

Qualitative Study: High-Risk Sexual Behavior and Prevention of STD and HIV/AIDS Among Female Sellers at Sindhu Market Sanur, Bali

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Abstract

Previous Research showed that having multiple sex partners was a risk-taking behavior that caused the susceptibility of getting STD and HIV/AIDS among female sellers in the market. However, this high-risk behavioral pattern has not been explained. The aim of this study was to understand the pattern of risky sexual behavior and the pattern of prevention of STD and HIV/AIDS among female sellers. This study was conducted by qualitative method, and the respondents were chosen by purposive sampling method. Twenty female sellers in Sindhu Market aged 18 to 45 years old who were sexually active agreed to be the key informants for this study. Data on risky sexual behaviours and pattern of prevention of STD and HIV/AIDS were collected by in-depth interview and were analysed thematically. Results showed that 7 out of 20 female sellers conducted risky sexual behavior by doing premarital sex and having multiple sex partners without using condom. Most of the informants used vaginal wash and betel soap to prevent STD and HIV/AIDS, and some even checked themselves to the health center for medication.

Keywords: Risky behaviour, STD, HIV/AIDS, Seller, Sanur

Abstrak

[Studi Kualitatif: Perilaku Seksual Berisiko dan Pencegahan IMS dan HIV/AIDS pada Pedagang Perempuan di Pasar Sindhu Sanur, Bali]

Penelitian sebelumnya menunjukkan bahwa perilaku berisiko yang menyebabkan pedagang perempuan di pasar rentan terhadap penularan IMS dan HIV/AIDS adalah berganti-ganti pasangan seksual, akan tetapi belum dijelaskan secara mendalam pola perilaku berisiko tersebut. Tujuan penelitian ini adalah untuk mengetahui pola perilaku seksual berisiko dan pola pencegahan IMS dan HIV/AIDS pada pedagang perempuan. Penelitian ini menggunakan metode kualitatif dengan pemilihan responden dipilih secara purposive sampling. Sebanyak 20 pedagang perempuan di Pasar Sindhu Sanur dengan rentangan umur antara 18-45 tahun, sudah pernah melakukan hubungan seksual, dan bersedia ikut dalam penelitian ini dijadikan informan kunci. Data tentang pola perilaku seksual berisiko dan pola pencegahan IMS dan HIV/AIDS dikumpulkan dengan cara wawancara mendalam yang dilakukan peneliti sendiri dan data dianalisis secara tematik. Pada hasil penelitian didapatkan 7 dari 20 pedagang perempuan berperilaku seksual berisiko dengan melakukan seks pranikah dan berganti-ganti pasangan tanpa menggunakan kondom. Sebagian besar menggunakan pembersih vagina dan sabun siri dalam upaya pencegahan IMS dan HIV/AIDS, bahkan ada yang membawa ke pelayanan kesehatan untuk melakukan pengobatan.

Kata kunci: Perilaku seksual, IMS, HIV/AIDS, Pedagang, Sanur

INTRODUCTION

Sexual transmitted Diseases (STD) and Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) are still health issues in the community around the world, both in de-

veloped and developing countries.⁽¹⁾ The true incidence or prevalence in many countries are unknown. Based on WHO, the number of new cases of STD and HIV/AIDS tends to increase time to time.⁽²⁾

Low risk population such as female sellers and housewives who are having STD and HIV/AIDS are considered as victims.⁽³⁾ This fact indicates that female, especially women of low risk group such as housewives, sellers, farmers and others do not have good knowledge about STD and HIV/AIDS, including the actions for the prevention. The main strategy to decrease the STD and HIV/AIDS cases is by prevention.⁽⁴⁾

Sindhu market in Sanur Village, Bali is a traditional market located in tourism area which is heavily visited by domestic and international tourists. There are a lot of female sellers in this market. Data from Reproductive Health Clinic in this area showed that there was an increase of STD and HIV/AIDS cases in women.⁽⁴⁾ The same data were found in a Clinic in Badung Market where the case of STD and HIV/AIDS in women was also high.⁽⁵⁾ Based on the issue above, this study was conducted on female sellers with the aim to understand the pattern of risky sexual behavior and the pattern of prevention of STD and HIV/AIDS among female sellers in Sindhu Market, Sanur Bali.

METHOD

Qualitative study based on phenomenology approach was conducted in Sindhu Market of Sanur involving female sellers. Twenty female sellers in Sindhu Market of Sanur aged 18-45 years old who have ever done sexual intercourse and willing to be interviewed were included in the study. Respondents were chosen by purposive sampling, following the personal approach to the seller by the researcher. The interview was carried out after the sellers were done with their selling activities or when they were idle in the market. Collected data included demographical data, social data, history of dating, history of marital relationship, economy issue, sexual behaviour, knowledge and prevention on STD and HIV/AIDS. Data were collected by in-depth interview. The data collecting pro-

cess was carried out by recording the conversation followed by transcription process by researcher.

Data were analysed thematically with qualitative-verification analysis model, where after the data collection and transcription, the data were classified to formulate conclusions that referred to theories and references appropriate to the theme observed. This study was approved by the Ethic Commission of the Faculty of Medicine Udayana University and Sanglah General Hospital.

RESULTS

The level of participation of the informants were very good in this study. They were cooperative and were able to give informations needed by the researchers. In this study, it was found that 13 respondents were not at risk of getting STD and HIV/AIDS, while 7 respondents were at risk of getting STD and HIV/AIDS.

Respondents who were not at risk of getting STD and HIV/AIDS stated that they did not have boyfriend or partners and had never done sexual intercourse. Those who had already had partners stated that they were faithful to their partners and so were their partners to them. The interpreted quote of statements from the respondents are as below.

“Have never dating, sis. Never have sex as well. Planning just to work to get money. I still have a lot of loan.”

(KT, single, 21 years old)

“I only date my husband. So does my husband. We are faithful and never cheat. Cheating is a sin.”

(NU, married, 25 years old)

Most of the respondents who were at risk of getting STD and HIV/AIDS had done premarital sex without using condom. They believed that it is a normal and common thing to do among couples. The interpreted quotes of their statements are as

follow.

"The first sexual intercourse I did was before my marriage, sis. With my husband. Since before we get married we have been used to have sex and never use condom."

"Nowdays it must be common for people having sex first then married later."

(IN, married, 26 years old)

Beside of doing premarital sex marriage, respondents also had multiple sex partners. It was consensual based on reciprocal feeling, but they never used condom. The interpreted quotes of their statements are as follow.

"I have closed friend. Known him for long. He is a regular buyer of the pork that I sell. Have done sex once. Only once, then never again, sis. It turns out that he has a wife."

"Didn't use condom at that time. But the sperms were taken outside."

(NI, married, 24 years old)

There were also respondents who had multiple sex partners because of financial reasons.

"Yes, because I like him, love him. That's why I cheat"

(LE, single, 27 years old)

"My boyfriend is always busy, sis. But this guy is so kind. He is used to give me money, buy me clothes, watch, pay my rent, and a lot other things"

"Of course we had sex. About a week ago. Never use condom, sis. He doesn't like. He is not satisfied with condom, Hehehe..."

"Actually not really like him. Just playing around, as long as my everyday needs are fulfilled."

"Can't stand not having sex, sis. He then will no longer paying my expenses."

"We usually have sex in my kostan or rent a short time motel. There are a lot in Sanur."

(RA, single, 25 years old)

The respondents did not use condom during intercourse with temporary sex partner. They claimed that their partner did not like using condom and feeling unsatisfied using condom. Statements of the respondents is as follow.

"I never used condom with him. He said he didn't like it. He said it is less satisfying."

(AI, single, 18 years old)

There was a seller who were faithful to her husband, never used condom during sexual intercourse with her husband, however, her husband had multiple sex partners.

"I am faithful. My husband is a truck driver Java-Bali. Barely is home. Cheated on me for many times with a lot different women. Always changing partners. It makes me angry."

"When he cheats he said he doesn't use condom. Because my husband doesn't like using condom. He doesn't wear condom as well when he has sex with me. I want him to wear condom because he has a lot of mistresses. I am afraid of getting genital infections."

(KN, married, 43 years old)

"I have a boyfriend. But he has had wives already. He has 3 wives. Despite having wives, he still is a playboy. Sometimes guests who stay at his villa are also seduced. He is indeed rich."

"He said he often not use condom"

(GA, single, 35 years old)

In term of seriousness of STD, most of risk respondents perceived STD as a serious disease. They considered that STD is a serious disease like AIDS which is lethal and has not had cure until now, and also causing gaunt body. Respondents also perceived that STD is acquired from sexual intercourse with different partners and from tattoo needle. Below are the statements from the respondents.

“Serious. Sexual disease is like AIDS right? That causes skinny bodies, right? You can die soon. I have a friend who allegedly died of AIDS. She was a seller here too. But never seen her for so long. People said she got it from having multiple partners”

(KN, married, 43 years old)

“It is serious, sis. Because it has no cure, right? That disease is dangerous. I have neighbour who allegedly had AIDS and now had passed away. His body was very thin. Only skin and bones. He was so naughty, liked to hire prostitutes. Had tattoo in his body, his body was full of tattoo”

(DI, married, 26 years old)

Most of at risk respondents (5 out of 7) used vaginal wash or betel soap. The statements are as below.

“Yes, I let it be. But sometimes I clean it with betel soap, sis. Like the ads on tv. There are a lot of advertisements on vaginal wash.”

(AI, single, 18 years old)

“I just let it be. I frequently wash with betel soap or vaginal wash. Now it is better.”

(DI, married, 26 years old)

There were also respondents who went to health center to get medication (4 out of 7 respondents) Participants were examined on their genitals and got medicine from the health center. There were also re-

spondents who seek for check up more than once. Below are the statements from the respondents

“At first, I did nothing. Then I washed it frequently, but it was persistent. Because I can’t stand it no more, I went to the clinic near this market.”

“Got oral medicine and also medicine that applied to genital. The doctor said there was infection and fungal. Maybe because when I work I sweat a lot. So, there was fungi. After taking the medicine, it was getting better. Actually, I was asked to check up again if the medicine is finished. But I did not go.”

(NA, married, 31 years old)

“At first, I let it be. But because I can’t stand it, I went to ob-gyn in Sanur.”

“Doctor said it was infection. The doctor asked me to get my partner checked too. Both getting medication. But my boyfriend didn’t want to. He said we didn’t need to.”

“Yes, we got. Oral medicine and medicine that needs to be inserted in vagina.”

“Yes, I went for control, that’s why it is getting better.”

(GA, single, 35 years old)

There were also respondents who did nothing to their genital complaints (2 out of 7 respondents) Respondents did nothing and only rinse the genital. They tend to be busy selling their products and were confused on what to do. There were also respondents who were afraid to get themselves checked to the doctor because the invasive examination. They were afraid that the examination would be painful. The statements are as below.

"I just let it be, sis. I am so busy selling every day. I can't leave my stall."

(AI, single, 18 years old)

"I just let it be, sis, I don't know what to do."

(RA, single, 25 years old)

In preventing STD, respondents viewed that they have to be faithful to their partners, as their following interpreted quote.

"Yes, must be faithful to our partner. Don't cheat."

"Yes, the main thing is not changing partners. Must be faithful."

(PI, single, 24 years old)

Most of respondents who were at risk of getting STD had never taken HIV or VCT test (5 out of 7 respondents). They explained that they were afraid of taking their blood sample and were afraid of needle. There were also respondents who were convinced that they did not have HIV virus. Following is their statements.

"Never, sis. They said the test needs taking the blood. I am afraid if they take my blood. I am afraid of needle, sis."

(KR, single, 34 years old)

"Never sis. I am afraid to get the test. I am afraid of needle, sis."

(NI, married, 24 years old)

"Never sis. Why would I take that test? I am sure I don't have that disease."

(CA, married, 26 years old)

DISCUSSION

Low risk population acquire infection from their partners who are accustomed to have unsafe sex with other wom-

en. Couple with the disease do not want to reach out to their family, much more getting medical check. If they tell other people they are afraid to be abandoned. Factor influencing the high cases of STD and HIV/AIDS in low risk population is the perception of themselves as second class, thus do not have control to refuse or to choose their sexual partner.⁽⁷⁾ This risk is getting higher in low risk population, generally because of the patrilineal culture in Indonesia, making their position in the lowest rank. In some regions in Indonesia, STD and HIV/AIDS transmission may caused by having multiple sex partners, sexual activity in young age, and unprotected sex.⁽⁸⁾

Most of the respondents perceived that they were not at risk of getting STD and HIV/AIDS. They said that they did not have any physical complaints, therefore they were not at risk of getting STD/AIDS. Some also stated that they were faithful to their partners, thus they were not at risk of getting the STD and HIV/AIDS. They felt that if they keep changing sex partners, then they will be at risk of getting STD and HIV/AIDS.

Sellers in Sindu Market of Sanur were considered as low risk population. Health survey by Rama Sesana foundation in 2011 at 8 traditional markets in Denpasar found that the sellers were not afraid of getting infected with IMS and HIV/AIDS from their partners. Even though they knew that their partners had high risk sexual behaviours, they believed that it is impossible for them to get infected because they were faithful. In addition, even though they were afraid of getting infected, they did not use condom. It was because their partners did not like it or because they were afraid that their partners would be mad if they suggested using condom. Therefore, it is evident that sellers are susceptible group to get infected by STD/AIDS and they are also lack of understanding of prevention for the transmission of STD/AIDS.⁽⁵⁾

Regarding to the severity of STD and HIV/AIDS, most of the respondents

perceived that STD and HIV/AIDS are serious diseases. They said that STD and HIV/AIDS are lethal diseases and have not had cure yet, and also it causes the body to become skinny. They also stated that STD and HIV/AIDS are acquired from having sex with different partners and also from tattoo needle usage.

The perception of seriousness is one's perception towards the level of seriousness of the disease that one's perceive. The more severe the disease, the more threatening will one's feel. This threat will motivate one's to do disease prevention. One's perception of seriousness will affect on one's actions as a response. Some had perception that STD and HIV/AIDS transmission occur quickly and the symptoms will be apparent right away, however, STD and HIV/AIDS can be asymptomatic and the symptoms might only apparent after the stage of the infection is severe, caused by untreated infection or inappropriate treatment that leads to exacerbation.

This finding is in accordance with previous study which is analytical survey with qualitative and quantitative method in 2014 on perception of housewives on VCT test towards STD and HIV/AIDS prevention behavior in Kabupaten Banyumas. This study concluded that most of housewife assumed that STD and HIV/AIDS are serious diseases. The action of someone to seek for medication and disease prevention is motivated by the threat of the disease itself.⁽⁸⁾

Sexual behavior is the main determinant of sexual and reproductive health. Previous study on partnership and risky sexual behavior in England by comparing the prediction of behavioral pattern on population of National Survey of Sexual Attitudes and Lifestyles (Natsal) in 2000 (year 1999-2001) with Natsal in 1990 (year 1990-1991). This survey was conducted on men and women aged 16 – 44 years old living in England. This study was carried out by interview and the results was compared to respondents in Natsal 1990. The study found that the prevalence of risky behavior

was increasing compare to data of Natsal 1990. The increase of condom use for STD prevention was linear with the increase of risky sexual behavior in England.⁽⁹⁾

Regarding to prevention behavior towards the STD and HIV/AIDS, most of the respondents believed that they are able to avoid risky sexual behavior for STD and HIV/AIDS prevention. Participants stated that they were faithful to their partners. To prevent STD and HIV/AIDS, participants believed that they must be faithful.

A study in Kenya on the relationship between the risk of getting STD or HIV/AIDS and sexual behavior concluded that the relationship was unclear, even though the risk perception was regarded as important for the first step of behavioral change. This study used data from health and demography survey of Kenya in 1998 with logistic regression model. This study found that there was association between risk of getting STD, HIV/AIDS and risky sexual behavior, both in men and women. sociodemography, knowledge, age, marital status, education, occupation, residence, ethnic, Information on STD and HIV/AIDS, and the use of condom are influencing factors.⁽¹⁰⁾

Based on the findings above, we can see that risky sexual behavior in Sindhu Market of Sanur are premarital sex behavior and having multiple sex partners without using condom. Furthermore, there were respondents who committed sex on the basis of financial. This happened because of the lack of knowledge on STD and HIV/AIDS.

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