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TREATMENT MANAGEMENT OF SEXUALLY TRANSMITTED INFECTION AMONG FEMALE SEX WORKERS IN THE SARIREJO LOCALIZATION, SALATIGA, INDONESIA

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ABSTRACT

Background: Salatiga Public Health Office stated that sexual infection in 2013 was 1,096 cases. While 1,085 cases were recorded between January until November 2014. The sexually transmitted infection rate in Sidorejo Lor Health Center has increased from 96 in 2013 to 133 cases in 2014. Although the screening program already exists, but in the field cases of sexually transmitted infections are continue to rise.

Aims: It aims to explore the efforts of sex workers to the sexually transmitted infection treatment, the way they do their activities without transmitting the infection to the customers, and the supports from the localization manager and medical workers for the treatment management for sexually transmitted infections of the sex workers.

Method: This research used qualitative method. The data was obtained through in-depth interview. This study involved 3 women who are positively diagnosed with sexually transmitted infection in the Sarirejo localization, Salatiga, Indonesia.

Results: The study highlights that the the sex workers who diagnosed with sexually transmitted infection seeks medical treatment from medical workers. Some drink herbs and wash their vagina with betel. During the treatment, they reduce their sex activity and always use condom. As realised the infection, they receive support from the localization manager and medical workers.

Conclusion: From this study, we noted that female sex workers who realized having sexually transmitted infections will look for either medical and traditional treatment. Support from localization manager to managing STIs are reminded to always use condoms and participated the screening by Primary Health Care officers. Regulation issued by the provider and screening participation highlighted the treatment management of sexually transmitted infection among female sex workers in Salatiga, Indonesia.

Key words: Treatment Management, Sexually Transmitted Infection, Sex Workers

INTRODUCTION

Sexually transmitted infections represent a significant global public health burden, not only from the high morbidity and mortality but also from costs associated with treating and managing these infections. In the USA alone, total lifetime costs per year for the 19.7 million incident cases of eight major STIs that occurred among persons of all ages in 2010 [1, 2]. The World Health Organization estimates 340 million new cases sexually transmitted infections (STIs) occur annually worldwide, with the rate of new infections in Latin America and the Caribbean second only to that of Sub-Saharan Africa [3].

Epidemiologic research on sexually transmitted infections is increasingly recognizing the importance of factors beyond the individual level of analysis [4]. Globally, female sex workers (FSWs) comprise one of the most vulnerable populations for sexually transmitted infections acquisition, experiencing 13 times higher odds of HIV infection than other women of reproductive age [5]. Female sex workers (FSWs) defined as the exchange of sex for money and the structure of sex work vary substantially the world. Those who sell sex might work with or without a controller (pimp, manager) [6]. Abundant literature describes sexually transmitted infections transmission between FSWS and their commercial male partners (client). However, many FSWS worldwide (25%-95%) have steady, noncommercial (intimate) male partners [4].

Number of patients with sexually transmitted infections in Indonesia until the year 2012, there were 246,548 cases [7]. The number of new cases of sexually transmitted infections in Central Java province in 2011 that as many as 10,143 cases, and in 2012 recorded an increase which became 10,752 cases of sexually transmitted infections. Nevertheless the possibility of the actual cases in the population are still many who have not been detected.

The Salatiga City Health Department reported only a slight decline of sexually transmitted infections from 1,096 cases in 2013 to 1,085 cases in 2014 [8]. Salatiga City Health Department works with an institution founded by Non-Government Organization (NGO) named Tegar in Sarirejo localization. Tegar NGO collaborated with Sidorejo Lor Public Health Center run service programs such as screening for Sexually Transmitted Infections (STIs), Voluntary Counseling and Testing (VCT), Information and Education Communication (IEC), the provision of condoms, as well as reproductive health counseling. One of the aims of such programs is providing information on treatment for FSWS who have been positively affected by sexually transmitted infections. Although the screening program already exists, sexually transmitted infections remain high. Sarirejo localization itself has 56 karaoke, with 250 FSWS. Among those, 139 positively infected by sexually transmitted disease. Most FSWS in Sarirejo localization aged 18-50 years, mostly attained lower education and 41% diagnosed Cervicitis.

METHODS

It was a qualitative research using phenomenology approach, of explaining the phenomenon of Female Sex Workers (prostitute) in performing the management of sexually transmitted infections. Three participants involved in the study with the inclusion criteria FWS's age 20 years to 39 years old, positively infected by STI, working as a sex worker for at least 1 year and who are not pregnant.

In-depth interviews with semi-structured interview guide was conducted in November 2014 until May 2015 in Salatiga. The questions in this research are about efforts of female sex workers (FSWS) for treatment of sexually transmitted infections, how female sex workers (FSWS) engaged in safe sexual intercourse, and localization support in the management of Sexually Transmitted Infections. Triangulation was performed to pimps, NGO managers, and physicians at Sarirejo Salatiga health center.

RESULTS

Efforts of female sex workers (FSWS) for treatment of sexually transmitted infections

Sexually Transmitted Infections treatment carried out by a doctor (medical) and self-remedy by washing the vagina with water of betel leaves and eating herbs. Management of sexually transmitted infections treatment is administered by non-pharmacological and pharmacological methods, either by taking medicine that doctors prescribe at health center, or taking herbs, using soap to wash the genital organs, boiled water betel leaves. Participant perception about treatment for sexually transmitted infections as the statement follow:

"I was treated to the doctor and hmm... I drink herbal every day and wipe the vagina with "resik v Sariayu" (P1)

“Besides getting medication at the time of screening, I did traditional medicine with water of betel leaves for washing the vagina and drinking traditional herbal medicine” (P2)
“I just take medication from doctor” (P3)

Safe (protected) sex

To prevent STIs, Female Sex Workers providing safe sex service to their customers by using condoms although when they are diagnosed STI positive. FSWs act as usual as they are not suffering from STIs, but continue to use condoms. They showed themselves healthy in front of the customer to avoid rejection.

“Yes, as much as possible (act as ordinary). But in having sex... whenever possible use the condom” (P1)

“Yes, I'm being mediocre, I use a condom. The important thing is not show pain” (P2)

“I had to look healthy despite the pain, and keep using condoms” (P3)

Local and health personnel's support in STI prevention and treatment

Localization managers and health workers supports can be seen from their attention and reminders. Pimps always remind FSWs to use condom in every sexual service, and also remind the FSWs of the check-up schedules.

“Yes, this issue is really same concern us. To be reminded when there is screening” (P1)

“... .. the manager of NGO and PHC are really care at the services here ... if we are caught not using a condom, we will be fined fifty thousand rupiah” (P2)

“... They are really concern. I was always be reminded to wear a condom and ordered to come for screening ” (P3)

DISCUSSION

Female Sex Workers who otherwise directly affected by Sexually Transmitted Infections given medication in accordance with the type of infection. FSWs do not know the type of drug for the treatment of an infection. Besides the efforts made Female Sex Workers are some of them have a habit of eating herbs and washing the vagina with cleaning fluid betel leaf.

Many infectious diseases have required a combination of approaches to reduce transmission [9]. STIs have required combinations of case finding and treatment, behavior change (example: fewer sexual partners), risk reduction (example condoms) and even structural changes (example: 100% condom use policies in brothels) to achieve successful control [10]. STIs are infections caused by bacteria, viruses, parasites or fungi which is transmitted mainly through sexual contact from an infected person to their sexual partners. Sexually transmitted infections are one of the causes of reproductive tract infections (RTI). Not all STIs cause ISR and ISR because not all of the STIs [11, 12].

A psychologist, theorized that the behavior was a response or a person's reaction to the stimulus (stimuli from the outside). One is the discovery and use of Conduct system or health care facility, or often called health seeking behavior (health-seeking behavior). This behavior is related to one's efforts or actions at the time of illness or accident. Actions or behavior starts from treating themselves (self-treatment) up to seek treatment abroad [13]. The selection of treatment measures are traditional treatment (shaman, healer), treatment of modern health (health services provided by the government, private clinics), drug stores (pharmacies, herbal shops), treat yourself or no treatment [14].

Female Sex Workers engaging sexual activity and preventing sexually transmitted infections to customers by using a condom. Two of the informants said that as long as they are still in the treatment of sexually transmitted infections, they will not refuse customers. Yet another informant who still want to receive customers, they request their customers to use condom.

The study found that business localization and health professionals are very concerned about the health of Female Sex Workers, especially for reproductive health. Every prostitute screening required to attend

activities held once a month and if within a month did not come screening will be charged an administrative fine of fifty thousand rupiah. Business localization and health officials always advise Female Sex Workers to always perform safe and protected sexual activities. Health care is any organized effort alone or together in an organization to maintain and improve health, prevent and cure disease and restore the health of individuals, families, groups and communities.

This research confirmed that early screening of early detection of STIs in sex workers is essential to ensuring STI events and is essential for STI control. Support and advice given by health center staff and managers regarding localization should always wear a condom when having sex with a customer may not be enough to affect the Female Sex Workers, because when the Female Sex Workers in touch with customers and managers of health centers localization cannot control directly. However, support for always wearing a condom at least could lead to the awareness of the Female Sex Workers to protect themselves. The role of pimps is also indispensable not only in ordering sex workers to use condoms. But also need to monitor whether sex workers always use condoms when serving customers. And related to the availability of their own condoms the Ministry of Health of the Republic of Indonesia through the Provincial Health Office, District / Municipal Health Offices and Non-Governmental Organizations distribute condoms in an effort to prevent the occurrence of sexually transmitted diseases and HIV / AIDS.

Female Sex Workers obtained supports for their friends, manager which convey a positive vibe because FSWs will feel happy and eager to do the treatment because they feel protected by the attention given by the manager. But the greatest support for informants for treatment comes from themselves it is because the informants fear their disease getting worse and assume that health is very important.

CONCLUSION

Female Sex Workers perform sexually transmitted infection treatment medically, although there are two of the three informants have traditional customs such as washing the vagina with betel leaves and drinking traditional herbs. FSWs always use a condom when having sex with customers as a prevention of STI transmission. Support localization managers and health professionals shown by requirement to follow the activities of screening in each month and if it does not follow will be subject to a fine of fifty thousand rupiah.

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