

Description of Risky Sex Practice of Customer Teluk Bayur Brothel (Sex Localization) in Bangka Belitung Province in 2019

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Abstract

A sexual practice that has a high risk occurs in prostitution activity, which results in sexually transmitted diseases. Female sex workers often have no other choice if their customers ask for services that can result in the risk of transmitting sexual diseases such as requests from customers who are refusing to use condoms. The design of this study is descriptive qualitative, and data collected by in-depth semi-structured interviews with three female sex worker and a pimp. Informants were chosen randomly. Data is processed by categorizing or grouping the results of interviews and presented in narrative form. The results showed that sexual practice risked customers Teluk Bayur Brothel occurred in oral sexual services by not using condoms, which were at high risk of gonorrhea. Even though Female CSWs (Commercial Sex Workers) have low education, they have good knowledge about the risk of sexually transmitted diseases, especially HIV/AIDS.

Keywords: *risky sex practice, commercial sex workers, sexually transmitted diseases*

Introduction

Official Sex Localization or commonly known among the people as a brothel is a word that has taboo meaning when we listen, or we read. An official brothel is a place where the practice of trading transactions between commercial sex workers (CSWs) and people who need services from these CSWs. This place is a choice for men who usually have a strong sexual desire that has not been appropriately channeled. The establishment of an official brothel in an official area always interfered with the local government, and it is not free from taxes that must be paid to the government to carry out these activities. Sexual behavior is any behavior that is driven by sexual desire, either with the opposite or the same sex. This type of behavior is diverse, ranging from feelings of attraction to dating behavior, making out, and having sex¹. Safe sexual practice is a way of engaging in sexual activity to avoid contracting sexually transmitted diseases by using condoms and not changing partners. Some define safe sex as sexual behavior without causing

penetration of the penis into the vagina or anus, for example, by holding hands, hugging, kissing.

If one wants to be safe, stay sexually inactive, but if someone is already active, be loyal to just one partner or use condoms of good quality and correct so it can reduce the risk of getting sexually transmitted diseases, HIV and AIDS, and unwanted pregnancy. The types of safe sex are using condoms, using water-based lubricants, having sex without penetration (e.g., kiss), and having sex with a partner who is faithful to each other. While risky sexual behavior is the opposite, where we can have the risk of being transmitted from sexually transmitted infections and HIV and AIDS, such as having sex without wearing a condom². Sexual behavior is divided into two types, namely risky sexual behavior including kissing the lips, made out, groping genitals (masturbating), rubbing genitals and engaging in sex (intercourse) and sexual behavior that does not cause risks including dating, holding hands and hugging, hugging and kissing cheeks³.

The Directorate General of PPM & PL in the IMS PocketBook is that STIs can be transmitted through unsafe sexual intercourse, including sex through unprotected sexual intercourse, condom sex, and oral sex. Also,

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STIs can be transmitted through blood transfusions, exchanging needles, and other sharp objects in the use of drugs, ear piercing, or tattoos. Transmission of STIs can also occur from pregnant women to the fetus during pregnancy, childbirth, or breastfeeding⁴. STIs are not transmitted through skin contact, sweat, saliva, and air. IMS seedlings are mainly present in genital fluids and blood. STIs are contagious, especially when someone's genital fluid or blood that has been infected by STIs enters the body of another person⁴. Behaviors that are at risk for STIs include sexual intercourse without using a condom⁵.

The Teluk Bayur official brothel has existed since the 1980s. Initially, it was a recreation area but turned into an official brothel after commercial sex workers (CSWs) at the Pasir Putih brothel moved to Teluk Bayur a few years ago. In the Teluk Bayur Pangkalpinang localization, there are six guesthouses with around 74 commercial sex workers (CSWs). Most of the guesthouses in this brothel are in permanent form⁶.

Method

The design of this study is descriptive qualitative, data collected by in-depth semi-structured interviews with three female sex workers, and a pimp. Informants were chosen randomly. Data is processed by categorizing or grouping the results of interviews and presented in narrative form.

Results

The research shows that two informants used injection contraception while one informant used implantable contraception. Informants from pimp obtained information that there were no facilities or appeals to use contraception in commercial sex workers. For initiatives in using condoms, the research shows that all informants have initiatives that precede customers in using condom contraception. Informant pimps stated a firm appeal to CSWs to use condoms, but pimps did not provide contraception. In the case of customers who are reluctant or refuse to use condoms, this is rarely the case. Most customers are willing to use condoms. Several times customers are reluctant to use condoms for the same reason that they feel uncomfortable. However, all informants still recommend using it, when researchers ask deeper if given additional money or the customers

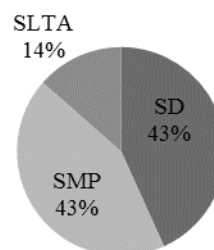
look clean and not diseased, all informants insist that they do not serve unprotected sex.

When the researchers asked what about the other friends, they answered that in this brothel, every time they had to use a condom, because a few years ago, there was a story that a case of HIV/AIDS had been found in some sex workers. Two informants said that they had worked in other regions before and said they were happy to work here because they felt safer, and from the local government, many gave guidance, for example, through counseling and health checks. All CSW informants said that some customers wanted the sensation of oral sex services without using condoms, and the CSWs stated that they did not mind doing it. The CSW Informants stated that they had never met a customer who wanted anal sex services. All CSW informants also stated that they had never suffered from a sexually transmitted disease.

Discussion

The majority of CSW were of elementary and junior high school education, amounting to 86% (Figure 1 and Table 1). Characteristics of CSW based on elementary and junior high school education is equivalent to the initial basic education level. At this level, a person has not been able to understand the information provided optimally. Education will affect a person's absorption of the information he receives. With a good education, the process of growth, development, and change towards more mature, better, and more mature individuals, groups, or communities⁷. In the research, it seems that the understanding of the CSW informants is quite good. Even though their educational background is low, but through socialization and counseling, risk behaviors from customers can be anticipated by CSWs.

Frequency Distribution of Respondents based on Education



Frequency Distribution of Respondents by Age (Years)

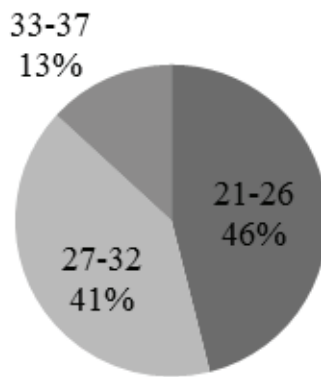


Figure 1. Frequency distribution of respondents based on: (left) education, and (right) age from 74 commercial sex workers. Additional information: SD is equivalent to elementary school, SMP is junior high school, and SLTA is senior high school.

Table 1. Characteristics of Informants

No	Name	Info	Sex	Age (years)	Education	Length of work
1	L	CSW	F	23	SD	2 Years
2	E	CSW	F	28	SLTA	1 Years
3	V	CSW	F	37	SMP	1 Years
4	H	Pimp	F	42	SMP	3 Years

Initiatives in the use of condoms were carried out by all CSW informants. Motives or motivations are stimuli, encouragement, or strength for the occurrence of an action or behavior⁸. The awareness and fear of sex workers will be infected with infectious diseases makes them active to ask their customers first to use condoms before intercourse. The informant revealed that they do not use condoms because the motivation is that customers offer them at more than usual rates, the important thing is not to use condoms. It is in line with research conducted by Oppong et al.⁹, which causes CSW to comply with the desire of their intimate partners not to use condoms because these CSWs are financially unstable or for financial reasons.

One that can directly influence the behavior of condom use on informants is an intimate partner. It is

because the use of condoms always involves two parties, namely CSW and customers. Therefore, the role of the client is enormous in terms of condom use for CSW as well as a party that inhibits condom use. CSW customers do not want to use condoms for several reasons; the first reason is that if they use a condom, they feel uncomfortable, tasteless. In line with research conducted by Zhang et al.¹⁰, that intimate partners always refuse to use condoms when having sex because condoms reduce pleasure. Almost all CSW revealed that clients refused to use condoms for reasons of reducing pleasure. CSW uses condoms only if their clients demand that they use them; clients generally do not demand that condoms be used. In the case of client rejection, CSW does not agree or try to force the client because they are afraid that they will lose the client if they do not agree to have sex.

Another reason why CSW intimate partners do not want to use condoms is that partners want to use condoms unless they believe in their CSW regarding cleanliness and disease, but according to CSW so far, many of their intimate partners do not want to use condoms means they trust us. It is in line with research conducted by Zhang et al.¹⁰ that customers always refuse to use condoms when having sex because of a sign of trust. The inability of CSW in terms of communicating the use of condoms to clients is a very thing that affects CSW in safe sex practices by using condoms. As research conducted by Wojcicki and Malala¹¹, that men have power and women are helpless. It means that there is the powerlessness of CSW in terms of sexual negotiations with clients.

In this study, pimps are one of the parties that have a considerable role related to the use of condoms for CSW. Pimps have a dominant role and are directly related to the practice of using condoms in CSWs. However, the availability of condoms in this study was not facilitated directly by pimps, CSW provided condoms were the prostitutes themselves. Informants provide their condoms by buying at a pharmacy. In general, most of the informants had no difficulty in getting condoms. The availability of condoms can contribute to condom use. The informant revealed that they obtained a condom by buying it at a pharmacy because it was because pimps did not provide condoms

Based on the information from the informant, several customers want unprotected oral sex services. The oral sex causes dangerous gonorrhea and avoids the use of condoms to help spread it¹². The UN agency warned that if someone has contracted gonorrhea, it will now be more challenging to treat and, in some cases, impossible to cure. Sexually transmitted infections quickly develop resistance to antibiotics. Experts say the situation is “quite worrying” because new medicines are available in small quantities. Around 78 million people contract sexually transmitted infections (STI) every year and can cause infertility or infertility. The World Health Organization analyzes data from 77 countries and shows gonorrhea immunity to antibiotics is widespread. Teodora Wi, from WHO, said that there were three cases—in Japan, France, and Spain—where the infection was completely untreatable. He said: “Gonorrhea is a very intelligent bacterium; every time you introduce a new class of antibiotics to treat

gonorrhea, the bacteria become resistant.” Alarmingly, most gonorrhea infections are in developing countries where immunity is more challenging to detect.

Conclusion

Risky sex practices by customers of Teluk Bayur Brothel occur in oral sexual services by not using condoms, which are at a significant risk of the incidence of gonorrhea. The risk of other diseases can be minimized by the unavailability of CSWs to serve customers without using condoms, even if the customer wants it. Even though CSWs have low education, they have good knowledge about the risk of sexually transmitted diseases, especially HIV/AIDS. Their knowledge is through counseling and the Regional Government and experience where HIV/AIDS cases in this place have been known in a few years ago. It is recommended that the official brothel program be continued so that the Regional Government can control the transmission of sexually transmitted diseases.

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