Condom Use Behavior Among The Customers of Transgender Sex Workers (Case Study At Kendal District)

Ika Ayu Haryatmi¹*, Siti Baitul Mukarromah²

1. Diponegoro Nasional Hospital, Semarang, Indonesia
2. Universitas Negeri Semarang, Indonesia

Abstract

During 2013, Graha Mitra NGO showed that 44 transgender involved in transgender organization in Kendal Perwaka have been reached by the Field Officer. During the period of one year 10 transgender were stated positive through monthly STI screening at Kaliwungu Health Center. Outreach data in 2014 showed that the number of affordable transgender became 38 transgender and 17 of them were STI positive. In 2015 the outreach of transgender in Kendal District reached 39 people and 17 of them were STI positive (Graha Mitra NGO, 2015). This study aims to obtain data on the basis on condom use behavior of the customers of transgender sex worker. This study used a qualitative approach, with in depth interview method towards transgender customers as the informants. The skill of using condom was still very low with various confidence levels in using condoms. Permanent couples, peers and the families of transgender clients did not influence the condom use behavior of transgender customers. Perwaka regulates condom use on its members since it was established, provided condoms in Cebongan. The community of transgender in Cebongan was able to do STI prevention and prevention activities. Condom use behavior in customers concluded that the condom use was consistent, but the responsibility for using condoms was low. This study was conducted to create a new program in the effort to overcome STI to a customer group.

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¹*Address:
Jl. Prof. H. Soedarto, SH, Tembalang, Semarang, Indonesia
E-mail: ikaayu.grahamitra@gmail.com
INTRODUCTION

STIs or so-called venereal diseases are sexually transmitted diseases. STIs include Syphilis, Gonorrhea, Bubo, Herpes, and others. Treated STIs are STI cases found by syndrome and etiology and treated according to standards. The number of new cases of STIs in Central Java Province in 2012 was 8,671 cases, fewer than in 2011 (10,752 cases). Nevertheless the probability of actual cases in the population is still largely undetected. The Prevention and Control Program on Sexually Transmitted Infection has a target that all cases of STIs found should be treated according to standard (Central Java Provincial Health Office, 2013).

Data from Graha Mitra NGO during 2014 showed 44 transgender who were members of the transgender organization in Kendal namely Perwaka (Kendal District Transgender Community) have been reached by the Field Officer. These transgender works as salon workers who have high mobility (moving from one city to another). They do so for economic reasons and biological satisfaction. Their sexual activity is generally anal and oral sex with their sex partners, heterosexuals, both unmarried and married. During the period of one year 10 transgender were tested positive for STI through monthly screening (STI screening) conducted at Kaliwungu Public Health Center. Data in 2014 showed that the number of affordable transgender was 38 people and 17 of them were STI positive. In 2015 the outreach of transgender in Kendal District reached 39 people and 17 of them were STI positive (Graha Mitra NGO, 2015).

National surveys have suggested that condoms were the most popular method during the first sexual intercourse, regardless of racial, religious, or poverty status. 10% to 50% of respondents reported using condoms as their preferred method. The effectiveness of condoms to prevent infection or pregnancy was influenced by the quality of condom use. Increased consistency of condom use in national and other surveys with large-scale studies was only 5% to 17% of individuals have been reported to use condoms for every episode of the relationship. 12% higher population, from 29% to 41% reported the use of condoms for any sexual contact (Oakley & Bogue, 1995).

Condom use behavior in transgender customers resulted in increased cases of STIs among transgender in Kendal District such as the mobility of the customers of transgender sex workers, the ability to access services, acceptance of condoms, the presence of transgender, and bargaining position of sex workers.

This study is expected to be a preliminary study of the customers of transgender sex workers, and it can be continued for subsequent study. This study is expected to emerge a new program in the effort of STI and HIV-AIDS prevention that can intervene customers group, especially he customers of transgender sex workers, not only intervention on transgender group only.

METHODS

This study was a case study with qualitative approach. This study used a qualitative approach because the problem of condom use among the customers of transgender sex workers tended to be complex and dynamic. The focus of this study was the condom use behavior among the customers of transgender sex workers towards the increase of STI cases among transgender in Kendal District. Data collection used in-depth interview method to the customers of transgender sex workers in Kendal District (informant). The tools used for data collection were the in-depth interview guidelines (interviewing guidance), as well as the electronic recorder tool. As the main informant determination at the beginning of this study, there were 5 (five) customers of transgender sex workers in Kendal District taken with purposive sampling technique. In this study, besides the main informant, supporting informant were also needed. The accompanying informant in this
study were 3 (three) members of the Kendal District Transgender Community (Perwaka).

The main inclusion and exclusion criteria of the main informants in this study were as follows. Inclusion Criteria: (1) Men who bought sexual services of transgender sex workers in Kendal District. (2) Used condoms during intercourse with transgender sex workers in Kendal District. (3) Were willing to be informants. (4) Were able to communicate actively. (5) In a conscious state (not drunk). Exclusion criteria in this study were as follows: (1) Refused to continue to be informant during the interview process. (2) Endangered the authors.

The method of data processing used grounded Theory strategy. The steps included making categories on the information obtained (open coding), selecting one category and placing it in a theoretical model (axial coding), then making a story from the relationship between categories (selective coding) to obtain a major in depth conclusion on condom use behavior among the customers of transgender sex workers related to the increasing STI cases of transgender in Kendal District.

RESULTS AND DISCUSSION

Knowledge on STIs and Condoms among the customers of transgender sex workers was still low, most of transgender customers had no idea about the significance of STIs, the mode of STIs transmission, the benefits of condoms, and they believed the developing myths in society as the right things. Based on the opinion of the customers of transgender sex workers, the mode of STIs transmission was through unprotected sexual intercourse. According to them STIs prevention could be done by using condoms, taking antibiotics before sexual intercourse, and cleanse themselves after sexual intercourse. Condoms were considered useful for preventing pregnancy and preventing the STIs transmission. The incorrect myths about STI-HIV information are still developing in the community, especially among the customers of transgender sex workers.

Most of the customers of transgender sex workers were not at risk of STI infection because they still felt healthy and safe. Most of the sex worker customers were female sex worker customers around Kendal Regency and Semarang City. Four out of five respondents admitted to always using condoms during sexual intercourse either with transgender sex workers or with their female partners and female sex workers. Most of the customers of transgender sex workers believed that using condoms during sexual intercourse was safer.

Media considered affect the motivation and readiness of the customers of transgender sex workers to always use condoms during sexual intercourse were television, leaflets, magazines, and socialization. There were great number of leaflets distributed by NGOs and the AIDS Commissions and public service announcements, especially if it was close to World AIDS Day.

The customers of transgender sex workers felt that there was no obstacle in the use of condoms while having sexual intercourse with transgender sex workers and other non-permanent partners. The use of condoms in the
places of prostitution is generally regulated by local stakeholders.

The customers of transgender sex workers always had the intention to use condoms when buying sexual services, but not all customers of transgender sex workers intended to use condoms when having sex with their girlfriends. The main reason for the inconvenience when using condoms during sexual intercourse became the cause why they were reluctant to use condoms while having sexual intercourse with their permanent partner and felt dissatisfied when having sex. The second reason was that the couple of the customer of transgender sex worker would become suspicious if the husband was dishonest when suddenly he asked to use condoms during sexual intercourse.

The need to use condoms in every sexual intercourse with transgender was because according to the customers of transgender sex workers, transgender were changing partners, so they feared that transgender sex workers could transmit sexually transmitted infections. The customers of transgender sex worker would still have sexual intercourse even if condom was not available, because sexual intercourse was their life necessity.

The low knowledge of the customers of transgender sex workers related to information about STI-HIV and condom because they mostly never followed the activities of STI-HIV prevention such as socialization, counseling, or mobile VCT held by local stakeholders. The reason that they did not follow the activity was due to shame, and never knew about the activity. Two out of five respondents had attended socialization and extension activities in the area where they lived.

The benefits derived from following these activities were that they knew information about condoms, and STI-HIV disease. The description of people with HIV known to the customers of transgender sex workers in general was still the same as that often described in general. The characteristics of people with HIV according to customers were as follows: having a thin body, sunken eyes, ostracized, and there were wounds on the skin.

Efforts to prevent STIs transmission held by transgender customers were taking antibiotics before sexual intercourse, using condoms during sexual intercourse, and washing the genitals after sexual intercourse. The decision to use a condom during sexual intercourse was made from the first time the transgender customers had sexual intercourse.

Skills in using condoms on the customers of transgender sex workers was one important thing, proper condom installation can prevent a person from contracting or transmitting the STI. The skill of transgender sex worker customers was still very low, because many times they put the condoms in improper manner, even one customer named MMT put a condom in reverse way. During the purchase of sexual services, they claimed never put on their own condoms, condom use was performed by their sexual partners. The customers of transgender sex workers should have skill to use condom, this is because transgender customers not only have sex with transgender, but with female sex workers, girlfriends, and their wives. Transgender customers often did not pay attention to expiration dates contained in condom wrappers, the way they open condoms was by using tools such as scissors, teeth, and others could damage the condoms so that they were easy to have leakage, it would vulnerable to the transmission of sexually transmitted infections. Pinching the tip of the condom should also be noted that there is no air in the condom so that the condom will not break when worn. Condom should also be put to the tip of the penis, so that if there is friction and injury occurs, there is no exchange of body fluids so that STI transmission can be prevented.

The self confidence of the customers of transgender sex workers when using condoms was different when they were conscious, healthy, but one of the customers disclosed that they felt confident when they had sexual intercourse in a drunken state. A study conducted by Wingood & Diclemente (1998) mentioned that the majority, but not all studies that observed global relationship between high-risk sexual behavior and alcohol frequency
showed that people who drunk more heavily tended to use condoms less frequently. These findings have been reported among the general adult population, adolescents, and gay men.

One thing that caused the customers of transgender sex workers to feel insecure when using condoms was when they had not bought sexual services for so long then they felt bad when using condoms.

The customers of transgender sex workers had permanent female partners, but one customer had a permanent transgender partner in Semarang City. One in five permanent partner of transgender customer knew if her partner was a transgender customer. The permanent partners of transgender sex workers were entirely younger than the customers of transgender sex workers. The results of triangulation, interviews and observation concluded that most of transgender customers did not want to be known if they were transgender sex workers customers. The main reason was that they were embarrassed if the fact was known by the people around them. The second reason that the customers did not want to be known if they were transgender sex workers customers was to maintain their household unity. Material supports were rarely provided by the permanent partner of a transgender sex worker customer, because the customer of transgender sex worker was a man who had to support his spouse and family live.

The customers of transgender sex workers said that when they were having sex with a permanent partner who is an official wife, they never used a condom since the partner did not like to have sex with a condom, but the customers of transgender sex worker who had an illegitimate permanent partner always used a condom in any sexual intercourse in order to prevent pregnancy. Another reason that the customers of transgender sex workers never used condoms when having sexual intercourse with their legitimate partner was that their partner would become suspicious if the husband was dishonest when suddenly he asked to use condoms during sexual intercourse. A deep conceptual concept of condom use is associated with other condom use predictors (i.e., self efficacy, comfortable speaking with a partner), which contribute to the sensible formation of health beliefs model as the characteristic of decision-making process associated with contraceptive use (Nadeem, Romo, & Sigman, 2006).

Peers of transgender sex workers customers did not provide support for the need to use condoms when having sex. Sexual intercourse became the affair of each individual so they felt to have no right to interfere in their respective affairs. It is in line with the previous study on peer attitudes towards adolescents who had sex, which stated that participants who considered that the peers less supportive of teenagers who had sex tended to report having had sex. Perhaps the behavior and verbal statements of their friends would help them to shape their own perceptions about teenagers and sex, and furthermore, what other participants think may influence their own behavior. On the other hand, it is possible that participants' behavioral choices (i.e. having sex or not having sex) affected their attitudes about what other people think. It may also be that participants chose friends and nurtured friendships with other teenagers who shared similar views (Dilorio et al., 2001).

Peers of transgender sex worker customers never had discussions about condom issues, when the peers knew that transgender sex workers customers kept condom, then their reaction was just laugh or even asked for a condom. It was considered less support from peers when the peer said that having sex using condoms was considered uncomfortable, this was considered as a less supportive because it was perceived to give improper suggestion. Peer who could be mentioned by the customers of transgender sex workers was usually only one person who mostly heard his opinion, because among some peers, only one person was considered the most correct when giving an opinion. This is in line with a study conducted by Simamora (2014) that not all peers would he heard his opinion (Simamora, 2014).
One of the transgender sex workers supports in the prevention of STI-HIV was to require their customers to always use condoms. Condoms were used by transgender when performing anal sex, but in oral sex most of transgender did not use condoms.

The customers of transgender sex workers considered transgender sex workers who supported the necessity of using condoms as good transgender who always offered condoms to their customers. The attitude of transgender sex workers who were considered less supportive of condom use in terms of the necessity of using condoms during sexual intercourse were considered careless, and transgender who only wanted money and sought sexual satisfaction. Transgender sex workers in Kendal District always carry a small bag that serves to store condoms to be given to the customers.

The reason for transgender to always suggest using condoms to both permanent couple and costumers was that the transgender felt that they were at high risk of contracting and transmitting the disease, being alert to permanent partners and customers as a permanent partner might have sex with other people while the customers must often changed sex partners, to keep the self health and and the partner's health. The reason encouraged the transgender to always advise condom use to the customers to. Not all transgender required using a condom during sex, especially with a regular partner. If good transgender knowledge is not accompanied by a good attitude, it will cause transgender do not use condoms. The reasons that made up the attitude were the fear of being left behind by the partner and believed in the partner, the transgender believed that having sexual intercourse only with permanent partner without using condom would not have a negative impact. Attitudes are different between customers. All transgender always require customers to use condoms during sex, but if the customers refused to use condoms, transgender did not want to serve customers. The reason for the transgender was that they didn't want to be infected because they knew that customers often changed partners. According to the transgender, the obstacle that often arose was that the customer refused to use condom and the customers provided transgender higher pay than usual. The customers often perceived themselves as clean and had no disease, felt uncomfortable when using condoms, handsome customers also caused the transgender interested and did not want to use condom because transgender wanted to find fun with the customers. New customers often refuse to use condoms because of a lack of knowledge about HIV-AIDS or the consequences of not using condoms during risky sex. According to transgender, customers whose knowledge was less were derived from the adolescent age group. Adolescent customers were only looking for fun rather than maintaining their health (Ningtiyas & Satyabakti, 2016).

The most remembered values, rules, advices of the family and the guidelines for the lives of the customers of transgender sex workers today were maintaining good manners, healthy living, being good people, and not having relationships with transgender because they would not have offspring. Family members considered closest to the average of the respondents were their mothers. Most of the customers of transgender sex workers were not open to their families related to their status as a customer of transgender sex worker. So there was no significant influence on the use of condom among the customers of transgender sex workers.

Transgender sex workers provided condoms in Cebongan, so sex worker customers in Kendal provided good assessment on the facilities in relation to the provision, distribution and promotion of condoms and encourage customers to always use condoms. Based on the results of triangulation, interviews, and field observation, transgender sex workers provided condoms in Cebongan. Condoms provided by transgender sex workers in Cebongan were derived from FKPB NGO and KPA in Kendal District, then were distributed to the transgender condom outlet in Kendal District

Spatial layout in Cebongan was considered less supportive since the lack of space
facilities to support the use of condoms in Cebongan, because Cebongan environment is in the form of fields and bushes. Cebongan in Kendal District is located in two places namely Kendal Market and the border of Semarang - Kendal. Transaction was done in Cebongan but the execution was not always in Cebongan, depending on the bargaining made between transgender sex workers with their customers.

The transgender sex worker community in Cebongan was considered capable by the transgender sex worker customers to conduct STI prevention and management activities in Kendal District. Perwaka organization was also considered capable of this, since Perwaka was able to arrange its members to always use condoms every time they would sell sexual services. Unlike health care providers, health services were considered not able to cope with the problem of STI-HIV because they have not found a drug that can cure STI-HIV.

Most of the customers of transgender sex workers were not very well informed about the availability of resources (personnel, funds, facilities available for implementing HIV/STI prevention efforts). Resources that were perceived to be sufficient by the transgender sex worker customers in order to implement the STI-HIV prevention efforts included the availability of condoms, funding sources, and human resources. A resource deemed inadequate by the transgender sex worker customers was the availability of the site in Cebongan.

Health services that were often accessed by transgender sex worker customers were nearby Public Health Center, but transgender sex worker customers rarely accessed these health services. They would go directly to the nearest pharmacy to buy medicines if they had health complaints. The situation of the availability of health services was also poorly understood by the customers of transgender sex workers.

CONCLUSIONS AND RECOMMENDATIONS

Condom use behavior on the customers of transgender sex workers can be concluded that condom use in transgender sex worker customers was consistent, but the responsibility for using condoms was still low because the condoms were provided and put by transgender sex workers in Cebongan. Information about the importance of condom use and the function of condoms was not well understood by the customers of transgender sex workers. Socialization activities conducted by local stakeholders were targeted more to the key population and women. The myth of condom, STI-HIV was still growing among the customers of transgender sex workers. The customers of sex workers believed that taking antibiotics before having sexual intercourse with an impermanent partner was enough. The results of triangulation, interviews and observations showed that the customers of transgender sex workers were not only the transgender customers only, but also the customers of female sex worker. The lack of knowledge among the customers of transgender sex workers regarding information made the customers of transgender sex workers felt no risk of STI infection. There was always an intention to use condoms during sexual intercourse with a transgender sex worker, with the reason of not contaminated to the infections brought by transgender, so they decided to use condoms while having sexual intercourse with transgender sex workers or with female sex workers. Condom use skills in the customers of transgender sex workers were still not good because there were still many transgender sex workers customers who could not use condom properly. There was no effect of a permanent partner on condom use among the customers of transgender sex workers. Similarly, permanent partners, peers and families of the customers of transgender sex workers were also considered to have no effect on condom use behavior among the customers of transgender sex workers. As with transgender sex worker in Kendal District, transgender sex workers were
considered to have an effect on the condom use on the customers. The flow of condom distribution in Cebongan was from KPA or FKPB NGO - Condom outlet - Cebongan - transgender. Condoms were provided free of charge by KPA and FKPB NGO along with the lubricant. Spatial layout in Cebongan was considered less supportive because Cebongan environment is only in the form of field, bushes, and rice fields. Community resources in HIV prevention and management efforts were considered to be inadequate because they had not fully targeted transgender sex worker customers.

A recommendation to be given is that Kendal District Transgender Community (Perwaka) should establish written rules governing the activities for its members, including prevention and control of STI-HIV in Kendal District. Routine activities carried out by Perwaka should be routinely carried out by providing the information content required by its members, as well as embracing all its members to engage in all activities programmed by Perwaka.

The health office and the KPA should pay more attention to the customers of transgender sex workers, for example by starting to create an action agenda related to the prevention and treatment of STIs involving transgender sex worker groups, mobile VCT and STI screening targeting transgender sex worker groups.

There is a need to improve health care services, especially STI-HIV services to the communities in Kendal District. IEC media should be updated the to make it more interesting to be read by all people in Kendal District, as well as cooperate with the education office to provide material about reproduction health early since the customers of transsexual sex workers are still students.

Transgender sex worker customers should begin to look for appropriate information on STIs, follow socialization activities organized by relevant stakeholders on STIs, access existing health services in Kendal District, especially IMS-HIV services.

REFERENCES


