

HIV/AIDS Acceptance and Access to Health Care Services on Female Sex Workers

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Abstract—The World Health Organization (WHO) estimates that every year there are 350 million new Sexual Transmitted Infection (STI) sufferers in developing countries. Areas with a high prevalence of STIs are accompanied by a high prevalence of HIV / AIDS which is found in many high-risk sexual behaviors. One of the sexual groups at high risk for STIs is Female Sex Workers (FSW). FSW has limited access to appropriate information and services of reproductive health. They are marginalized subgroups and there is a social stigma that is a barrier for them to access care and treatment. This is a qualitative research with case-study approach in the localization of Pasar Kembang and Bong Suwung in Yogyakarta City on May-June 2018. The subject of this study was seven FSW who suffered from HIV/AIDS, selected by snowball sampling. Data collection used in-depth interview and analyzed by content analysis. Many informants found out their HIV status during Voluntary Counseling and Testing (VCT) in localization, some of them felt hopeless and wanted to commit suicide. The majority of informants thought that HIV/AIDS was a strange disease, but there were informants who said that HIV/AIDS was not dangerous because there were already had the drugs. The informants explained that they need a medical check-up regularly because they understand that their job has a high risk to be infected by many diseases, especially for genital disease and STIs. Informants wanted stop being a FSW because of economic and moral religiosity reason. It was found that there were still some informants who did not know that STIs and HIV/AIDS were dangerous disease. In this study known that there are routine health services in localization, but it is also known that there are no health services in high risk prostitute place such as karaoke house. Health education and services in prostitution location is required to increasing understanding, life skill and medical check-up access on FSW.

Keywords—female sex worker, health care services, HIV AIDS acceptance

I. INTRODUCTION

The World Health Organization (WHO) estimates that every year there are 350 million new Sexual Transmitted Infection (STI) sufferers in developing countries in Africa, Asia, Southeast Asia, and Latin America. In developing countries infections and complication of STIs are one of the five main reasons for high rates of morbidity. Areas with a high prevalence of STIs are accompanied by a high prevalence of HIV/AIDS which is found in many high-risk sexual behaviors. One of the sexual groups at high-risk for STIs is

Female Sex Workers (FSW), who are the most affected and have been infected on the early days of the epidemics [1][2]. Commercial sex is characterized by risky behavior such as changing in sex partner, low condom use in sex transactions, and limited access to health services [3].

Compared to the general female population, FSW are 13.5 times more likely to be infected with HIV/AIDS. Based on Baral's study on Chow, in 2012 the average HIV/AIDS prevalence among FSW in 50 low and middle-income countries was 11.8% and 15 of these countries had FSW HIV/AIDS prevalence over 23% [4].

FSW has limited access to appropriate information and services of reproductive health. They are marginalized subgroups and there is a social stigma that is a barrier for them to access care and treatment. Powerlessness and poverty in FSW is often reported as the reason behind the low use of health services [5]. Another challenge in carrying out studies about STIs in FWS is the fact that this profession is surrounded by a great deal of stigma, which leads many women to not declare themselves as such or to hide their profession from family members and friend. Additionally, many of these FSW do not live in permanent private homes of their own [2].

II. METHOD

This is a qualitative research with case-study approach. This research was conducted in May-June 2018 in the localization of Pasar Kembang and Bong Suwung in Yogyakarta City. The subjects of this study were seven FSW who suffered from HIV/AIDS. Researcher used snowball sampling to found the informant helped by Victory Plus Non-Government Organization (NGO) and Indonesian Family Planning Association (PKBI) considering the target of this study is a sensitive group. Data collection used in-depth interview in a place that approved by informant and researcher such as café and primary health service (Puskesmas). Data analyzed by content analysis. The subject of this study was a FSW that included in marginalized group who vulnerable to get gender issues, stigma and discrimination from the society. It is important for researchers to protect the rights. This study was approved by research ethical committee University of Ahmad Dahlan with the number 011801013.

III. RESULT AND DISCUSSION

A. Result

Interviews were conducted on seven informants aged 23 as many as two people, 24 years as many as two people, 20 years as many as one person, 26 years as many as one person, and one informant was not willing to mention her age. From all informants there were three informants who live alone (rented boarding houses), and there were four informants who lived together with their families.

Sub-result 1: Reason to become a FSW

The informants have a variety stories about how they initially worked as a FSW, majority because of economic reason and influenced by friend, described in Table 1.

TABLE I. VARIETY REASON TO WORK AS FSW

Informant	Reason to Work as FSW
I-1	The informant intends to find a job by asking her friend because she does not have a husband. Then her friend is offered to work in the night world.
I-2	Informant got a job as FSW from her friend
I-3	The informant claimed to know the night world was introduced by her friend. Early career of hers, informants worked as a freelance in Sragen City
I-4	The informants explained that the reason for working as a FSW was because her partner did not work so she had to work to complete her household needs. The informant work as a FSW since 2004 and had a grudge against her husband who had left her for another woman (cheating).
I-5	The informant worked as a FSW in 2008 and moved from Surabaya, Semarang, and Yogyakarta City when she was 17 years old because she was told by her boyfriend.
I-6	The informant claimed to have been introduced to the night world by her friend at a karaoke place in Parangkusumo area about three years ago.
I-7	The informant claimed to have entered the night world job because of urgent economic needs and the husband did not work. The informant experienced physical violence from her couple. The informant went to work as a FSW during pregnancy.

From the findings, the majority of informants did not notify their families about the status of their employment as FSWs, but to informants who had lovers, the informant stated that her lover knew about her job as a FSW. In case the informants told her families about her job as a FSW and said that she had contracted HIV, the family refused the existence of the informant.

"No, nobody knows if I work like that on the night but on the day I also sell a fried food or any food in the village so they don't know my job." (I-1)

Sub-result 2: Acceptance of HIV/AIDS status

The informants interviewed were informants who had been positive for HIV/AIDS. The first informant explained that she found out had HIV/AIDS six month before the interview. The second informant explained that she knew about her HIV/AIDS status in 2016 from the Voluntary Counseling and Testing (VCT) result. The informant felt the symptoms of diarrhea that never healed and then received VCT services at the Puskesmas Gedongtengen, but the informant still continue gave sex service to the guest when experiencing diarrhea. The third informant explained that she

knew HIV status in 2014 based on VCT PKBI screening in Bong Suwung localization. Informant had hair loss, appetite decreases so her weight was decrease significantly. The seventh informant explained that she knew HIV status in 2015. Informant knew of HIV status during VCT at Pasar Kembang localization.

"there is a health attack, suddenly I submit myself to have a check. It is better for me to ask what it is so that I know what I am sick of. It's right there, I check positive.... Yeah, hair falls out, it's often nauseous, how does it feel like that?... yeah my body feel healthy, but suddenly my weight only 39kg, it decrease anyway..." (I-1)

"I experienced diarrhea and didn't heal. There were friend in the community, and then she asked me to try VCT. Yeah on the first VCT the result was positive, so what else could I do. And I had time to stay at Sardjito hospital for 10 days because of diarrhea my weight is only 35, down from 65 to 35 so I lost 30kilos." (I-2)

The informants shared that they felt hopeless and wanted to commit suicide when they learned that they were HIV positive, the feeling of despair increased when they learned they had to consume ARVs throughout their lives. The informants explained that they consumed 1 type and 1 item of ARV every day. The first informant consumed ARV every 2.00 pm, the second informant consumed ARV every 3.00 pm, and the seventh informant consumed ARV every 7.00 pm. One informant thought that ARV can cure HIV.

"When I took the first medicine (ARV) I also seemed to give up, how come I kept nauseous and always wanted to go to bathroom. I can't afford it." (I-3)

Based on findings, there are routine health services that are localized every three months from PKBI in the form of blood check (VCT). However, according to one informant, there were no health services in the karaoke area, so a health examination was carried out privately. All health services are provided free of charge by health assurance (BPJS), except for pap smears that use personal funds. The reason for the informants to check their health status is to know their health condition so that if a disease is found, it will be treated immediately.

".....if the VCT is once every 3 months, if you check the others (besides blood test) it might be possible at the PKBI or at the puskesmas for other examination, but for VCT it's three months." (I-1)

Sub-result 3 : FSW understanding against HIV/AIDS

The majority of informants think that HIV/AIDS is a strange disease, but there are informants who said that HIV/AIDS are not dangerous because there are already have the drugs, namely informants I-1 and I-2

"..... for me, yes it is dangerous. If you don't take the medicine regularly, you will bring life later, right? The medicine must be routine. The clock must be routine too..." (I-1)

"first time I heard HIV, so I thought it was strange, like the most frightening disease. I was imagined if had HIV can't do anything so just lay on the bed at home, really can't do anything. But now the proof is I am still healthy." (I-2)

Each informant understanding of HIV/AIDS describe in Table 2.

TABLE II. FSW UNDERSTANDING AGAINST HIV/AIDS

Informant	FSW Understanding Against HIV/AIDS
I-3	The informant revealed that HIV/AIDS is a very dangerous disease because it can cause an impact on the body in the form of nausea and weakness and the impact on the genitals.
I-4	The informant explained that HIV is a dangerous disease because if it does not routinely consume drugs it can cause death. But the informant also explained that HIV can not hinder somebody's job.
I-5	The informant argued that HIV was not a serious disease because the condition of the body of an HIV sufferer would appear healthy, meanwhile the informant had a chronic cold. HIV could not inhibit her job as a FSW
I-6	HIV is not a dangerous disease and does not hinder work by requiring medication regularly.
I-7	The informant explained that HIV was a very dangerous disease, but after her husband gave support, informant thought that HIV was not dangerous with the consequence of having medical check regularly and consume regular Anti Retroviral Virus (ARV) and the mind must be happy. Informant thought that degenerative diseases are more dangerous than HIV.

Sub-result 4: Reason for medical checkup

The informants explained that they need a medical checkup regularly because of they understand that their job have a high risk to infected by many disease, especially for genital disease and STIs. Informants also belief that knowing their health status early is better for their treatment than if it is too late.

".... Yes, I need to check it like that, maybe this month doesn't exist like that (still healthy), who knows, next month I want to stay healthy, but my job is like this, so it is very risky so you have to be aware of your own health. If the benefits are that they are routine they can know their health status and if they positive HIV they can know from the beginning so they can get treatment earlier than later knowing it's already too bad. If knew the status early the therapy is easier than when the body is already drop, the therapy more difficult. If they routinely check all kinds of thing it is good ya mbak, so they can know the health condition." (I-2)

Various reasons for informants conducting health checks are explained in Table 3.

TABLE III. REASON FOR MEDICAL CHECKUP

Informant	Reason for health checkup
I-3	To find out health conditions so that if a disease is found out it will be treated immediately. The informant conducted a health checkup at the <i>Puskesmas</i> Gedongtengen or the Sardjito Hospital and all costs were used BPJS.
I-4	Informant feel weight loss, decreased appetite and hair loss
I-5	Informant explained that she did not belief in HIV even though she physically looked healthy and routinely checked her health condition on VCT mobile.
I-6	Informants feel the need to check health conditions because of her kind of job that are risky of contracting

	the disease. Informants carry out routine health checks every month at Sardjito Hospital using BPJS facilities. For pap smear check, the informant used a personal fund to carry out the checkup.
I-7	Informants felt the need to check their health because her weight dropped dramatically.

Sub-result 5: The desire to stop being a FSW

Based on the findings, the informants wanted to quit their job as a FSW for various reasons presented in Table 4.

TABLE IV. REASON FOR THE DESIRE TO STOP BEING A FSW

Informant	Reason for the desire to stop being a FSW
I-2	The informant wanted to stop working as a FSW for reasons being tired and wanting a better job.
I-4	Informant explained that at this time quit work like that because she felt afraid, she wanted to live longer and get blessings from God.
I-5	Informant quit her job as FSW because she felt that her income had not been to be blessing and often had problems (living in peace). The informant decided to stop working as a FSW because she had been infected with HIV in 2012
I-7	Informants wanted to stop being FSW because she felt tired and wanted a better life. The informant was forced to work as a FSW because to support her child and the husband did not work.

Based on the findings, the informant relates that there are skills improvement activities in localization every 15th of each month. There was informant who had quit her activities as a sex worker and were now actively selling lotek and gado-gado (Indonesian traditional salad) while undergoing routine have a treatment at Sardjito Hospital. Informants perceived that suffering from HIV did not necessarily make life unproductive, life would be productive again if taking medication regularly and have a routine pray to the God.

The informants gave a message to other FSW in localization to routinely check their health status because of the risk of FSW work that is vulnerable to venereal disease, so that if there are symptoms it can be handled properly, do not wait until pregnant or drop. Informants belief if the treatment taken regularly then it can carry out life activities as usual.

B. Discussion

Based on the results of this study, it was found that there were still some informants who did not know that STIs and HIV/AIDS were dangerous disease. Most of them argued that HIV/AIDS infection did not prevent a person from continuing the activities while routinely taking ARVs. Routine reproductive health educations are carried out in localization every once a month held by PKBI in collaboration with Puskesmas Tegalrejo. This is supported by research from Saleem in 2017 that there are about 36% of FSW who know how to transmit HIV/AIDS. The study also explained that the level of education had an effect on the understanding of FSW on HIV/AIDS transmission [6]. The majority of the informants' education level is junior high school. Low education will influence in understanding the context of HIV/AIDS transmission [7]. Poor access to HIV/AIDS information makes people more vulnerable to be infected, therefore the disproportionate spread of HIV/AIDS information amongst the poorest and most marginalized in

society like FSW amplifies the need for human rights protection [8].

Most of informants on this study understand that their job have a high risk of infected by STIs and other genital disease. This finding has a link with Singh's study that more than a half respondent perceived their high risk to HIV/AIDS infection, judging from their present sexual behavior [9]. There is a known association that those with HIV are more susceptible to human papilloma virus (HPV). HPV prevalence rates in the HIV infected population is upward of 36%, also leading to more frequent occurrence of high-grade cervical lesions [10].

Most informant prefer visit Sardjito Hospital as a health care facility than utilize health care facilities near the localization area. Based on Sousa research, there are some barriers for FSW to use health care in an occupation territories. Prejudice and lack of confidentiality in primary care proximity to the place of living and work are considered the main barriers for vulnerable population [11]. The existence of primary health care on the prostitution area and parameter of effectiveness in primary care in relation to prostitution is still a major challenge due to the invisibility of this occupation in the different territories of basic health service. Another issue raised is that it is not enough to know where to take the test because there is embedded in zones of stigma and discrimination between AIDS and prostitution [12]. This is can be the reason for lack of health services in a closed prostitution place such as karaoke house, as said by the informant in this study.

Many informants said that they want to give up on an ARV treatment because of the side effect. Many informants can avoid drop out of ART because of social support. The high Anti-Retroviral Treatment (ART) service in the usual-care group suggest that sex workers, if supported, will attend services in a public sector. Provision must remain in place to maximize the coverage, engagement, and retention of female sex workers in health care, with increased resources for community-based demand and adherence support [12].

Female prostitution, as an urban social phenomenon, is inscribed in a specific economy desire, characteristic of a society in which exchange relations predominate and a whole system of moral codifications [11]. Therefore, most of informants want to quit from the prostitution world because of economic and moral religiosity reason.

IV. CONCLUSION

This research found that there were still some informants who did not know that STIs and HIV/AIDS were dangerous disease. In this study known that there are routine health services in localization, but it is also known that there are no health services in high risk prostitute place such as karaoke house. Health education and services in prostitution location

is required to increasing understanding, life skill and medical check-up access on FSW.

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REFERENCES

- [1] Sarwi. (2003). Correlation between KKnowledge, Attitude and Practice on Female Sex Workers towards Prevention of Sexual Transmitted Disease (STIs) in Argorejo Localization, Kalibanteng Village, West Semarang District, Semarang City. Unpublished Thesis. Semarang: Public Health Program Diponegoro University.
- [2] Pacom, Ana RP., Szwarcwald, Celia L., Junior, Aristides B. Sampling Studies to Estimate the HIV Prevalence Rate in Female Commercial Sex Workers. *The Brazilian Journal of Infectious Disease*. 2014. 14(4): 385-397.
- [3] Arief Lutphi, Aulia. 2010. Female Sex Worker Live: Case Study Determinant Factor in Commercial Female Sex Worker in Sosrowijaya Yogyakarta. Thesis. Dakwah Faculty, UIN Sunan Kalijaga Yogyakarta
- [4] Chow EPF., Muessig KE., Yuan L., Wang Y., Zhang X., Zhao R., Sun P., Tucker JD., Jing J., Zhang L. Risk Behaviors among Female Sex Workers in China: A Systematic Review and Data Synthesis. *PLoS ONE*. 2015. 10(3):1-14.
- [5] Ghimire Laxmi; Teijlingen, Edwin Van. 2009. Barriers to Utilisation of Sexual Health Services by Female Sex Workers in Nepal. *Global Journal of Health Science*, vol.1 no.1.
- [6] Saleem Rana, M., Ud din, M., Shehzadi, I., Zaib, U., Tahir, M., Anwar, M., & Ahmad Khan, E. (2017). Knowledge, Attitude and Practices of Female Sex Workers about HIV/AIDS prevention in Lahore, Pakistan. *International Journal of Perceptions in Public Health*, 1(2), 2399–8164.
- [7] Freire de Araújo Patrício, A. C., Peixoto Bezerra, V., Vizeu Camargo, B., de Almeida Nogueira, J., Silva Paredes Moreira, M. A., & de Lima Alves, K. (2016). Knowledge Of Women Sex Workers About HIV/AIDS. *International Archives of Medicine*, 1–10. <https://doi.org/10.3823/1912>
- [8] Howse, Genevieve. Accessing Rights and Protection Under the HIV/AIDS Management and Prevention Act in Papua New Guinea: Making a Case for Granting a Limited Jurisdiction to the Village Courts. *Journal of South Pacific Law*. 2008. 12(1): 1-16.
- [9] Singh, Birendra Kumar; Lall, BS; Gupta, Neena; Bose, Deepak K; Singh, Renu Kumari. Kknowledge and Attitude on HIV-AIDS and Practice of Sexual Behavior among Female Sex Workers: a Pilot Study in Jhapa, Nepal. *Journal of Dental and Medical Science*. 2014. 13(11): 46-52.
- [10] Afzal, Omara; Lieber, Molly; Dottino, Peter; Beddoe, Ann Marie. Cervical Cancer Screening in Rural South Africa among HIV-infected Migrant Farm Workers and Sex Workers. *Gynecologic Oncology Reports*. 2017. 20:18-21
- [11] Cowan, Frances M., Davey, Calum., Fearon, Elizabeth. Targeted Combination Prevention to Support Female Sex Workers in Zimbabwe Accessing and Adhering to Antiretrovirals for Treatment and Prevention of HIV (SAPPH-Ire): a Cluster-Randomised Trial. *The Lancet*. 2018. 5(8):e417-e426.
- [12] Sousa, R.M.R.B., Frota, M.M.A., Castro, C., Kendall, B.C., Kerr, L.R.F.S.K. Perceptions of Female Sex Workers about Access to HIV Testing: Incentives and Barriers. *SAUDE DEBATE Journal*. 2017. 41(113): 513-524.