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Explorative study on risky sexual behaviour in tradeswomen in denpasar city

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Abstract. Previous studies examined risky behaviour that cause women's vulnerability in the market to transmission of Sexually Transmitted Infections (STIs). It was found that the leading factor the women's vulnerability is sexual conduct with more than one partners. However, regarding a risky sexual behaviour pattern and prevention efforts to it, a study has not been carried out so far. The objective of this study was to investigate in-depth the risky sexual behaviour and the prevention of STIs in female traders. This study was designed using qualitative methods by conducting an in-depth interview with 20 women, including trade owners, trade assistants and trade workers who took turns in conducting trade activities, who ever had sexual intercourse with people aged 18-45 years in Denpasar. Purposive sampling was applied in choosing the respondents. After the data was collected, it was analysed thematically. The risky sexual behaviour perpetrated by most respondents is premarital sexual intercourse. Some of these perpetrators also have often had sexual intercourse switching pairs without using condoms. In the prevention of STIs, the respondents claimed that they should be loyal to their partners.

1. Introduction

Sexually transmitted infections (STIs) still remain as a public health problem worldwide, both in advanced and developing countries. [1] The actual incidence and prevalence in various countries could not be perceived obviously. STI is a group of diseases that transmits mainly through sexual intercourse. According to an analysis of the World Health Organization (WHO), the number of new patients tends to increase over time [2].

Low-risk sexual populations occur to persons, such as traders and housewives who are also often become the victims of STIs. [3] Based on these facts, it is clear that STIs has become a separate problem for the government to overcome. The high rate of STI sufferers is a proof that public knowledge about STIs is still very limited. The main strategy for STI prevention is the establishment of preventive programs [4].

One of the places with a high community interaction in Bali is the market, where the population is classified as low-risk groups. In the capital city area of Bali Province, Denpasar, there is Badung Market which is the biggest traditional market and as the economic center of Denpasar and its surrounding areas which operates 24 hours. The mobilization that takes place in Badung Market is quite high, where traders change frequently.
Previous research on the vulnerability of women to STI and HIV transmission was conducted at three service sites in Denpasar, one of which is reproductive health clinic in Badung Market. The result of this study indicated that risk behaviours that resulted in women's vulnerability to STI and HIV transmission are sexual partner behaviours performed with more than one partner, low bargaining position in condom negotiations, prostitution and forced sex. [5] However, in this study the investigation toward the risky sexual behaviour patterns on traders as well as the preventive efforts have not been carried out.

Grounded the above evidence, explorative study to explore in-depth the risky sexual behaviour of tradeswomen is conducted in order that the preventive strategy to STI among tradeswomen in Badung Market of Denpasar City in the future can be developed.

2. Method
This study uses qualitative research design with phenomenology approach. Data collection was conducted through in-depth interviews with 20 female respondents, including trade owners, trade assistants, and traders who performed trading alternately, who have ever had sexual intercourse with partners aged 18-45 and were able to communicate well. Selection of the respondents was undertaken by applying purposive sampling technique. This research was conducted in October 2016 at Badung Market, Denpasar City.

The instrument of data collection employed was in-depth interview guidelines. Data were analyzed thematically with qualitative-verificative data analysis model. After the data is collected, the analysis is carried on by classifying the data based upon the responses given by each respondent to draw a conclusion that conforms to the theory and source of the literature in accordance with the theme discovered. The research has obtained an approval from the research site and attained the ethical clearance from the Ethics Commission of the Medical Faculty of Udayana University and Sanglah Central General Hospital.

3. Results
From the results of data analysis, it was found that most of the respondents had premarital sexual intercourse with their partner. They considered it to be normal and natural for couples to do. The following quote is the statement of one of the respondents.

'I had my first sexual intercourse with my current husband before getting married with him. We have often had it prior to getting married.'

(IM, married, age 27 years)

In addition to premarital sexual intercourse, there are also respondents who claimed to have sexual intercourse with multiple partners. This is done on the basis of feelings of mutual love to each other. The following quote is a statement from one of the respondents.

'Mmm ... How to say it... I actually have a close friend. We've known each other for a long time. He is a customer who often buys chicken that I sell. Ouch ... It's embarrassing to tell. I ever once had a sexual intercourse with him. It's only once, and never again.'

(NA, married, age 25 years)

In addition, there is also a respondent who claimed to have had sexual intercourse by changing partners in exchange for money or prizes. Respondents engage in sexual intercourse by earning a reward to meet economic needs. The following is an excerpt of the respondent's statement.

'My boyfriend is always busy. He seldom tells me about him. Finally, I got bored. But, my new guy is really a good person. He often buys me clothes, and does a lot of things for me.'
‘Hahaha ... Of course, we have had sexual intercourse. It was about 2 weeks ago, but with condoms. I'm afraid to get pregnant. But he did bring condoms straight away. He already prepared it. Hehehe...’

‘I can't afford that, doctor. Later I will no longer be given things by my my boyfriends. The gifts are good. So no longer have to buy credit. Hahaha...’

‘It's usually my boarding house or we rent a short time lodging. There are many inns alike. It's in the Pidada area or in Ubung. At the inn at a bargain price. He paid the rent.’

(RI, married, age 27 years)

At the time of sexual intercourse with non-permanent partners, there are respondents who claim to have never used condoms. One of the reasons is that their partner feels uncomfortable when wearing a condom during sexual intercourse because they do not feel satisfaction. The following is an excerpt of a statement from one of the respondents.

‘I have never used a condom during having sexual intercourse with him. He told me that he didn't like it because he cannot be satisfied.’

(AP, unmarried, age 19 years)

Among all the respondents, there were couples claiming to have sexual intercourse with multiple partners. The following is an excerpt from the respondent's statement.

‘Never. I am a faithful wife. Hahaha ... However, my husband once had an affair. My husband is a taxi driver. He's been doing infidelity frequently. He had multiple sexual intercourse partners until I got annoyed. During sexual intercourse with her mistress, my husband did not wear a condom, as he told. That's because my husband does not like to wear condoms. Lastly she had an affair and had sex with a housewife of my neighbour. I am really annoyed.’

(KM, married, age 44 years)

‘I have a boyfriend now. But he already has a wife. Hahaha ... Yeah, he's got two wives. She really likes dating with women even though he's already old. He is about 50 years old. Hahaha ... She has lots of girls. He's a playboy. Sometimes he seduced the girls in his boarding-house. He even said that he had slept with them.’

(GG, unmarried, age 36 years)

Most respondents do not feel at risk of developing STIs. The respondents argued that they have never complained after having sexual intercourse so they were sure that they are out of risk of developing STIs. There are also among those respondents who believed that if they keep to be loyal to their partners, they will not be at risk of STIs. In contrast, if they perpetrate it with different partners, they will get the risk of STIs. The following is an excerpt of a statement from a respondent.

“I don’t think it's risky. No risk. I never complain about it, so it's not risky. If I ever complained for something dangerous in the genitals, it is said to be risky.”

(KW, married, age 45 years)
‘Of course not. It is impossible for me to get sexually transmitted diseases. I am a faithful wife to my husband. My husband used to be naughty. Now he is no longer. The ones who are at risk are the men who often visit women’s places.’

(ND, married, age 30 years)

In terms of the seriousness of STI disease, most respondents argued that STIs are a serious illness. The respondents argued that STIs are dangerous diseases such as AIDS, a deadly disease whose medication has not been discovered to date, which can cause the body of sufferers to be emaciated. Respondents also considered STIs are contracting from sexual relationships with multiple partners and from the use of tattoo needles. The following are excerpts of statements from several respondents.

‘Seriously. Sexual illness is an AIDS-like illness. A disease that make the body sufferers skinny. It can cause people to die quickly. I had a distant relative who died from AIDS infections. He said that he was infected through a tattoo syringe. Once his body was pierced by tattoo needle, he suddenly got fever and immediately got the disease. He’s not a bad guy. People say he got AIDS. His body was lean.’

(KM, married, age 44 years)

‘I’m so serious. You know, STIs have no cure. It’s a dangerous disease. It is like AIDS, for example. I once had a neighbour who was believed to have contracted from AIDS. He passed away. His body was very bony. So lean. He used to be naughty. He used to pay naughty girls. He had tattoos all over his body.’

(DY, married, age 25 years)

In the prevention of STIs, respondents thought they should be loyal to their spouse, as stated in the following quotation of respondent's statement.

‘Yeah, we must be faithful to our couples. Not cheating. Hahaha…’
‘Yeah, anyway, we should not change the partner. Must be loyal.’

(PS, unmarried, age 25 years)

### 4. Discussion

Today STI cases not only occur in high-risk populations but also in low-risk populations such as traders and housewives. [3] The vulnerability of low-risk populations to STIs transmission is generally due to a lack of knowledge and information about STIs or the lack of access to STI prevention services [6].

Low-risk populations in people can be contracted from their sexual partners who are accustomed to having risky sex with partners other than themselves. Ironically, these infected couples keep to be dishonest with their families and they refuse to have a medical check on them. Improbability can be due to the fear of being abandoned by their partner. One of the factors that trigger the high incidence of STIs in low-risk populations is the social status that is still at the lower-upper class level, so that there is no opportunity to reject or choose sexual partners. [7] The higher the risk for low-risk populations is generally when patriarchal culture in Indonesia still occurs, putting them at the most vulnerable position for any side. In some areas of Indonesia HIV/AIDS transmission, including STI disease in low-risk populations can result from multiple sex changes or intercourse at a young age, and low condom use habits [8].

Nevertheless, most respondents perceived not being at risk of STIs. They argued that they had no complaints about being infected by the disease so as not to be at risk of developing STIs. Others believe that loyalty to their partners makes them confident not to get any risk of STIs. On the contrary,
it is believed by them that disloyalty with their partner and sexual intercourse conduct with multiple partners will cause them to risk from STI disease.

Traders in Badung Market in this case include low-risk population. In a women's reproductive health survey conducted by Yayasan Rama Sesana in eight traditional markets in Denpasar City in 2011, it was found that traders had no fear of being infected by STIs from their partners. Although their partners are known to have risky behaviour, they assume that it is impossible to being contracted to STI disease because of loyalty to their partners. In addition, if they have a sense of worry to become infected with STIs, during sexual intercourse, they do not use condoms. This happens to avoid the incidence of their sexual partner displeasure when they try to offer to wear on a condom since their partner does not want have it. Based on this fact, it can be claimed that traders are one of the most vulnerable groups contracting STIs, which is also caused by a lack of understanding about STIs and the strategies of preventing its transmission [5].

In association with the seriousness problem of STI disease, most respondents argue that STI is a disease that is at serious risk. Respondents argue that STI a same serious risky disease as AIDS. They claimed that AIDS is a deadly disease whose medication has not been found to date and can cause the body of the sufferer to become emaciated. In addition, it is also believed by respondents that STIs is contracted from sexual intercourse with multiple partners and from the use of tattoo syringes.

The seriousness of the risk of perceived illness is a person's perception of the severity of his illness. The heavier a disease, the worse its perceived threat. This threat will encourage a person to do disease prevention. Perceptions of the severity of a person's sickness will affect how a person follows up on his behaviour. A person has only the perception that STI transmission can take place quickly, and symptoms can be felt immediately, when, in fact, STIs can develop without symptoms, since symptoms are usually appeared when the transmitted infection has been in severe as a result of not receiving treatment or possibly incorrect drug use. This will trigger the condition of the disease grows worse.

This is in line with result of previous study, an analytic survey study designed with quantitative and qualitative methods in 2014 on housewife perception of VCT test of HIV/AIDS prevention conduct in Banyumas District. It was found that most of the time housewives considered HIV/AIDS as a serious illness. In this regard, one's actions to seek treatment and disease prevention are driven by the threat of the disease [8].

Sexual behaviour is the main determinant of sexual and reproductive health. Previous research on risky sexual partnerships and behaviours has been conducted in UK by comparing the approximate patterns of population behaviour of the 2000 National Survey of Sexual Attitudes and Lifestyles (Natsal) in 2000 (1999-2001) and Natsal in 1990 (1990-1991). The survey was conducted on men and women aged 16-44 who reside in the UK using interview methods that were compared with respondents in Natsal 1990. From the results obtained, it was found that the prevalence of risk behaviour has increased from data conditions in Natsal 1990. The use of condoms for protection from STIs is more dominant but it is also offset by increased risky sexual relations in the UK [9].

In relation to STI prevention action, most respondents thought they could avoid risky sexual behaviour for STI prevention. These respondents admit that they will remain loyal to their partners. Hence, for the effort of preventing STI infections, participants believed that they should be faithful to be with permanent couples.

A study conducted in Kenya on the relationship between the risk of HIV infection and sexual behaviour is poorly understood although perceptions about the risks are important to realize as the first step towards behaviour change. This study obtained data from the Kenyan Health and Demographic Survey in 1998 with a logistic regression model. The results of this study indicate there is an association between HIV/AIDS risk and risky sexual behaviour for both women and men. Socio-demography, knowledge, age, marital status, education, occupation, shelter, ethnicity, information about HIV/AIDS, the use of STIs to prevent STIs are influential factors [10].
5. Conclusion
The risky sexual behaviour of the respondent is the act of premarital sexual intercourse, sexual intercourse with multiple partners and the unwillingness to use condoms during sexual intercourse with non-couples who are not a steady partner. In the prevention of STIs, participants argued they should be loyal to sexual partners.

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