

How to control the sexually transmitted diseases in Benjina?: qualitative studies on the practice of prostitution

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Abstrak

Latar Belakang: Prostitusi yang muncul bersamaan dengan industri besar menimbulkan masalah kesehatan, masalah sosial ekonomi, dan budaya. Artikel ini dimaksudkan untuk mengeksplorasi faktor-faktor yang berkaitan dengan praktik prostitusi di Benjina dan mengeksplorasi potensi untuk mengendalikan dampak penyakit penularan melalui hubungan seks.

Metode: Penelitian kualitatif ini dilakukan dengan pendekatan etnografi. Wawancara mendalam dan observasi partisipatif dilakukan terhadap 30 informan yang terkait langsung dengan praktik prostitusi di Benjina.

Hasil: Tidak ditemukan lokalisasi di Benjina. Praktik pelacuran ditemukan sebagai hal yang biasa di tempat yang disebut rumah karaoke yang menyediakan peralatan menyanyi sederhana, minuman keras, dan layanan seksual. Ada 46 pekerja seks perempuan yang bekerja di 12 rumah karaoke. Faktor ekonomi ditemukan sebagai faktor dominan yang mendorong para pelaku pelacuran, di samping balas dendam. Ada beberapa kendala dalam menggunakan kondom dalam praktik pelacuran ini. Di antara mereka adalah bentuk fisiologi penis yang mengalami modifikasi, dan hubungan pekerja seks khusus dengan kekasih mereka. Ada potensi Sasi yang dapat digunakan sebagai upaya untuk mengendalikan penyakit penularan melalui hubungan seks.

Kesimpulan: Sasi sebagai hukum adat berpotensi menjadi hukum positif untuk menerapkan kondomisasi secara keseluruhan di Benjina. (*Health Science Journal of Indonesia 2019;10(1):58-66*)

Kata kunci: Penyakit menular seksual, pelacuran, hukum adat, Sasi, adat istiadat.

Abstract

Background: Prostitution that appears together with massive industry raises health problems, socio-economic problems, and culture. This article was intended to explore factors related to prostitution practices in Benjina and explore the potential for controlling the impact of sex transmission disease.

Methods: This qualitative study was carried out with an ethnographic approach. In-depth interviews and participatory observation were carried out on 30 informants who were directly related to the practice of prostitution in Benjina.

Results: No localization was found at Benjina. The practice of prostitution was found to be commonplace in a place called karaoke houses that provided simple singing equipment, liquor, and sexual services. There were 46 female sex workers who worked in 12 karaoke houses. Economic factors were found to be the dominant factor driving the perpetrators of prostitution, in addition to revenge. There are some obstacles to using condoms in this practice. Among them were the forms of penile physiology that experience modification, and the relationship of special sex workers with their lovers. There was a Sasi potential that can be used as an effort to control sex transmission disease.

Conclusion: Sasi as a customary law has the potential to be a positive law to implement condomization as a whole in Benjina. (*Health Science Journal of Indonesia 2019;10(1):58-66*)

Keywords: sexually transmitted disease, prostitution, customary law, Sasi, traditional customs.

Benjina is one of the names of villages located in Aru Tengah District, Aru Islands Regency, Mollucas. The Aru Islands Regency is ranked as the 394th Public Health Development Index in 2007¹ and dropped to rank 426th in 2013. The ranking is one of the lowest ranks in Mollucas Province after the Eastern Seram District was ranked 434th.²

Benjina became a byword at around the beginning of 2015 and even became an international issue because of cases of slavery of foreign workers who were accused of an economic wheel control company there. The existence of a company, foreign labor, rich natural resources, and rapid money circulation, has become an economic potential that attracts migrants from various corners of the archipelago. In Benjina the history of prostitution began when there was an industry entering Benjina, followed by massive migrants seeking better livelihoods, and the opening of land rulers and customary rulers to the migrants. Beyond this openness, of course, there is a big stimulant from the industrial sector itself, which is a business that makes a lot of money. The money circulation involves people who are not only involved in the business of prostitution (in this case, including customers) but also people who directly or indirectly depend on their economic resources for the existence of the business.³

One of the effects of all the things mentioned earlier is the emergence of health problems and socio-economic and cultural problems. Emerging migrants who work as female sex workers are associated with the rise of HIV / AIDS cases in Benjina. There is also a prostitution business that promises high income and involves several parties at Benjina. There is an interesting thing here, HIV / AIDS is so feared but not with its prostitution business.³

Based on data obtained from the Aru Islands District Health Office, the number of people examined for HIV / AIDS in the Aru Islands in 2014 was 1,602 people. Blood samples for VCT examinations were taken by officers in all karaoke houses operating in Benjina. Unfortunately, the blood sampling has not been able to reach sex workers who are outside the karaoke house and foreign crew members who also have the potential to contract the virus or even as spreaders of the virus.³ Based on this background, this article is intended to explore factors related to the practice of prostitution in the Benjina and explore the potential for controlling the impact of the sexually transmitted disease.

This research was part of Health Ethnography Research in 2015. The research was carried out by the National Institute of Health Research and Development, Ministry of Health, the Republic of Indonesia.

METHODS

We used a qualitative design with an ethnographic method approach for this study. Ethnographic methods were useful when the purpose of the research was to understand the point of view of a community, its relationship to life, and to get its views on its world.^{4,5} Qualitative in-depth interviews were very useful for the purpose of examining informants' opinions and personal experiences.^{6,7} The study was conducted in 2015 in Benjina District, Moluccas, Indonesia.

The researcher consisted of two people from different backgrounds. The first researcher was an anthropologist. The second researcher was a person with a public health background. This combination was useful for understanding the context and phenomena that occur in the research area. Data collection was done by using the method of in-depth interviews and participatory observation. The process of data collecting was done by researchers lived in with the research subject. These must be done in research with the ethnographic design so that researchers could see and understood problems according to their original context.^{4,5} We have developed interview guides and observation forms based on literature and preliminary knowledge of research subjects based on previous preliminary research. Data triangulation was done to ensure data validity.^{8,9} Triangulation was done by confirmation based on two different data collection methods and the collection of the same information in several different informants.¹⁰

The Informants

At the initial stage, key informants were determined based on their role in the practice of prostitution at Benjina (purposive). Furthermore, the informant was selected based on information from the key informant (snowball).

In ethnographic research, the context was left as natural as possible in accordance with the original⁴, as well as informants and key informants, for which researchers take informants in accordance with the substance of the research objectives, only key

information from actors and people who are directly related to the practice of prostitution in Benjina, including the female sex worker itself. In detail, the characteristics of the informants could be seen in Table 1.

The informants taken included various roles in the practice of prostitution at Benjina. From the user side, it was found with backgrounds from various ethnicities. Including users from several neighboring countries.

Data analysis

Interviews were conducted with the help of a recording device, and the results were transcribed

verbatim. Every time the interview was over, researchers reflected on what was recorded in the diary. With thematic analysis, the results of reflection were then developed into themes in accordance with the context of the field.^{4,5} Furthermore, the results of recording and verbatim transcription were coded according to these themes.

Ethic and Consent

This research had an ethical clearance that was approved by the national ethical committee (ethic number: LB.02.01/5.2/KE.194/2015). Informed consent was used during data collection, which was considered aspects of the data collection procedure, voluntary, and confidentiality.

Table 1. Characteristics of informants

Informant	Total
Gender	30
Male	10
Female	20
Profession	30
Female Sex Worker	10
Fisherman	5
Ex- Female Sex Worker	4
Religious leaders	2
Landlord	1
Other professions (police, teenage boy affected by prostitution, midwife, doctor, traders)	8
Role	30
Female Sex Worker	10
User	7 (2 foreign people)
Ex- Female Sex Worker	4
Pimp	4
Landlord	1
Religious leaders	2
Productive age (15-50 years old)	29
Male	10
Female	19
Religious affiliation	30
Moslem	25
Christian	3
Buddhist	2
Ethnicity	30
Javanese	23
Bugis	1
Burmese (foreign people)	1
Thai (foreign people)	2
Arunese	3
Language	30
Javanese	23
Bugis	1
Burmese (foreign people)	1
Thai (foreign people)	2
Arunese	3

Source: primary data

RESULTS

There is no official localization in the Benjina area. People are more familiar with the complex that provides sexual services as a karaoke house. The karaoke house provides simple equipment such as television and song CDs for singing. Besides that, it also provides liquor, and of course sex services.

There are 12 karaoke houses spread across Benjina. Of all the karaoke houses that have been recorded, there are 46 female sex workers who work, 36 of them are from East Java, and the rest come from Central Java (3 people), South Sulawesi (2 people), Southeast Sulawesi (2 people), Central Kalimantan (1 person), Mollucas (1 person), and Riau Islands (1 person).

The female sex workers: economic factors and revenge

Why must there be female sex workers? What reasons encourage someone to choose to work as a sex worker? Is it based solely on economic reasons? Are they proud of their work? Or vice versa, feeling pressured and forced? There are many things that affect an individual to decide something important in his life. Related to the problem of prostitution, there could be factors from outside the individual and from within the individual. External factors can be related to the environment and socio-economic conditions of the individual. Internal factors may be psychological pressures that originate from past traumatic experiences, are obsessed with sex, etc.

“I can’t possibly go back to the village in a broken heart. So just let me be here. I can play my heart’s as much as I like...”
(AM, female sex worker, 33 years old)

Economic factors are the dominant factors encountered at Benjina. Poverty and the narrowness of employment in the village of origin are not balanced with economic needs that are getting heavier every day. Coupled with a low level of education and skills that are limited to domestic work (household) only, making the burden of life increasingly heavy. Another factor that was found was the story of the destruction of the household or the runoff of a love relationship which eventually triggered a sense of hurt and resentment towards men.

“I want men to kneel in my vagina!”
(IY, female sex worker, 32 years old)

Another factor that has a strong economic motive is an obsession to fulfill a luxurious lifestyle in his hometown. When the measure of success in wanderings is judged by the amount of material obtained and significant changes in the ownership of goods or luxury homes, the economic motives remain the biggest driving factor.

“I have not returned to Banyuwangi for 3 years. Anyway, I’m not going to go home to my house in the village has been made. If the house is not yet finished, I already go home, I’m embarrassed, it’s the same as my parents and neighbors. The problem is later when you go home, the savings for building a house are used up for fare to Miss. How come the old wanderer isn’t successful too, right hehe...”
(BM, female sex worker, 38 years old)

Economic motives also apply to pimps, most of whom are also nomads. Then what did they tell about their work at Benjina? How honest are they telling their work to relatives in their hometown? It turned out that most of them hid the status of sex workers and the pimp from family. Many of them claim to be factory employees, food stall owners, or rental house owners in Benjina. They argue that if they say honestly about the work they are doing in Benjina, then they will hurt and humiliate their families in the area of origin.

Even so, there are a small number who tell if their families (especially parents) know the work they are doing at Benjina and do not object. The reason for the sense of irregularity is because parents understand the economic urges of the family, and the interesting reason is that the work is considered normal in their neighborhood.

“My parents understand. My mother understands but yes (they) are not angry. The problem is that nowadays it is hard to find money, so I have been looking for money. In my village there are also people who work like this, it’s okay because of a lot too...”
(BM, female sex worker, 38 years old)

The user: ‘squid’ penis, ‘marbles’ penis, and condom use

The main customers who are highly expected by female sex workers are Thai fishermen, although the female sex workers also serve customers from fishermen from other South East Asia countries, including from Myanmar, Burma, and Cambodia,

including local people who want their services. The choice of Thai fishermen because according to the female sex worker they are among the most anticipated and potential customers. This is, of course, related to the amount of money they will get. A condom is not a 'good' choice when dealing with these potential customers. Thai fishermen who are Buddhist do not experience the circumcision process on their penis, so the skin at the tip of the penis is still thick. The skin at the end is then divided into several parts. When the penis has an erection, the part of the penis that has been split into several parts expands like squid tentacles.

"But if you get (users) who are drunk, rude, play long, use 'marbles', or use 'squid', that's already it ... Yaa Allaaaah I cry, Miss. Sometimes I already screamed and said that he was even sicker like his horse. Not to mention that 'the item' (penis) is as big as an aqua bottle. Yes, it hurts ... sometimes until this (vagina) bleeding." (IE, female sex worker, 45 years old)

Another customer modified his penis by inserting marbles into the shaft of his penis. Visually this treatment will enlarge the penis shaft. Marbles are like accessories and boost the confidence and masculinity of men. Another modification found was injecting 'something' to increase the size of the shaft of the penis. The output is a penis with an equivalent diameter of 600ml of bottled mineral water.

"That's the size of my goodness, sis... similar to the middle-sized bottle of mineral water. How do I not get sick, I feel it. The marbles are ... the pain. So if the stuff goes in and out and goes in and out, right, the marbles automatically hit my vagina, right, sis. It's been so rough playing, I want to cry, Miss. He said it was injected using something like that... so it became big like that. If I don't remember looking for money that's hard, I don't want to..." (NI, female sex worker, 32 years old)

The use of condoms on the modified penis found various obstacles. Jumbo-sized penises are difficult to find the appropriate condom size. While penis modification is facing another obstacle. The unusual shape of the penis with a protruding and jagged surface is not able to make a condom survive. Condoms used in the intercourse process are more often torn, so they are not functioning properly. Moreover, copulation often takes place in a long time.

"I have seen those people before intercourse with me, taking pills like that, I don't know. But there are many who said before intercourse taking pills first. It's been more than an hour, it can't stop, too, until it hurts a lot, sis..."

(AT, female sex worker, 39 years old)

Constraints on using other condoms are found in sex workers who have lovers or contract husbands. In this type of relationship, a condom is considered a barrier. According to him sex based on love should not be limited by condoms.

The health services: interrupted program

The Aru Islands District Health Office has a free blood sampling and condom program throughout the karaoke houses in Benjina. This was done to monitor the spread of high sexually transmitted diseases in Benjina. At first, the program was funded by funds from the Global Fund, so that it could be carried out routinely. But when the Global Fund is no longer helping, the program is stalled because of the limited allocation of funds.

"In the past when there was donor assistance, all programs could work. But when donors stopped giving help, the program was also forced to stop. That's what we regretted. Even though we had to carry out routine checks, we were short of funds."

(MSF, doctor, 37 years old)

Puskesmas Benjina (Health Center) itself has a monthly program in the form of Pap smear conducted by one midwife who oversees the field of HIV / AIDS, which is carried out to all sex workers in every karaoke house in Benjina. Sex workers who are checked for hygiene of their genitals are charged between Rp 50,000 - Rp 100,000. There are pros and cons about these costs. Some questioned why the price set could be different between one sex worker and another sex worker, why the checks carried out were not like what was done at the clinic in Dobo (the capital of the Aru Islands), and some questioned why they had to pay?

Unfortunately, the program was stopped because the midwife who is usually in charge of running the program was undergoing further education in Makassar. Previously, midwives who did the assignment had never received special training to do Pap smear. The midwife indirectly also acts as a counselor for sexually transmitted diseases

problems, especially HIV / AIDS for sex workers, and the midwife guarantees the confidentiality of the identity of sex workers who have tested positive for HIV / AIDS.

“ I have to go to school again in Makassar, it makes me rather difficult to monitor the condition of the karaoke house again. No one can replace me.”

(N, midwife, 29 years old)

***Sasi* of condomization, is it possible?**

For the Aru tribe community, traditional customs and the government are considered to be on equal footing, there are even some people who say that traditional customs have a higher position than the government. So from that traditional customary law is often obeyed when compared with state or government law. Aru tribe as a native tribe of Benjina has local wisdom in the form of *Sasi*. *Sasi* is found in almost all regions in Mollucas to date. *Sasi* is a form of prohibition or taboo aimed at protecting certain natural resources. *Sasi* applies if there is already a threat of over-exploitation or irresponsibility from a party, to natural resources that are considered to be almost gone or almost extinct.

Over time, resources that are protected are not only natural resources but also human resources. Sanctions given if the sentence is violated is sanctioned by traditional and social customs. Sanctions can be in the form of agreed traditional customs fines, sanctions for exclusion, sanctions in the form of assets or money, and the most feared is sanctions from God or ancestors that can be in the form of pain and curses.

The application of *Sasi* in Benjina has not experienced significant changes in meaning. In fact, the *Sasi* tradition was adopted by the Christian church of Benjina to carry out several interventions to certain parties who felt they wanted to threaten the preservation of natural resources in Benjina. So the collaboration between traditional customs and the church can be done, and this shows that there is no significant distance between traditional customs and religion in Benjina. *Sasi* carried out in Benjina has been done more often to protect natural resources from excessive exploitation from irresponsible parties.

In the context of a pluralistic Benjina community, *Sasi* is carried out by ethnic groups that are still part of Mollucas. The Tapa, Kei, Tanimbar, Ternate, Tidore, Ambon ethnic groups are ethnic groups who

are also still obedient to the existence of *Sasi*. The number of ethnic groups who are of Moluccan blood in Benjina is as large as the number of immigrant ethnic groups that are not of Moluccan origin. So it can be said that half of the Benjina community has the potential to adhere to the provisions of the *Sasi*. Even a small number of Javanese tribes do ritual *Sasi* and obey their provisions.

DISCUSSION

The results of the 2014 VCT examination which only received 28 positive HIV / AIDS is not the actual number. The iceberg phenomenon applies to this case. Often the reality of the numbers is far greater. This can be because the person being examined is not as a whole, it can also be because it is still in the window period, so it is too late to be known.¹¹⁻¹⁴ Moreover, the practice of prostitution in Benjina which involves several fishermen from abroad (South East Asia) as the main customers, thus expanding the impact of the spread of infectious sexually transmitted diseases, and increasingly complicating efforts to control them.¹⁵⁻¹⁷

A study with the subject of sexual transmission disease recommends interventions that focus on sex workers. Sex workers are recommended by researchers as the target of interventions because they prove to be more cost-effective than interventions that focus on other subjects.¹⁸ Treating sex workers humanely is also highly recommended because it is proven to be better in controlling sexual transmission disease.¹⁹ Efforts to criminalize and intolerance attitudes towards sex workers will actually hinder efforts to prevent sex transmission disease.^{20,21} In addition, the use of condoms as a policy to prevent and control sexual transmission disease is also believed to be the most effective and inexpensive intervention.^{16,22,23}

The intervention that will be given cannot only be focused on sex workers.²⁴ Attention also needs to be given to the community and health workers. The public perception on the practice of prostitution which tends to be permissive needs to be straightened out again. Change in perception is needed as a prevention effort from the impact of the practice of prostitution.^{25,26}

The government (Health Office) in addition to the need to pay attention to the availability of health workers, also needs an understanding that health workers cannot be separated from the influence of

health belief.²⁷ Health workers are also part of the community, which cannot be separated from the local cultural context in which he lives.^{28,29}

Sex transmission disease intervention policy in a country as wide and as diverse as Indonesia, in addition to evidence-based³⁰⁻³², should have been done by paying attention to regional locality. Intervention programs and policies must adopt the local context in setting priorities if they want an effective and sustainable program.^{33, 30, 34, 35}

Boundary law as policy based on local context

In South African Universities since 2015, studies have begun on customary law. The process was preceded by student protests that demanded the government to end colonial legal domination and the practice of apartheid in South Africa. Finally, a strategic step was taken by exploring the potential of customary law as a source of positive law in the black continent.³⁶ This step was taken in an effort to demand the return of community resource rights.³⁷

In the Indonesian context, one of the uses of customary law as positive law is the implementation of Islamic law in Aceh Province. Aceh as an autonomous region adopted Islamic law which was considered in accordance with the traditional customs of the Acehnese people. This decision was taken as a consensus from all stakeholders in Aceh.³⁸ Another study of the use of customary law in Indonesia was found in the Atoin Meto tribe in the West Timor region. The study found a positive contribution from the customary law to reduce the vulnerability of livelihoods in the region through community forest resource management and maintenance of members' rights to access agricultural land and natural resources.³⁹

The Government of Aru Islands Regency can learn from the cases of Aceh and West Timor by implementing *Sasi* condomization in Benjina. Although the implementation must involve stakeholders who truly understand traditional customs. Because of the failure of the implementation of customary law often results from involving outsiders who do not understand local traditions.⁴⁰

In conclusion, *Sasi* as a potential local culture and wisdom needs to be used as a fighting tool that regulates, controls, and most importantly requires that individuals or communities obey a positive regulation. Because of the consideration of the potential *Sasi* to be obeyed, the *Sasi* is very potent as a solution to the problem of non-compliance with

condom use. Condomization by setting it into *Sasi* is a recommendation that is worth considering. If successful, there will be big and positive implications for efforts to prevent sexually transmitted diseases.

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Conflict of Interest

No potential conflict of interest was reported by the authors. The authors alone are responsible for the views expressed in this publication, and they do not necessarily represent the views, decisions or policies of their institutions.

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