Limited Use of Health Facilities among Commercial Sex Workers after the Closing of Red-areas

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Abstract: Women's health directly affects the health of children they conceived and they gave birth. Women's health is often forgotten and women are just objects on behalf of "development" such as family planning programs and population control. Currently, some red-areas have been closed, and it is feared that if those sex workers do not have a good understanding of their reproductive organs, they will have a negative impact on the community after the closure of the red-areas. Therefore this research aimed to know the knowledge of the sex-workers about the health of their reproductive organs. This research also aimed to know how the sex-workers utilize the health facilities after the closing of the red-areas. The methods of data collection were interview and observation. The location of this research was in Dupak Bangunsari, Tambakasri, Moroseneng, Kalkah Rejo, Jarak and Dolly. The informants of this research were the former sex-workers located in the study sites and health workers who had duties in the neighborhood. The analysis was done after all interviews and observations were obtained, and we compiled a report while analyzing the research data. The results shows that many of the prostitutes have minimum knowledge about HIV / AIDS and infectious diseases in human reproductive organs. Access to health facilities has been provided, but not well utilized, especially after the closure of the red-areas in Surabaya, where most prostitution practices take place illegally. It can be concluded that proactive steps should be taken by health professionals to provide knowledge on reproductive and infectious diseases, and how to maintain those women's reproductive organs' health; to the active sex-workers after the closure of the red-areas. Given the fact that it is increasingly difficult to monitor their existence, this is a warning for the government in facing one of the negative impacts of closing the red-areas in Surabaya.

1 INTRODUCTION

Development in the field of health aims to enhance public health status (Marmot, 2005). For the sake of achieving a high degree of health, women as one of the recipients of health facilities, is a family member who must play an important role in the family (World Health Organization, 2003), so that children grow up well to adulthood. Therefore, women should be given attention because women are facing different health problems that men face with regard to their reproductive function.

Women's health directly affects the health of children they conceive (Shaw et al., 1995). Women's health is often forgotten and women are just objects on behalf of "development" such as family planning programs and population control. The issue of women's reproductive health has become an international agenda in which Indonesia agrees on the outcomes of the Conference on Reproductive Health and Population in Beijing and Cairo.

To achieve the international agenda mentioned above, reproductive health problems in Indonesia should be resolved. Data from Surabaya City Health Office show that the number of HIV / AIDS cases in Surabaya are quite high (Riono, and Jazant, 2004), especially in some areas such as Sawahan, Wonokromo, Krembangan, Pabean Cantikan and Benowo; where the red-areas are located. The Health Office of Surabaya City found cases of HIV / AIDS in those areas, as an impact of the existence of prostitution localization. The HIV/AIDS came from the red-areas and the area of Kedungdoro, Rungkut, Gubeng and Sukolilo, which have many entertainment business. The Surabaya City Health Office assumes that HIV/ AIDS spread through men

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who become infected with HIV through sexual contact with Commercial Sexual Workers (CSWs), and become a source to the spread of HIV in the community.

HIV / AIDS case in Surabaya is getting higher. There are 254 cases of HIV / AIDS sufferers in Surabaya, and 40% of them are in their productive age. Among those 254 cases, 30% of them are housewives, and the remaining 30% are employees. After the closing of the red-areas, Surabaya City Health Office (SCHO) checked 486 people of CSWs. The SCHO found 45 CSWs were HIV positive, but they were not new patients. Most of the came from other cities such as Bandung, Indramayu, Malang and Jember.

One of the targets of Millennium Development Goals (MDGs) is reducing the number of HIV/ AIDS (Haines, and Cassels, 2004). Indonesia is committed to reduce HIV/ AIDS sufferers to at least under 0.5 percent (Kompas, Saturday, 26 November 2011). HIV/AIDS is closely related to the health of the reproductive organs of women. The health of the reproductive organs is closely related to the quality of life of women.

Meanwhile, poverty is very influential to the health of women's reproductive organs, and the quality of their life. The inability to access information related to reproductive healthcare, buying a quality contraceptive device, and paying for an ultrasound service; and ignorance of information related to reproductive healthcare, result in the neglect of women's reproductive organs, including suffering from HIV/AIDS that causes very high mortality (Guadamuz et al., 2015). The mortality is among the highest in ASEAN (307:100,000). Reproductive organ health is one of the cornerstone programs in every country. This is very much in line with the millennium development goals that Indonesia must achieve.

CSWs' access to health facilities is closely linked to the decreased transmission of certain diseases in the community, such as HIV/AIDS, and transmittable reproductive organ diseases. Therefore it is interesting to know, how is the CSWs', and former CSWs' access to health facilities?

2 METHODS

This study employs a descriptive approach to analyze the data. Actions and behavior are observed, and to be analyzed qualitatively.

The research sites of this study were in Dupak Bangunsari, Tambakasri, Moroseneng, Klakah Rejo, Jarak, and Dolly. The researchers chose those areas under the consideration that the six areas of localization were: 1. It is the "hotspots", as it had operated as red-areas for a long time; 2. The six red-areas were the target of East Java Governor Soekarwo through the Decree number 260/15612/031/2011, dated December 20, 2011 and East Java Governor's Decree Number 460 / 15612/031/2011 for immediate closure of localization designed until 2014; 3. The six localization is suspected by the Governor of East Java as the center of the increasing HIV/AIDS in Surabaya.

Some data were from the observations made through social interaction, to find out how the access of CSWs in reproductive organs health services. Thus the researcher can study it, and interpret it.

The data were also obtained from in-depth interviews. The researcher composed some basic questions as a guide to start the conversation. The next question is based on the answer to the main question. To support an in-depth interview, the researcher uses another tool, the diary, which is divided into two: 1) a diary on research activities and 2) a diary on interview results. The interview was recorded and some notes were made to help highlighting the important informations.

In addition to in-depth interview and observations, we gathered data available in the districts, sub-districts, Posyandu—Integrated Health Service Unit, Statistical Center, Health Centers, Education Center, and NGOs in the research locations.

The informants of this study were 23 (twenty three) informants consisting of six CSWs and former CSWs, and two pimps who own karaoke houses and are still operationalizing their CSWs after the closing of the red-areas. Other than those, we interviewed two heads of Dupak and Moroseneng Health Centers, three staff employees who examines the health of reproductive organs among sex workers and former CSWs. We also interviewed the Head of Kampongs (RW) in those areas. We interviewed staff members from Embun Foundation that is concentrating on the development of communicable diseases and HIV/AIDS among CSWs in six red-areas in Surabaya. We also interviewed one member of FPL--Front of Localization Defenders, who refused the closing of the red-areas.

The analysis was performed on data derived from the observations, in-depth interviews, and documentation. The collected data is then classified. Furthermore, after classification, the researcher makes the interpretation by giving meaning to the

theme and sub theme, and searching the correlation between data.

3 RESULTS AND DISCUSSION

3.1 The Read Areas in Surabaya

The largest red-area is located on Jl. Jalan Kupang Gunung Timur V Raya and Putat Jaya Sawahan subdistrict. It is well-known as "*Gang Dolly*"—Dolly alley—since the 1960s.

Dolly area is not far from the transportation hub and the inter-city and inter-provincial transportations, making it easier for people to come and go. Of the six red-areas in Surabaya, Dolly is the largest. In fact, it is the largest in Southeast Asia.

Dolly's *wisma*—brothels—have a dramatic way to show off sex workers by putting them in large display areas, just like merchandized goods.

Other large prostitution areas in Surabaya are Jarak and Putat. Each region has *wisma*s. Every *wisma* operates under the supervision of a *mucikari*—a pimp.

Usually villagers who live in the same area do not want to get too close to the sex workers. When the sex workers have problems, the villagers do not want to be involved. This may be because the sex workers also tend to distance themselves to the villagers. However, the local community often initiated religious activities, asking the sex workers to attend them. They think that they are helping the sex workers to stop being sinners.

Tambakasri area is known as Kremil. The customers in Kremil usually are lower classes, especially crew members in Tanjung Perak. The *wismas* in Tambakasri tend to blend in with the residential houses.

In West Surabaya, 15 km from the city center there is Moroseneng Complex. Adjacent to this is another prostitution complex, in Klakah Rejo Village. Both localizations are usually for the middle class.

After the closure of these red-areas, the situation has changed greatly. Now the activities of sexual transactions are not done blatantly in those areas. The activities tend to be concealed, and are assisted by modern gadgets and social medias.

3.2 The Knowledge of CSWs: Contagious Diseases and HIV/AIDS

Based on interviews we find that in general CSWs do not have accurate knowledge of reproductive organ's health, and sexuality. In addition they also do not access to reproductive organ health services, and information. Information is usually only obtained from friends or media, which often is inaccurate. This is why the CSWs are vulnerable to reproductive organ health problems such as STDs, HIV/AIDS, unsafe abortions, and others that may result in death. Furthermore, this brings risks to other women who get the diseases from the husbands.

According to UNICEF in 2000, if all CSWs have access to effective reproductive organ health information, it is estimated that the disease will decrease by 50%. CSWs often do not protect themselves from reproductive organ health problems due to lack of information and autonomy to decide or negotiate before intercourse. For example, CSWs are unable to persuade their sexual partners to use condoms.

According to UNAIDS (Shane and Ellsberg, 2002), risky behaviors such as having more than one sexual intercourse partners, causes STDs to be spread to others. Integrated Health Services for HIV/AIDS preventions can reduce STDs through counseling, to enable them to discuss their problems with health personnels.

Sexually transmitted diseases, or STDs, are infectious diseases that can be transmitted from one person to another through sexual activities (Bull, and McFarlane, 2000). According to the Centers for Disease Control (CDC) there are more than 15 million cases of STDs reported per year. Women and young adults--15-24 years-- are the age group with the highest risk of becoming infected with STDs, 3 million new cases each year are from this group.

Nearly all STDs can be treated. However, even though treatable, STDs such as gonorrhoea have become resistant to many older versions of antibiotics (Ventola, 2015). Other STDs, such as herpes, AIDS, and genital warts, all of which are STDs caused by viruses, can not be cured. Syphilis, AIDS, genital warts, herpes, hepatitis, and even gonorrhoea have all been known that they can cause death. Some STDs may persist such as Pelvic Inflammatory (PID), cervical cancer, and pregnancy complications.

It is important to note that sexual activities are not only sexual intercourse through the genitals. Sexual activities also include kissing, oral-genital contact, and the use of "sexual toys", such as vibrators. In fact, there is no sexual activity that is "safe sex". The only true "safe sex" is sex in the context of a monogamous relationship in which both

individuals are free of the STD. Most people consider kissing as a safe sexual activity. Unfortunately, syphilis, herpes and other diseases can be transmitted through kissing. Condom is considered to be a good protection against STDs. Condom is very useful in preventing the contamination of some diseases such as HIV and gonorrhoea.

All CSWs are vulnerable to health problems, especially infectious diseases and HIV/AIDS. Venereal diseases are sexually transmitted diseases (STDs). Some of the type's diseases are syphilis, gonorrhoea, bubo, fungus, herpes, hepatitis B, and HIV/AIDS (Malla, and Goyal, 2012). Almost all informants mentioned that they had experienced itching on their genitals. Data obtained from several Health Centers around the red-areas mentioned that many sex workers came to get treatment for sexually transmitted diseases, including gonorrhoea and syphilis.

One of the informants (Wwk, 38 years old) said:

> *"When I give service to my customer, it is up to him whether he wants to use condom or not. But mostly they don't want to use it".*

The informant said that she never examined her reproductive organs because she thought she did not have to do it. Now she is one of the sex-workers who is having HIV/AIDS.

3.3 Health Facilities in the Red-areas

Surabaya City Health Office through Health Centers in the former red-areas are still open for visits from CSWs who are still living in the region or who have been repatriated to the area of origin.

In their home regions, they are reluctant to conduct health check-ups because many of them did not tell their families regarding their actual profession, so they are afraid that their profession will be known by the community or their families if they do a health check up in a Health Center in their home area of origin.

Despite a decrease in the number of visits to Health Center in the former red-areas, there was an additional Voluntary Counseling Test (VCT) service. Before the closure of the localization, there were only 4 Health Center that had VCT service program. Now after the closing of red-areas, VCT service was developed to 62 Health Center in Surabaya. The policy of the Surabaya city government in the context of HIV/AIDS prevention post-closing the red-areas is the development of VCT services to 62 Health Center in Surabaya. The presence of Health Centers in Surabaya equipped with Voluntary Counseling Test (VCT) makes the existence of HIV/AIDS patients to be quickly detected. This VCT test is voluntary. However, the CSWs are not easy to find, let alone coming voluntary.

The decrease in the number of visits to Health Center, especially for reproduction organs health examination, is recognized by the Head of Surabaya City Health Office. In order to avoid the spread of HIV/AIDS, there is a new facility in the Health Center--the clinic car. This clinic car will monitor a number of areas that are suspected to be CSWs community areas. This Clinic car conducts reproduction organ health check up in the morning, after coordinating with karaoke owner, café, or discotheque. Surabaya City Health Office informs the arrival schedule of clinic car to karaoke, cafe or discotheque owners; so that the information is forwarded to the CSWs; so that they do not go home right away in the morning, and will do a health check-up. However, this policy does not work well. The clinic car according to the Director of "Yayasan Embun" Surabaya is unable to perform well.

Surabaya City Health Office, NGO and Surabaya Tourism Office have conducted MoU on reproductive organ health examination in order to prevent the spread of HIV/AIDS in Surabaya. For the implementation of the MoU, the government invited 82 owners of entertainment venues and massage parlors, but only 29 came. Of the 29 owners of entertainment venues and massage parlors, only 23 who approved and were willing to sign the MoU.

The karaoke owners resist to the car clinic because: 1) they said the have their own doctor, 2) the CSWs are restless and worried when the car clinic is there, and 3) the car clinic intrude the regular activities. Therefore the car clinic can not be implemented as expected in the MoU.

It seems that the Provincial Health Office as a leading sector is not optimal in monitoring, coordinating and supporting each other with the local District Health Office at the origin of CSWs. Lack of monitoring has caused data surveillance to be inaccurate. They have difficulties to intervene, so that the target is not achieved. Data Surveillance is intended as a strict monitoring attempt to HIV/AIDS sufferers. When they found someone as an HIV/AIDS sufferer, a prompt action can immediately be carried out to isolate, or control the spread of the disease.

After the closing of the red-areas, cafes and karaoke popping up at the former locations,

including in Sememi (Moroseneng), Klakah Rejo, Tambakasri (Kremil), and Dupak Bangunsari.

Surabaya Tourism Department should also be involved in preventing the new form of CSWs. Call girls make their sexual transactions in hotels, cafes and karaoke, because they already have networks with customers. However, they are not detected by the health authorities, and they do not have their health checked. This causes the susceptibility of transmission of STDs and HIV/AIDS to increase.

Relocalization makes many prostitutes to be repatriated to their hometown, or have to work as prostitutes elsewhere. This has caused the area has become more vacant, including the Health Center. According to Ty (30 years old):

"The difference is just.., in the past, when we came here, there was a long line. We could meet our friends who were doing the same. Now, we can't do that…."

The knowledge of CSWs about HIV / AIDS is only 21.25%, out of 85% target. The use of condom is as low as 35.65%.

The awareness of some informants in using condom is very high. However, they can not force their customers to use condoms. Their weak position makes them unable to insist that customers who refuse to use condoms. In the meantime they do not conduct check-ups at the health facilities, for various reasons. This is also happening in Nepal (Ghimire, and Van Teijlingen, 2009). Overcoming the problem of sexually transmitted diseases, among others, is to conduct regular health check-ups at the nearest health center. The CSWs who are now doing the practice illegally are reluctant to do the health check-up for fear that they are discovered practicing it illegally.

Guidebooks for the health of women's reproductive organs need to be distributed as modules and pocket books. This handbook should focus more on improving women's knowledge on reproductive organs health; including materials such as causes and consequences of certain sexual behavior. Information on service facilities should be written at the booklets.

An Integrated Health Clinic should be established to open access and information on reproduction organs health. Services for people especially marginalized women are needed, to give them the right on maintaining reproductive organs health, and to gain knowledge to maintain them. The target of this clinic is marginalized poor women--including former CSWs, who have low income levels.

4 CONCLUSIONS

It can be concluded that the knowledge of CSWs is very minimum, about the health of women's reproductive organs, because of reluctance to find them out from health offices. Therefore, it is necessary for the health services providers to be more proactive in providing knowledge for them. Otherwise it will have a negative impact on the community. This impact is due to the occurrence of disease transmission, indirectly to partners, and possibly to the child conceived.

The effort to be more proactive is now more difficult, because the closing of the red-areas has caused the difficulties to find the illegally practising CSWs. The government needs to be ready for the impact in the coming years.

REFERENCES

Bull, S.S., McFarlane, M., 2000. Soliciting sex on the Internet: what are the risks for sexually transmitted diseases and HIV? *Sexually transmitted diseases*, 27(9), pp.545-550.

Ghimire, L., Van Teijlingen, E., 2009. Barriers to utilisation of sexual health services by female sex workers in Nepal. *Global Journal of Health Science*, 1(1), p.12.

Guadamuz, T.E., Cheung, D.H., Wei, C., Koe, S., Lim, S.H., 2015. Young, online and in the dark: scaling up HIV testing among MSM in ASEAN. *PloS one*, 10(5), p.e012665

Haines, A., Cassels, A., 2004. Can the millennium development goals be attained? BMJ: *British medical journal*, 329(7462), p.394.

Malla, N., Goyal, K., 2012. Sexually Transmitted Infections: An Overview. In *Sexually Transmitted Infections*. InTech.

Marmot, M., 2005. Social determinants of health inequalities. *The Lancet*, 365(9464), pp.1099-1104.

Riono, P., Jazant, S., 2004. The current situation of the HIV/AIDS epidemic in Indonesia. *AIDS education and prevention*, 16(Supplement A), pp.78-90.

Shane, B., Ellsberg, M. (2002). Violence against women: effects on reproductive health. *Outlook*, 20(1), 1–8.

Shaw, G.M., Wasserman, C.R., O'Malley, C.D., Tolarova, M.M., Lammer, E.J., 1995. Risks of or facial clefts in children born to women using multivitamins containing folic acid periconceptionally. *The Lancet*, 346(8972), pp.393-396.

Ventola, C.L., 2015. The antibiotic resistance crisis: part 1: causes and threats. *Pharmacy and Therapeutics*, 40(4), p.277.

World Health Organization, 2003. Primary health care: 25 years after ALMA-ATA.