respondent mentioned that whenever consuming antibiotic could cure, she did not need to go to health care services. She thought that if the symptoms could only be cured by consuming the medicines, so it was not so serious.

“Yachhh for example if I felt itchy on my vagina and after I consumed “supertetra” it would be cured so it was not getting worse (Lotus, 30 years)

The information that I got from the discussion of high level of education group gave the idea that sexually transmitted infection is the severe disease because it can be cause the death if it will not be cured properly. The group discussion in high education has good perception than the group that consists of the low level education female sex workers

4.7 Perceived Benefit of Female Sex Workers Taking Treatment for STIs

This part will tell us about the benefit of using condom and health seeking behavior to prevent Sexually Transmitted Infections among Female Sex Workers. All of the informants claimed that they felt the benefits of using condom to prevent pregnancy and Sexually Transmitted Infections (STIs) and the benefit to visit health care service would be the earlier detection for their health problems. Some of them had an idea that using 2 condoms was more effective to prevent STIs. Why they preferred to use two condoms? The reason was because the condoms they bought from the brothel had low quality so it could be broken easily. The condoms distributed in the brothel area also had the same size. The problem was when the penis of the client did not fit to the condom; it would damage the condom easily.

“the benefit is my itchiness could be cured” (Rose, 22 years)

I know the diseases that I had and cured it. So when I get the same symptoms I no need to go see the doctor again because I can buy the medicines by my self with the prescription that doctor gave it to me. (Lavender, 28 years)

Information was got from “mami” who said that condom could prevent female sex workers from HIV&AIDS. However, they do not care about this. They only think about the “setoran” or money for them. The mami that I interviewed said that regarding about condom use is depends on the capability of the female sex workers to communicate with the clients, because many clients do not want to use condom by the reason that they will feel unsatisfied with the sex service.

Most of informants got the benefit of information on STIs from friends and also from the activity in the brothel area like counseling or they called “sekolah”.

We know many kind of diseases sister, being healthy but it is difficult to apply because my clients do not want to use condom for sometimes...

(BD1,FGD low education)

4.8 Perceived Barriers of Female Sex Workers to prevent STIs

All informants claimed several barriers that they had to face to prevent STIs were **firstly** the female sex workers had low bargaining position compared to their clients in using condom since there was perception from the clients that using condom can lessen the satisfaction of the sex, **secondly** the clients had superior position because they had the money so they felt that they could do anything to the female sex workers, and **thirdly** there were bad dealing by their peers, *mami*, clients, and health provider. They are sometimes got verbal violence from the health provider (scornfully) when they went to find some medication because the health provider noticed that they were female sex workers.

“Ehmm it’s difficult when my clients did not want to use condom sis, so I had to persuade them sometimes. I said that I did not want to be pregnant” (Jasmine, 20 years)

Sometimes I lazy to go to a doctor or midwives because when I looked for medication, I came to midwife and she told me that ...”ooo, you never use condom, you transmitted from your clients”.. I felt so ashamed when the midwife said like that..(Flora, 26 years)

The additional information got from FGD 1 and 2 who had different level of education but they had similar difficulties to persuade the clients to use condom.

“Yaaa, clients give us money so we have to follow their requests “buyer is like a king”...we have to serve them sister” (FGD 2, low education group)

“We are not a liar sister...we need money..sometimes if the clients do not want to use condom, we don’t use it. But sometimes we persuade them first” (FGD 1, high education)

Moreover, NGO worker mentioned that the female sex workers had low bargaining position with their clients. In one side they needed money from the clients but in another side, they sometimes did not care of their risk for their health if they did

not use condom. We gave them many information but it still not work, because we cannot control their activities in the room with their clients.

4.9 Cues to action to prevent STIs

According to my informants this section will inform us about what the factor that encourages them to do STIs prevention. Most of the informants get the information about STIs knowledge from their friends. Some of them get the information about STIs from the counseling or they called “*sekolah*” that conducted every week and look at up the poster in the *mami*’s house. This kind of activity provide the about the information of health including giving the information about kinds of STIs, how to prevent, how to persuade the clients to use condom and also about keeping the safety of the clients and them. In the counseling activity always provide STIs screening for the Female Sex Workers (FSWs).

“From my friends sister..we usually chat in front of mami’s house while wait for the clients come”
(Lavender, 28 years)

“From “sekolah” activity..I will join if I’m not lazy..hahahaha” (Lily, 26 years)

The additional information I got from 2 Focus Group Discussions they mentioned that they got the information about STIs from the counseling “*sekolah*” activity in the brothel.

Usually from “sekolah” sister...there are many clever person will give the information about STIs and HIV/AIDS like a doctor and Griya ASA NGO....

(FGD 1, high education)

In this brothel has the activity that they called “*sekolah*”. In this activity have the counseling and screening. All of the female sex workers in this brothel have the requirements to check their health status for every week but for female sex workers who are in the “freelance” status that they do not stay a whole day in the brothel, they seldom to join in this kind of the activity.

4.10 Self Efficacy of Female Sex Workers to Prevent STIs

According to my informants, most of the informants would give the information about their self efficacy to do prevention of STIs. Most of the respondents claimed that they were in low level of bargaining position in using condom between their clients. It was difficult for them to persuade their clients to use condom. Even though they gave many reasons why the clients had to use condom when doing sexual intercourse like preventing them from pregnancy or diseases which could be infected to them, the clients still could refuse it.. The reason was because they thought that their clients were kings so they had to serve them as good as she could do.

“Sometimes yes sometimes not. If my clients asked me not to use condom and he gave me extra money, I would agree..hahaha..Firstly I offered to use condom but if they didn’t want to, we would not use it” (Lotus, 30 years)

There were two informants who asked the clients to use condom resolutely before having sex.

“I offered to use condom before having transaction with my clients. If they did not want to use condom, we cancelled it. Please choose another one”

(Jasmine, 20 years)

“Of course yes! I asked my client before he enters my room. I’ve had experience with a bad client. He told me that he wanted to use condom, but the fact he refused it when he entered my room and he sniped me that I was a bitch”

(Lily, 26 years)

The group that had high level of education was more creative to persuade the clients to use condom. Some of the member in FGD 1 also usually refused to having sex if the clients without condom but for the group of female sex workers who have low education they found difficulties to persuade the clients to use condom. Usually they resignation when their clients will give extra money to them.

Difficult to persuade the clients to use condom, they have too many requests...They usually give extra money...it makes me drool...I need his money..

(FGD 2, Low Education)

No condom no sex...I do not want to taking a risk...so poor of our partner (husband/ boy friend) they can be infected many diseases.

(FGD 1, High Education)

4.11 Health Seeking Behavior of Female Sex Workers if getting sexually transmitted infections

According to my in-depth interview informants, all of them would find the health treatment outside the brothel area. Because they were embarrassed when their friends knew that she they got STIs. Most of them hide their health status from others friends also from their “*mami*”. When a female sex workers mentioned their health status to their friends so their friends would gossip them as well, except their close friends. It seems like there is a competitive behaviors among them. The informants here mostly would find the health treatment when they were getting vaginal discharge or some complaints on their vagina for more than one month. Other reasons that are why they were more likely to go to health service outside the brothel because they were afraid if their “*mami*” knew their status so they would not use them as their female sex workers.

“I went to a midwife in my hometown...it’s better than I checked myself up here Many friends will get shocked to know I have STIs or not” (Flora, 26 years)

“If mami knows that I’m getting STIs, she will extrude me...better I go to other doctor outside the brothel” (Lavender, 30 years)

Most of the female sex workers that I interviewed mentioned that the reasons why they went to outside brothel for health treatment because they want to hide their health status because if they did not they will get some bad attitude from their competitive friends and their *mami*.

This kind of the situation make the NGO workers get some difficulties to reach them. Because when they are looking for the treatment outside the brothel so the NGO workers can not identify who’s the female sex workers who get sexually transmitted infections. Most of the female sex workers who have “*freelance*” they are

not registered in the brothel. This situation different with the female sex workers who stay in the brothel for a whole day, they are mandatory to join in the health program that conduct in the brothel.

CHAPTER V

DISCUSSION AND RECOMMENDATION

5.1 Discussion

In discussion I will highlight some interesting findings related to the perception of STIs prevention and health seeking behavior among Female Sex Workers in Sunan Kuning brothel.

The Female Sex Workers who become the informants in this research is the commercial sex workers in the Sunan Kuning brothel. Their status is a “freelance” which is they work under the organized of “*mami*” but they do not stay in the *mami*’s house. They will come in the morning and back to their home in the midnight.

Reasons to be commercial sex workers among the majority of informants is due to economic factors, they abandoned for ever by their parents or husbands, so they had to struggle to feed their families. Because of the have the low educational so it makes them difficult to find a good job. In the end their despair encourages them to consider getting the easy work and get much money. Prostitution is a choice. Their first experience when they entered the prostitution is difference. They felt so sad, scared, and even some of them did not feel anything and they think that became Female Sex Workers is the destiny from the God.

A. Preventive Behavior of Sexually Transmitted Infections among Female Sex Workers

All Female Sex Workers attempted to use condoms during sexual relations with customers, but most of them claim to have difficulty persuading customers to use condoms. The commercial sex workers said that their customers are saying that using condoms can reduce the sensation of sex and pleasure also difficult to get orgasms when wearing a condom.

All sex workers claimed to get by buying condoms in brothel areas but sometimes there are also guests who bring their own condoms, especially the foreign guests. Due to the size of condoms sold in the area brothel penis size does not fit with foreigners. Some of female Sex Workers also complained that the quality of condom is not really good. It broken up easily.

All commercial sex workers were still trapped in a myth that has developed in the community, example after sexual intercourse they clean the vagina with a variety of fluids ranging from betel nut soap, toothpaste, to take antibiotics also believed to prevent sexual transmitted infection.

B. Causal Factors of Female Sex Workers to do Preventive Behaviors

1. Characteristics of Informants

Age Sex Workers in the study ranged in the range of 20-30 years. Most of them graduated from elementary schools, one of them graduated from senior high school, and the other a graduate diploma. In the group discussions most of them graduated from elementary school and high school first. If seen from the results in depth interview in mind that commercial sex workers who have higher education levels will be easier to absorb the information it receives.

2. Knowledge of Sexually Transmitted Infections

The knowledge of Female Sex Workers about Sexually Transmitted Infection is comes from their experience before. Based on Notoadmodjo in 2007 mentioned that Knowledge was the important part to started the behavior.

From the research findings showed that the knowledge of STIs among Female Sex Workers was not really good. Most of them mentioned that STIs is kind of Sexual Infection, the disease of “naughty” women but there is a small number of informants that their knowledge still influenced by the myths which is believed by the

societies. There is a small number of the Female Sex Workers who believed that STIs can be transmitted by kissing and did sexual intercourse with not circumcised man.

Sexually Transmitted Infections transmitted by unsafe sexual intercourse (not using condom), anal sex without condom, oral sex. There is another way of STIs transmissions are by blood transfusion, needle sharing exchange in IDU's group or using tattoo. Mother to child transmission also is an apart of STIs transmission by giving breast feeding or sexio caesaria. (FHI, 2004)

3. Perceived Susceptibility

All of the informants agreed about condom use, but there are some of them who do not use condom when they give the service to the clients. In this case some of the informants mentioned that their clients do not want to use condom because they will lost their sex satisfaction also they get difficulties to get orgasm.

The Female Sex Workers will accept the clients asking because sometimes their clients will give extra money to them if they want not to use condom. It is means that the female sex workers here in the lower bargaining position than the clients.

4. Perceived Severity

The perception of severity to get STIs among the Female Sex Workers in this research still low. The feeling of severity will be influenced their awareness to go to health care service to get treatment if they are getting the STIs symptoms. Some of them will go to the health care services when they are getting itchy on their vagina or feeling there is a problem on their vagina only.

Most of them answered that they go to health service because of themselves and the small number of the Female Sex Workers will go to health care service because of their friends encourage them.

5. Perceived Benefit and Barriers

Most of the Female Sex Workers in this research agree the benefit of using condom is for prevent STIs transmission among them and the clients. Another function of condom is not only for prevent STIs transmission but also for prevent pregnancy. Even though the Female Sex Workers understand the benefit of using condom but it not guarantee they will use condom frequently. Because, most of their clients offer the bargaining that they will extra money for sexual intercourse without condom. They will not getting orgasm and lost the satisfaction being the reasons for refusing using condom.

This situation here is like both side of a coin, which is in one side female sex workers are susceptible to get STIs but in other side they need money, so they will agree if their clients giving extra money and not using condom.

6. Cues to Action

Based on the Health Belief Model (HBM) theory mentioned that the group of variable which is give way to do a path of behavior is the external factor (cues) like the source of information which is will influence the perception of some people, example is a message, information from media or teachers.

Most of the female sex workers mentioned that they get the information about Sexually Transmitted Infections from their friends. Other respondents get the information from the counseling activity “*sekolah*” in the brothel area.

The information from friends is more effective than media, because they learn from their experience and feeling to be in the same situation make them more open to talk each other. The Psychologist, Skinner emphasizes that environment give the influence to shape the personality. So someone choose to react of being an attitude person because of getting support from the peers to behave. (Notoadmojo, 1997)

5.2 Recommendation

1. The findings suggest to improve the bargaining skill of condom use among Female Sex Workers and the clients in the brothel by conduct a training.
2. Need of awareness of *mami* to remembering the Female Sex Workers about having safe sex with the clients.
3. Need integration between brothel management and other health institution in Semarang city so it will be increase the activities for Female Sex Workers related to share the information about Sexually Transmitted Infections
4. This research has a small group of Focus Group Discussion only focus on the preventive behavior of Female Sex Workers in the different level of education, it would be more informative if add the group based on the period to be female sex workers.

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APPENDICES

APPENDIX A

INFORMED CONSENT

MASTER'S DEGREE IN POPULATION AND REPRODUCTIVE HEALTH
RESEARCH

INSTITUTE FOR POPULATION AND SOCIAL RESEARCH

MAHIDOL UNIVERSITY THAILAND

Informed Consent for Female Sex Workers

Research Project : Perceptions of preventive and health seeking
behavior among Female Sex Workers in Semarang,
Central Java-Indonesia

I. The Purpose of this research

You are invited to participate in a study about perceptions and health among Female Sex Workers. The purpose of this study is to explore the health services that Female Sex Workers use and what kind of health problems that they face.

II. Procedure

For this research, you will be asked some questions by the interviewer. The questions are based on an interview guideline. The interview will take about 1-2 hours.

I would like to ask your permission to record the interview. This is only for my own use. The purpose of the recording is to refresh my memory. I will not play the recording for anyone else and after I am finished with my research I will erase it.

III. Risks of this research

There is no risk that will you get by this interview section. Nobody will force you to share if you do not want to share your experiences including the interviewer.

IV. Anonymity and Confidentiality

We will use a code name to maintain your confidentiality, not your real name. I will not talk about your interview to anyone outside of the research team. All of your responses will be kept secret.

VI. Compensation

There will be a small gift to thank you for your participation on this research. I hope you will join this study but your participation is completely voluntary. Your participation will give contribution to our understanding about health for Female Sex Workers.

VII. Participants responsibility

By signing below, it means that you agree to participate in this study. You will be interviewed by the researcher about health services for Female Sex Workers and health issues that you face.

VIII. Participant's permission

I have read and understand this informed consent form and the techniques of this research. I understand that the interview will be confidential and I give my voluntary consent for participating in this study.

Semarang, April 2012

Respondent

Witness

APPENDIX B

FOCUS GROUP MODERATOR's GUIDELINE

HEALTH SEEKING BEHAVIOR FOR SEXUALLY TRANSMITTED INFECTION AMONG FEMALE SEX WORKERS IN SEMARANG, CENTRAL JAVA, INDONESIA

Introduction (10 minutes)

Purpose : The moderator greets the participants and gives explanations of the objectives of this Focus Group Discussion. Settings the rules. Participants meet each others. All of the participants says something and give contribution to social facilitation.

Moderator's introduction and ground rules.

Hello, my name is _____, and I am the moderator for this discussion. My job is to move the conversation along and make sure that we cover several different subjects and to ensure that everyone here gets involved. The purpose of this session is to find out the health seeking behavior among Female Sex Workers for Sexually Transmitted Infection. As you will see, there is no right or wrong answers to any of the questions. This discussion will do 1-2 hours. The purpose is to find out what your personal opinions are, and everyone's opinion is equally important to us.

I am glad that you are taking time out of your day to talk with me today about health seeking behavior among Female Sex Workers for Sexually Transmitted Infection.

Respect for opinions

In fact, you may find that you disagree with an opinion voiced here by another person. That is OK, and I hope you will say so when that happens in a respectful and polite way. You also may change your mind in the middle of our discussion, perhaps as a

result of something that someone else says, and again I hope you will say so, if and when that happens.

One person speaking at one time

Because we want to respect everyone and make sure that everyone is heard, we have one basic rule in this session, we will allow only one person to speak at a time. I ask that you respect the person who is speaking, and wait for her to finish her thoughts.

Confidentiality or anonymous research.

This discussion is completely anonymous and confidential. There will be no record of what you say with your name on it. We are using code names, and no one will ever connect your real name to your statements. You were all randomly selected to participate in this session, and we appreciate that you have taken time out of your lives to come today. I have this small tape recorder, so that I can be sure that I capture your words accurately, but no one will know which person says any specific statement. We are using a tape recorder because your opinions are very important to us, and we need to know what you said. This way, I do not have to take notes while we talk and I can concentrate on you and on our discussion.

Participant's introduction

Before we start our discussion please tell us something about yourself, Where are you from? How old are you? When did you start to work here? Are you married? Do you have children? Could you tell me why you choose this kind of the job?

1. Knowledge of STIs

In this part I will ask you about your knowledge of STIs

Did you ever heard the term STIs before? As far you know, could you mention what are they? Is there any locally term that you and your friends usually use to mentioned STIs?

What do you think about STIs?

Could you tell me is there any beliefs of myths that related to STIs that ever heard or that you are believe in?

As far you know how can people get this disease?

Do you know what the symptoms of this disease?

How do you know if you are getting STIs or not?

Based on your opinion, what kind of sexual behavior that can infect this disease?

Based on your understanding, does it can treat? How the treatment of it?

Could you tell me how was your friends getting this disease or you can tell yourself how you got this disease?

2. Perceived Susceptibility

Based on your opinion, who is easy to get this kind of this diseases?

Do you think female sex workers are face to STIs problems? Why they easy to get this disease?

What the situation that put them at risk of getting STIs?

What do you usually do to prevent STIs to your partners or clients?

3. Perceived Severity

Based on your opinion, is STIs can treat? Based on your opinion how to treat STIs? Who is telling you about this treatment? Is the treatment that you mentioned before is very familiar among you and your friends? Who to encourage you to do it?

If you get STIs, what do you feel?

What the effect if you are getting this disease?

Could you tell the effect if you are getting STIs beside your health?

4. Health Seeking Behavior

What did you and your friends normally do if infected with STIs?

Why you do this act?

Who is encourages you to do it?

Do you go to hospital, clinic, or drug store?

What are conditions that help you and you friends to decide about where and who you should go for treatment and advice?

Do you seek advice from someone, and usually from who?

What the condition that you seek the advice from others? why?

5. Perceived Benefits and Barriers

Where will you get treatment for the diseases? Why you do this action?

What will discourage you and your friends from getting treatments?

Do health care providers, brothel's manager, and pimps discourage you from getting treatment?

Have you or your friends ever have bad experience when seek health treatment for STIs?

6. Prevention of STIs

Are there any methods you and your friends use to prevent STIs? What are they?

According to your knowledge what are the popular preventive methods that used among FSWS in your area (this brothel)?

7. Cues to Action

If you are getting STIs, is there anyone that encourages you to check your health?

Did you ever heard about the program from STIs prevention and treatment in this brothel? Did you ever go there?

Who is always motivate you to go check your health?

Thank You

BIOGRAPHY

NAME	Ratu Matahari
DATE OF BIRTH	12 December 1986
PLACE OF BIRTH	Magetan, East Java
INSTITUTION ATTENDED	Diponegoro University, 2005-2009 Bachelor of Public Health Diponegoro University, 2010-2012 Master of Health Promotion
SCHOLARSHIP RECEIVED	Excellent scholarship of Indonesia Ministry of Education
HOME ADDRESS	Jl. Karya Darma 61 Jiwan-Madiun Post Code 63161 Email: ratu.matahari77@gmail.com