Conference Paper

A Study of Female Sex Workers in Industrial Areas of the Sukabumi District, 2016

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Abstract

HIV AIDS cases have increased, partly due to the practicing of prostitution by female sex workers (FSW). This study examines FSW and their gathering places (i.e. FSW "hotspots") in the Sukabumi District. It is a cross-sectional study, in which primary data was collected via observations, interviews and participatory mapping by key populations, while secondary data was obtained from the records of the Sukabumi AIDS Control Commission. In 2015, there were 80 FSW hotspots in 27 of the 47 districts in Sukabumi. Direct FSW accounted for 40% of cases, with the remaining 60% being Indirect FSW. By August 2016, numbers of Indirect FSW were found to have increased, with 24 hotspots around factories. In addition, 39 new cases of HIV/AIDS were observed in the population in 2016. FSW tend to use the internet to market their services because this is considered safer, easier and more profitable than using a pimp. The spread of HIV/AIDS becomes more difficult to track, however, when the internet is the main source of communication, and intervention also becomes more problematic. It is necessary to offer preventative measures upstream for adult males who have sexual intercourse with FSW and are at risk of contracting HIV. The disease can also be transmitted from husband to wife, so methods of preventing partners from being infected need to be considered.

Keywords: Female sex workers; HIV/AIDS; Prostitution

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1. INTRODUCTION

HIV/AIDS is caused by infection with the human immunodeficiency virus, which attacks the immune system. The disease leads to decreased endurance for the sufferer, meaning that s/he can also become infected with a wide range of other diseases very easily ([6]. AIDS cases were first discovered in Indonesia in 1987. As of September

2015, there were 381 cases of AIDS spread reported across 498 districts and cities in all the provinces of Indonesia. The cumulative number of recorded HIV infections was 198,219 in March 2016, with the figure for AIDS being 78,292. The highest percentage of HIV/AIDS cases appears in those of reproductive age, with the ratio of males to females being 2:1. The highest AIDS risk factor is heterosexual sex (73.8%) [6]. Cases of HIV/AIDS are increasing, partly due to female sex workers (FSW) practicing prostitution. FSW constitute one of the high-risk groups for contracting HIV/AIDS. Globally, the majority of sex workers are women or girls [21] and, as such, the majority of people living with HIV/AIDS may be women eventually [1]. Data obtained from the Sukabumi AIDS Control Commission in 2016 shows that 562 men were active customers of transvestites and FSW, and 60% of these men were also married. A total of 54 residents in the Sukabumi district were infected with HIV, including housewives, prostitutes, and gay people, and even two high-school students and six toddlers. FSW need to be made aware of the risks of contracting HIV/AIDS because they have the potential to transmit the disease to their sexual partners—i.e., customers. In turn, the customer can transmit HIV/AIDS to family members, other sexual partners, and even other communities [13]. This study examines FSW and the numbers of FSW gathering places (i.e., spatially concentrated nodes of elevated HIV transmission, or FSW "hotspots") in Sukabumi.

2. METHODS

In this cross-sectional study, primary data was collected via observations, interviews, and participatory mapping by key populations. Secondary data was obtained from the records of the Sukabumi AIDS Control Commission. In terms of data analysis, both quantitative and qualitative approaches were used.

3. RESULTS

In 2015, there were 80 FSW hotspots in 27 of the 47 districts in Sukabumi. Certain hotspot types were identified, including: 1) open-space hotspots such as parks and squares (53%); 2) entertainment hotspots such as cafes, bars, and karaoke bars (23%); 3) accommodation hotspots like rented houses, hotels, and apartments (15%); and 4) tourism hotspots (9%). FSW can be divided into two types, based on the type of work carried out: Direct FSW and Indirect FSW. Direct FSW are women working openly as prostitutes in the street, at brothels, or in certain localities. Indirect FSW operate

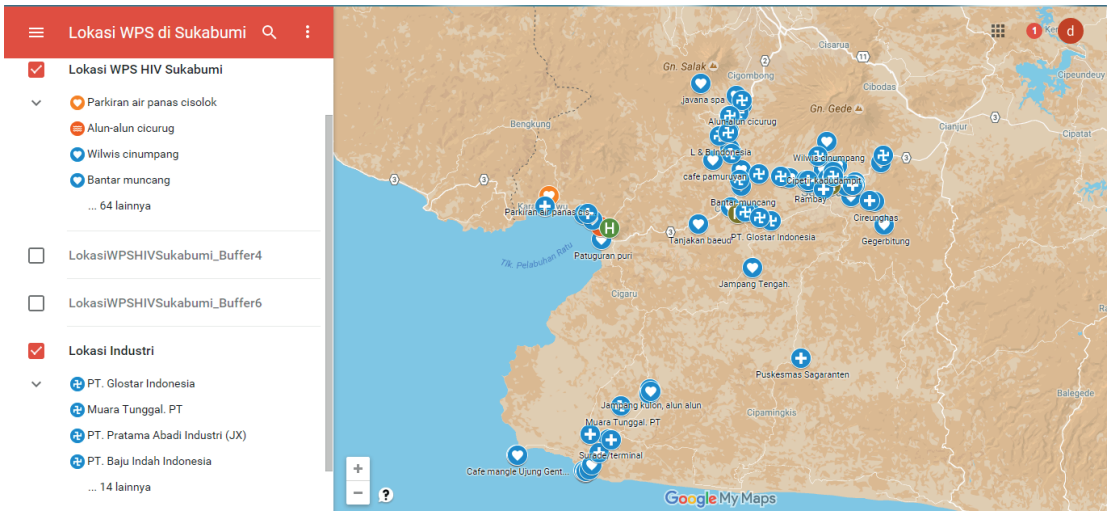

Figure 1: Hotspots for Female Sex Workers in Sukabumi.

covertly as commercial sex workers; they have other jobs but also sell sex indirectly—for example, while working at places of entertainment.

In the Sukabumi District, Direct FSW account for 40% of the total FSW activity, whereas Indirect FSW represent 60%. The distribution of FSW hotspots is shown in Figure 1 below.

The results show that by August 2016, Indirect FSW had increased, with 24 hotspots being found around factories. Furthermore, 39 new cases of HIV/AIDS were recorded in 2016. Figure 1 shows that FSW hotspots in Sukabumi coincide with industrial locations. Such mapping of FSW could be used to examine the effectiveness of programs of surveilance, which could be ascertained by looking at the number of hotspots and their distribution.

4. DISCUSSION

Existing studies show that groups of workers who sell sex indirectly include masseuses, showgirls, and karaoke-bar workers [3]. Moreover, women in other industries, including spa workers, bar/restaurant staff, and hotel/motel workers, also become Indirect FSW to earn extra income [8].

Sex workers face a greater risk of contracting HIV/AIDS and sexually transmitted infections (STIs) than other people [22]. Women and girls, including those who are themselves HIV positive, also bear the physical and psychological burden of HIV and AIDS care. Women thus carry a 'triple jeopardy' of AIDS: as people infected with HIV, as mothers of children infected, and as carers of partners, parents, or orphans with AIDS [7]. Many sex workers, therefore, need dual-method protection against pregnancy and

STIs, including HIV. This may be achieved by using a highly effective contraceptive method for pregnancy prevention along with the male or female condom for STI and HIV prevention [24]. Consistent condom use with clients has been shown to lead to zero prevalence of HIV, a result that confirms the positive impact of intervention strategies for FSW, which increase knowledge about HIV/AIDS and contraception methods [4]. In Asia, an early campaign to promote 100% use of condoms by FSW reduced Thailand's STI and HIV epidemic by up to 90% [19]. The information obtained from key informants was that FSW generally knew about HIV/AIDS and thus encouraged their partners to use condoms; the customers, however, did not want to use condoms. If an FSW is in dire need of money, she is in a weak bargaining position and is more likely to be influenced by the customer [15, 23]. Sex workers report that the more money the client pays, the more the client wishes to dictate the terms of the sexual act, even if this means not using condoms. Some men may not pay until after sex in case the FSW refuses to have sex without a condom [20]. Moreover, people who do not self-identify as professional sex workers (i.e., Indirect FSW) may be less able to negotiate condom use during intercourse [11, 17].

Indirect FSW in Sukabumi use social media sites such as Facebook to display photos to prospective customers. Unbeknownst to family and friends, FSW thus meet clients through Facebook before continuing communications via WhatsApp, BBM, SMS, and telephone. After agreeing a price, payment is made either by bank transfer or cash. It is then determined when and where the sexual transactions will be performed—e.g., at a lodging house or hotel. Mobile and internet solicitation are replacing physical venues in some contexts. This is changing the nature of sex work, lowering the barrier for entry into the trade and thus creating a larger, more dispersed, more fragmented workforce, with many working in the industry part-time [12, 18].

The required response to HIV/AIDS cases must include the development and evaluation of intervention models for informal sex work. In addition, better hotspot models are needed to assess the "formal sex work–informal sex work–transactional sex" gradation. Such action is required urgently for the following reasons:

1) As HIV epidemics mature and clients perceive formal sex workers and formal sex-work venues as "higher risk," formal networks may disperse and fragment, and thus become harder to define and reach, a process which will be intensified by the increasing role of mobile phones/the internet in sexual solicitation [2, 16]. These factors may account, in part, for the decline in "red-light" districts and brothel-based sex work.

2) In countries where women have greater freedom to form sexual partnerships outside marriage, there is a gradation system for forms of sex work, which operates along

a continuum from formal sex work to informal sex work and transactional sex (where the latter may also come to include casual sex or boyfriend–girlfriend relationships). Men who have both commercial and non-commercial sex partners play a major role in bringing HIV infection into the general population. These "bridge" populations may be as important as core groups, in terms of the need for direct prevention programs [14].

Peer education is a key participatory strategy in the field of HIV prevention, and is used worldwide [5]. HIV prevention efforts will not succeed in the long term, however, unless the underlying drivers of HIV risk and vulnerability are addressed effectively [9].

5. CONCLUSIONS

Many FSW choose an online form of prostitution because it is considered safer, easier and more profitable than working via a pimp. This method means, however, that the spread of HIV/AIDS is harder to track and interventions are difficult. Both regionally and nationally, HIV/AIDS monitoring still operates downstream (HIV tests being given to patients with indications of AIDS-related illnesses and pregnant women) but more work needs to be done to encourage upstream intervention.

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