

The Use of Contraceptives in Commercial Sex Workers in Yogyakarta

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Abstract— The economic crisis can increase the number of commercial sex workers (CSWs). The low infection prevention behavior and the low use of contraceptives while doing their work causes sex workers are potentially infected and transmitted by sexually transmitted diseases (STDs) including HIV-AIDS (Human Immunodeficiency Virus-Acquired Immune Deficiency Syndrome). The study was conducted on 30 CSWs at Pasar Kembang area in Yogyakarta City in 2019. The use of contraceptive pills was 23.33%, injection was 16.66%, pill combined with condom was 26.66%, and injection combined with condom was 33.33%. The respondents prefer contraception that is reversible such as injections, pills, and do not use long-term contraceptive methods such as implant or IUD. The results showed that condom which is used alone is not enough, because condoms have a high failure rate in delaying pregnancy. Thus, most of the CSWs also used injection contraception and pills as double protection in delaying pregnancy.

Keywords— *Contraception, Commercial Sex Workers*

I. INTRODUCTION

Indonesia is a developing country with various types of problems. One of the problems faced related to population is the high population growth. Population growth in Indonesia ranges from 2.15% to 2.49% per year. Large population with good quality will be a very beneficial asset for development. However, a large population with low quality, can actually be a heavy burden [1].

The economic crisis can increase the number of commercial sex workers (CSWs). Because of their nature and behavior and most of them do not use contraception while doing their job, CSWs become potentially infected and transmitted sexually transmitted diseases (STDs) such as HIV-AIDS (Human Immunodeficiency Virus-Acquired Immune Deficiency Syndrome). A commercial sex worker is someone who gives services to have sex for money. In Indonesia, commercial sex workers are often referred to as prostitutes which shows that the behavior of prostitutes is very bad, despicable and an enemy of society [2].

Prostitution in Indonesia has expanded. The number of CSWs is estimated at around 40,000-70,000 or even more. Prostitution in Indonesia is estimated to increase continually. The practice of child prostitution in Indonesia is also getting

worse that it is truly worrying and disturbing and must be dealt with seriously and should involve all parties [3]

The increase number of sex workers in Indonesia is not a phenomenon that appears by itself. The background to the occurrence of this job is partly because of poverty and fulfillment of life needs, dissatisfaction with the work being done and insufficient income. In other hand, it also occurs because they do not have enough intelligence to be the part of the formal sector or to continue to higher education levels. It also leads by broken or incompleteness in family life, such as an unnoticed child and lack of parental love, heartache after left by a cheating husband or remarried, dissatisfied with her previous sexual life, or has a physical disability [5].

Yogyakarta is one of the cities that has illegal informal sector activities such as prostitution in Pasar Kembang. Pasar Kembang is a location for prostitution that has been running since the colonial period. The location of Pasar Kembang as a prostitution site is quite interesting, because it is located in a village [6].

Due to the activities of commercial sex workers who do not use contraceptives, it causes and spreads venereal and skin diseases. The most common diseases are Syphilis and Gonorrhoea, HIV/AIDS and the occurrence of unwanted pregnancy. If the disease does not get perfect treatment, it can cause physical and spiritual disabilities in themselves and their offspring [7]. On the other hand, unprotected sex will lead to unwanted pregnancy. An unwanted pregnancy will encourage them to conduct unsafe abortions that will threaten their life.

The use of contraception is very necessary because it is not only preventing pregnancy but also protecting from Sexual Transmitted Disease. Commercial sex workers also combine the use of condoms with additional contraception as a dual prevention because condom use has a high failure rate. They choose contraception such as taking birth control pills, progestin injections and combination injections. Most of commercial sex workers have difficulty determining the choice of contraception. This is not only because of the limited methods available, but also because of their ignorance of the requirements and safety of these contraceptive methods [8].

Based on the data from Puskesmas (Primary Health Center) Gedongtengen in 2017, CSWs in Pasar Kembang Area who were infected with STIs (sexually transmitted

infections) were 324 people, 28 of whom were positive for syphilis. While the data in 2018 shows that CSWs who were infected by STIs were 423 people. The most sexually transmitted diseases that occur in CSWs were syphilis with as many as people and Gonorrhoea as many as 164 people.

Based on the Minister of Health Regulation No. 74 of 2015 concerning the Efforts to Improve Health and Prevent Disease, Article 5, Article 17, Article 24 paragraph (1) and paragraph (2), Article 28 paragraph (1) and paragraph (2), based on the analysis of Minister of Health Regulation number 74 of 2015 concerning efforts to improve health and prevent disease, it can be concluded that, health workers have an important role in the provision of health services.

Most commercial sex workers have difficulty determining the choice of contraception. This is not only due to the limited methods available, but also because of their ignorance of the requirements and safety of these contraceptive methods.

The role of midwives in dealing with this problem is to provide health services and provide counseling or information about using contraception wholly, introducing benefits and side effects of contraception to increasing the rational thinking of the commercial sex workers about positive sexual behavior. Midwives play a role as the executors of basic service levels that act as the main door for early detection of various health complaints including reproductive health in commercial sex workers by providing health education.

This study aims to determine the use of contraceptives in commercial sex workers in Pasar Kembang in Yogyakarta City Flower Market in 2019. This type of research is qualitative descriptive with cross sectional design. The population in this study were all commercial sex workers in the Yogyakarta City Flower Market Area in 2019. The sample in the study were 30 commercial sex workers with sampling techniques using accidental sampling. Data collection using questionnaires. The statistics used are percentage analysis.

II. RESULT AND DISCUSSION

Pasar Kembang (Sarkem) is located in Gedongtengen District, precisely at RW 03 Sosrowijayan Kulon. It is located in the center of Yogyakarta City, right behind Malioboro hotels and shops. Sarkem was founded in 1818 during the reign of the Dutch East Indies. Pasar Kembang activities are carried out every day started at 17.00-04.00 WIB.

TABLE I. FREQUENCY DISTRIBUTION BASED ON RESPONDENTS CHARACTERISTICS OF RESEARCH RESULTS IN PASAR KEMBANG AREA IN YOGYAKARTA CITY

No	Characteristics	F	%
Contraceptive Method used by			
1.	CSWs		
	1.Pills	7	23.3 %
	2.Injection	4	13.3 %
	3.Implant	0	0 %
	4.IUD	0	0 %
	5.Multi	19	63.3 %
Contraception			
2.	Age		
	> 20-35 years old	11	36.7 %
	> 35 years old	18	60 %
Education			
3.	1.Primary	25	83.3 %
	2.High School	4	13.3 %
	3. University/Academic	1	3.3 %
Marital Status			
4.	1.Married	10	33.3 %
	2.Not married	6	20 %
	3.Divorce/Widow	14	46.7 %

Table describes the data of contraceptives commonly used by participants are condoms and injections with as many as 10 respondents (33.3%). The majority of CSWs were in the age of > 35 years old (18 respondents/ 60.0%) and the youngest was <20 years with 1 respondent (3.3%). In terms of their educational background, most of them or 25 participants (83.3%) had basic education (elementary / junior high) and only 1 (3.3%) had higher education degree. Based on their marital status, the majority of participants (14 respondents/ 46.7%) were divorcees or widows and the lowest was unmarried with 6 respondents (20%).

TABLE II. CROSS TABULATION OF AGE-CONTRACEPTION METHODS USED BY COMMERCIAL SEX WORKERS (CSWs) IN THE PASAR KEMBANG AREA, YOGYAKARTA CITY IN 2019.

Contraceptive Method	Age			Total %
	< 20	20-35	>35	
Pill	0	3	4	23,3%
Injection	0	1	3	13,3%
IUD	0	0	0	0%
Implant	0	0	0	0%
Condom	0	0	0	0%
Condom and Pill	1	4	4	30%
Condom and Injection	0	3	7	33,3%
Condom and Implant	0	0	0	0%
Condom and IUD	0	0	0	0%
Total	1	11	18	100%

Source: Primary Data 2019

Most of the commercial sex workers (60%) who use contraception were in the age of > 35 years and 23.3% of them used Condom and Injectable contraceptive method.

Meanwhile, only one respondent aged <20 years used condom method and pill.

Study revealed that most CSW's customers in Depok used condoms [9]. In line with Destriani's research (2018) [10], CSWs used 3-month KB injections to prevent pregnancy. The free sex lifestyle among commercial sex workers is potentially at risk for contracting sexually transmitted infections such as Gonorrhea, Trichomoniasis, Genital Herpes, HIV Infection and Syphilis. Thus, the use of condoms is very important for the protection and prevention of sexually transmitted infections and HIV and AIDS. Almost all of them prefer contraception that is reversible (back) such as injections and pills. And, they do not prefer to use long-term contraceptive methods such as Implant or IUD because in their normal life they also want to have children and family.

The result of study [11], that commercial sex workers feel that STI is not a serious disease because it can still be cured using a doctor's medicine. Their understanding is that STIs are said to be serious when they enter the AIDS phase. This shows that concern for one's own health is still low.

Based their age range, most respondents were in the adult age category. Age is one of the factors that can describe a person's maturity physically, psychologically and socially, and describe maturity in thinking and making decisions [12].

In line with the theory stated by [8], women over 35 years old need safe and effective contraception because this group will have a risk of morbidity and mortality if they are pregnant. Combination pills or combination injections can be used safely by clients aged > 35 years old until menopause, if there are no other risks.

Along with increasing age as more mature or in this study in the old category, a lot of learning processes obtained from the journey of individual life as a social and cultured creature. And, it has a position and an important role for her life [13]. The results showed that most respondents used contraception in a combination of condoms and injections, so the awareness of the respondents encouraged them to behave well. Respondents stated that their customers also agreed to use condoms because they did not want to be infected with sexually transmitted infections or HIV/ AIDS. Routine health checks are also needed because the free sex lifestyle is very susceptible to HIV. Condom use alone is not enough because condoms have a high failure rate in delaying pregnancy. So, most of the commercial sex workers also use injection contraception and pills as double protection in delaying pregnancy.

Condoms are the best contraception that can currently be used as a first step to prevent STIs. Using condoms will provide more security for sex workers in conducting sexual transactions than not using them at all especially CSWs who already have a high-risk factor of STIs such as long time working, older age, and a large number of sexual partners.

Condoms can double function, in addition to preventing pregnancy, also serves to prevent transmission of HIV / AIDS. Most commercial sex workers have difficulty in determining the use of contraceptives. Not only because of the limited methods available, but also because of their

ignorance of the requirements and safety of these contraceptive methods [14].

TABLE III. CROSS TABULATION OF CONTRACEPTION METHOD AND BACKGROUND EDUCATION COMMERCIAL SEX WORKERS (CSW) AT PASAR KEMBANG, YOGYAKARTA IN 2019

Education Contraception Method	Basic (primary / middle)	High School	Higher Education	Total %
Pill	5	1	1	23,3%
Injection	2	2	0	13,3%
IUD	0	0	0	0%
Implant	0	0	0	0%
Condom	0	0	0	0%
Condom and Pill	8	1	0	30%
Condom and Injection	10	0	0	33,3%
Condom and Implant	0	0	0	0%
Condom and IUD	0	0	0	0%
Total	25	4	1	100%

Source: Primary Data 2019

The results of the cross tabulation of contraceptive methods and educational background in commercial sex workers shows that the majority of respondents with basic education level (primary and middle school) (33.3%) used Condom and Injection contraceptive method. The results of this study indicate that there were no respondents who used contraceptives, IUDs, Implants, and Condoms. Respondents said that no one used an IUD because they felt uncomfortable.

Education is one of the factors that influence the level of contraceptive use. Researchers assume that the level of education with the use of contraception is very influential. Someone who has higher education will increasingly capture or obtain information and more easily receive information.

Observed that women who become CSWs are indeed born and raised in poor environments. Their parents had weak character and low education, low moral standards and unwise providing disciplined formation, so it cannot be accounted for [15].

Education can support or influence the level of knowledge of CSWs about the importance of using contraceptives. And, low level of education is always associated with limited information and knowledge. the higher the level of education the higher the understanding of CSWs of information obtained so that their knowledge will be higher.

Cross Tabulation of Contraceptive Method and Marital Status in Commercial Sex Workers (CSW) at Pasar Kembang, Yogyakarta in 2019.

Contraceptive method	Married	Not Married	Divorced/Widow	Total %
Pill	2	2	3	23,3%
Injection	1	2	1	13,3%
IUD	0	0	0	0%
Implant	0	0	0	0%
Condom	0	0	0	0%
Condom and Pill	4	1	4	30%
Condom and Injection	3	1	6	33,3%
Condom and Implant	0	0	0	0%
Condom and IUD	0	0	0	0%

Total	10	6	14	100%
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Source: Primary Data 2019

From table it can be seen that the majority of respondents (33.3%) used condom and injection with the status of divorce / widow. Which showed that the highest proportion of CSW marital status was divorce or 71.1% divorced and 28.9% married. The status of a widow with the burden of having to bear and support a child insisted them to look for as many customers as possible to get money so that they can continue to support their families. This socio-economic factor is potential to accelerate the spread of sexually transmitted infections and HIV & AIDS.

The pointed that the highest proportion of CSW marital status was divorce or 71.1% divorced and 28.9% married. They do the work and keep it a secret from their families in the village. The average of CSWs who are in Sarkem (a popular call of Pasar Kembang) come from outside the city of Yogyakarta and come from villages. Marital status (divorced or widowed) made the CSWs never reject customers even without using condoms. Therefore, marital status also influences contraceptive use. Marital status is one of the external factors that indirectly influences the intention to engage in risky sexual behavior. From the results of this study, it can also be derived that women who work as CSWs are the family backbone who support themselves and the family around them to meet their daily needs.

III. CONCLUSION

The highest contraceptive method used by commercial sex workers is a condom and injection method (33.3%). The majority of respondents (60%) were in the age of > 35 years. The majority of respondents (83.3%) had basic education (primary and secondary). The majority of respondents' (46.7%) marital status was widowed and 66.7% have worked as CSW in the long duration category (> 3 years).

It is recommended that CSWs use multiple contraceptives to protect themselves from unwanted pregnancies and sexually transmitted diseases. Checking health regularly to health workers is also very important to know the health status and as an early prevention of disease. Health workers, especially midwives, should focus more on

providing health information to individuals, families, communities, especially to CSWs, as well as providing regular counseling, especially in matters concerning contraceptive use.

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