

## **FEMALE SEX WORKERS PERCEPTION OF FEMALE CONDOM UTILIZATION IN INDONESIA: BARRIER AND SOLUTION?**

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### **Abstract**

Female condoms can be an alternative to prevent HIV AIDS. But, not all female sex workers want to use it. Our study aimed to explore barriers to utilization of female condom. The study was the first to discuss about the use of female condom in Indonesia. The research design was a qualitative study was conducted in January to July 2017 in Yogyakarta, Indonesia. We selected eleven female sex workers, eleven customers, and one peer educator for in-depth interviews. This study results found three barriers to female condom utilization at female sex workers in Yogyakarta. Lack of understanding about female condoms because female sex workers considered the use of female condoms that were difficult and less comfortable than male condoms. In fact, female sex workers have a low bargaining position, were less empowered and heavily dependent on their customers on condom used. Most customers did not want female sex workers used female condoms because they felt uncomfortable. In addition, the number of well-qualified female condoms were very limited and costly causes the low used of female condoms in female sex workers in Yogyakarta. So that, however still barriers in female condom utilization, but it can be solution as empowerment women.

**Keywords: barriers, female condom, female sex workers, solution, utilization**

### **1. INTRODUCTION**

The increasing cases of HIV AIDS have been being a global health problem as proven that the sixth Millennium Development Goals (MDGs) target has not been achieved yet, followed by Sustainable Development Goals (SDGs) until 2030 [1 – 2]. The new HIV case in DI. Yogyakarta increased from 614 cases at 2014, 531 cases at 2015, and 736 cases at 2016 [3]. In October 2005 to December 2016, there were 700 FSWs (Female Sex Workers) in Yogyakarta, of which there were 90 cases of HIV-positive FSWs and 52 cases of FSWs who were already entering the stage of AIDS. It happens due to lack of awareness in preventing HIV transmission especially through condom use [4]. The low awareness of risk groups in condom use is caused by the lack of understanding that condom is only used by men [5 – 7].

Direct Female Sex Workers who always used condoms during sexual intercourse were 45%, and Indirect Female Sex Workers were 36% [8]. Meanwhile the regulation on HIV and AIDS Control has been stipulated on Permenkes RI (The Regulation of the Ministry of Health Republic of Indonesia) No 21 of 2013, and Semenkes RI (Circular Letter of Ministry of Health Republic Indonesia) No 129 of 2013.

In addition to, male condoms, there are female condoms as an alternative of it. So that, female condom can be empowerment woman. However, in reality, not all female sex workers want to use female condoms. This study is a type of implementation with exploration that aimed to explore barriers to utilization of female condom at Yogyakarta, Indonesia.

### **2. METHODS**

The study was conducted in Yogyakarta, Indonesia from January to July 2017. We conducted a qualitative study with a phenomenological approach that emphasized on study participants' subjective experience of a phenomenon. This approach was appropriate to address

our study aim, exploring the barriers to female condom utilization from the perspectives of the female sex workers, customer, and peer educator.

We selected a total of 23 study participants, including eleven female sex workers as informants, eleven customers, and one peer educator as key informants for in-depth interviews. The technique of sampling with a purposive sampling method, which means that it selects candidates based on ownership of the wealth of information the informant certain cases [9 – 11]. The next sampling technique done with a snowball sampling. The informant was obtained through the recommendation of a person or group, where the informant was seen to have important information related to research [11]. After researchers conduct interviews with peer educator, then researchers asking for her to connect to pimps and then pointing the female sex workers match criteria and was willing to be interviewed. Then, female sex workers as informant connect to customers.

Data were collected via in-depth interviews. For female sex workers and customers, the interviews were conducted at the participants's workplace. For peer educator, the interviews occurred at the AIDS Countermeasure Commission office. We also reviewed the records of the female condom demand and supply to confirm the frequency of female condom utilization. We offered the participants to conduct the interviews in Javanese or Bahasa Indonesia language. The interview guide covered topics on : female sex workers's knowledge and perception on female condom, utilization of female condom (when and how many), and the role of the customers and peer educator during the female condom utilization.

All interviews were audio recorded and written for the verbatim transcripts. Directed content analysis was conducted to evaluate the data. We used open code software to assist in extracting meaning units, codes, and categories from the verbatim transcript. We triangulated the information gathered from the female sex workers, customers, and peer educator to increase the validity of our results.

This study received ethical clearance from the Ethics Committee, Faculty of Medicine, Universitas Sebelas Maret, Surakarta, Indonesia. Besides that, an administrative procedure was followed before started the study. Participant had written individual informed consent, including their consent to record the interviews. Researchers kept informant identity confidential during data analysis and reporting.

### **3. RESULTS AND DISCUSSION**

Eleven female sex workers, eleven customers, and one peer educator (23 in total) participated in this study. Most female sex workers experienced to use female condom, and all of them did not use it regularly. Our analysis revealed three categories of barriers to female condom utilization at female sex workers in Yogyakarta : lack of understanding of female sex workers, lack of customer support, and limited female condoms with good quality.

#### **3.1 Understanding and perception of female condom at female sex workers**

Lack of understanding about female condoms because female sex workers considered the use of female condoms that were difficult and less comfortable than male condoms. This statement is supported by the following quotations.

“Female condom was not comfortable” (FSWs 5, 25 years old)

“I felt hot, stung, and itchy, so I only try it once.” (FSWs 3, 32 years old)

“I was afraid to fail, so I prefer used male condom than female condom...” (FSWs 4, 21 years old)

Nearly all informants female sex workers are less precise in explaining how to use, take off, and dispose of female condoms. This statement is supported by the following quotations.

“Use it affixed.”

Probe: then, how do I remove it?

“Yes removed ...”

Probe: how to dispose of used female condoms?

“Wrapped in plastic, then dumped into a trash can.”

(FSWs 1, 24 years old)

Other statement also describe female sex workers did not understand about female condom utilization.

“The utilization of female condom like a male condom.”

Probe: then, how do I remove it?

“Just removed.”

Probe: how to dispose of used female condoms?

“Only dumped into a trash can.”

(FSWs 2, 30 years old).

Some female sex workers do not want to use female condom anymore because it is less comfortable. The presence of female condom as a solution in the prevention of pregnancy and HIV transmission is based on the problem that the use of male condoms is very low in risky sex intercourse [12 – 14]. In addition, the presence of female condoms can empower women. Good acceptance is influenced by good knowledge, promotional efforts, training, good support, and the availability of female condoms [15 – 17]. The cross-sectoral cooperation among AIDS Commission, NGOs, health workers and people who care about AIDS are needed as an effort to prevent HIV transmission through health promotion. It is necessary to establish good acceptance of health interventions. In addition, health worker training and peer educator as the executors are also needed so that the interventions can function optimally and of course is balanced with the availability of female condoms. Peer education is proven to affect the change of female sex workers acceptance on female condom. Other people’s influences, for example peers, can influence one’s acceptance attitude [18]. Peer educator support can be a force to encourage and influence peers and can be a good example of condom use, STI screening, and HIV testing [19]. Peer education are effective to improve attitudes about HIV because they are conducted by peer educators who are members of the community itself. This intervention has positive practical or emotional impact [20 – 28].

### **3.2. Customer support**

Female sex workers said that customers usually bring male condom. In fact, not all customers were willing to use male condoms because female sex workers have a low bargaining position, were less empowered and heavily dependent on their customers on condom used. Most customers did not want female sex workers used the female condoms because they felt uncomfortable. Female sex workers said that customers is not easy being invited in female condom utilization. Customers do not know a female condom, so they have wrong perception about it. In their opinion, using female condom means having sexual transmitted diseases or HIV AIDS.

“I don’t know what is a female condom. But ... I try it once because of the forced.” (Customer 9, 30 years old)

“I usually bring my male condom, I do not recommend female condom because it is not comfortable.” (Customer 8, 37 years old).

Female sex workers said long term customers more supportive than new customers. Therefore the customer support become an influential factor despite the female condom utilization depends on

the willingness of female sex workers. The perception or customers support about do safe sex behavior was a factor affecting condom use [15, 29]. Therefore, socialization is done should not only on female sex workers but also on the customers. So, both gain an understanding and acceptance of the same against the female condom utilization.

### **3.3. Female condom supply**

In addition, the number of well-qualified female condoms were very limited and costly causes the low used of female condoms at female sex workers in Yogyakarta. The lack of female condom because no demand for female condom. Besides that, there are only one product, so customers do not have any choices. Female condom promotion by peer educator still not a maximum because not all female condom available in condom outlet and female sex workers workplace.

“Male condom is more than female condom, this product is not interesting, more expensive, and the focus AIDS Countermeasure Commision program is male condom ... whereas if female condom program is presented well, it is good to empowerment woman.” (Peer Educator, 30 years old).

In this study, female condoms are available in outlet and female sex workers workplace. But, the lack of the acceptance because the existence of the perception of less comfortable when wrong using it. Female condom availability and access affects its use, so that limitations of female condoms make female sex workers not consistent to use it [6, 15, 30]. Most of the HIV prevention services is only focused on male condoms distribution, whereas female condom only 10% [31]. The low figures for the success of the female condom program are caused by the type and quality of material of it [32]. Therefore, we hope AIDS Commision can consider the quality of female condoms fit the needs of its users so there are can increase the desire to use a female condom.

### **3.4. Solution**

Although there are a few barriers in female condom utilization, but it is may be the solution and the means of empowering women. This statement is supported by the following quotations.

“If there are female condoms, I feel safe.” (FSWs 6, 28 years old)

“I feel should not be hanging with my customers... I can use condoms.” (FSWs 9, 33 years old).

Female condom can empowering women as alternative to prevent HIV. But, in Indonesia it is not popular. Many people only know male condom. This is the first study to discuss about the use of female condom in Indonesia especially on female sex workers, because some research before just focus on male condom.

## **4. CONCLUSION**

Despite efforts to provide free female condom, there are still barriers in the use of condoms although women have been doing health promotion efforts. There are three barriers to female condom utilization at female sex workers in Yogyakarta : lack of understanding of female sex workers, the lack of customer support, and the limited female condoms with good quality. In the other hand, female condom can be solution as empowerment women, if the customers do not want use male condoms. Because of it, the approach intensively through peer educator should be done not only on the female sex workers but also their customers. The provision of good quality female condoms need to be done and improved dissemination of its use.

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