

BEHAVIOR OF FEMALE SEX WORKERS (FSW) IN PREVENTION STIS AND HIV/AIDS IN DISTRICT SINTANG

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Abstract

Female Sex Workers (FSW) is one of a high risk infected population of STIs and HIV/AIDS. High rates of STIs and HIV/AIDS among FWS among others due to lack of the preventide behavior. The porpose of this study is to investigate the determinants of the behavior of FSW in the prevention of STIs and HIV/AIDS that included age, education, marital status, family support, peer support, support pimps, support health workers, knowledge and attitudes.

This research used cross-sectional design with sample of 90 FSW. Techniques of data collection using questionaries, data analysis using univariate and bivariate analysis using chi square statistical test.

The result showed the majority of FSW in the consistent use of condoms. The variable related are age, family support, peer support support pimps, support health workers, knowledge and attitudes to the behavior of STIs and HIV/AIDS.

The improvement by health promotion program and the consistency of condom using will be more applicable effort.

Keywords: Behaviour, FSW, IMS and HIV/AIDS

A. Introduction

Millennium Development Goals (MDG's) is development millenium with effort for meet rights basic needs human through commitment with for implement eight aim one of its development, namely the fight against epidemiologic of HIV/AIDS, malaria and disease spread other harmful health.

Sexually Transmitted Infections (STIs) is a disease transmitted through sexual intercourse. According to the *World Health Organization* (WHO), there are more than 30 types of microbes that can be transmitted through sexual contact conditions are most often found among them, namely HIV and *syphilis*, can also be transmitted from mother to children during pregnancy and pregnancy, through blood and body tissue (WHO, 2009).

STIs cases continues to increase worldwide. Data released by WHO in 2005 there were 457 million people worldwide are affected by STIs

(Schmid, 2009). Since 2008, the number sufferer woman and a man is almost the same at around 1.34 per 100.000 population for women and 1.03 per 100.000 population for men (Nurhalina Afriana, 2012).

STIs is one of the causes of health problems, social and economic in many countries as well as mer upakan one entrance HIV/AIDS. The existence of STIs has exercised a great influence in the control of HIV/AIDS. At the same time, the increased incidence of resistance arising germs that cause STIs to some antimicrobials, which will add to the problem d a the treatment of STIs. On the other hand STIs is also a co-factor of HIV infection, thereby increasing cases of sexually transmitted infections could allow an increase in cases of HIV infection and AIDS (Edy Widodo, 2009).

An increased incidence of STIs and HIV/AIDS as well as the distribution of diesel uruh world can not be estimated precisely. STIs again

received great attention since the development of HIV infection and AIDS. HIV/AIDS cases in Indonesia until the September 2007 there were 16.288 cases, consisting of 5.904 cases of HIV/AIDS 10.384 with the cases of as many as 2,287 people died, while the STIs cases in 2010 in Indonesia was 48.789.954 people (Depkes RI di dalam Nurcholius dkk, 2008). STIs cases continues to increase, the phenomenon of the increase and spread of STIs cases that occur in high-risk groups such fast, one of the high-risk groups is Female Sex Workers (FSW) (Edy Widodo, 2009).

Surveilans Terpadu Biologis dan Perilaku (STBP) in 2011 by the Ministry of Health of the Republic of Indonesia showed the prevalence gonorrhoe or klamida on FSW Direct by 56% experienced a 10% increase from the year 2007 by 46% while in FSW Not Direct in 2011 amounted to 47% experiencing ken aikan 12% compared to 2007 which amounted to 35% (Kemenkes RI, 2011). Coverage STIs treated in all districts in Indonesia in 2005-2007 was 68.64% whereas the target of 100% SPM (Tim Field Lab, 2013).

FSW is a high-risk group given ter contact STIs in this group used to perform sexual activity with a partner who does not remain, with a very high level of mobility in the group. Although STIs is a disease caused by infectious organisms, but t ernyata in its distribution is strongly influenced by the behavior patterns and lifestyle (Yuwono, 2007).

West Kalimantan Province has a STIs cases is quite high and has increased every year. The number of cases of STIs in West Kalimantan in 2007 found as many as 2.365 cases of the number of patients treated by 99%, in 2009 as many as 2.361 cases of the case treated as much as 98%, in 2010 found as many as 2.567 cases and in 2011 the case of STIs 5773 case and in 2012 increased to 6419 cases mostly are women.

Sintang District STIs patients is quite high, according to data on the clinic STIs Health Center Sungai Durian Sintang in 2012 recorded 113 cases of STIs in 119 FSW, in 2013 there were 58 cases of STIs are affordable at 90 FSW and January-March 2014 there were 24 cases of STIs

in 97 FSW in Merano which houses the largest population of existing FSW. Decrease in STIs cases in the last two years due to the FSW terd a number ta in 2013 is reduced and at the time of inspection in the field STIs FSW concerned does not wish to be examined. STIs incidence occurs in over 50% of FSW. This is a concern which is quite serious and alarming because FSW is a high-r isk for contracting and transmitting STIs.

B. Method

This study used *cross sectional* design and was conducted in June-July 2014 Sintang through a quantitative approach. The population in this study are all FSW in Complex Merano 90 people. The sample is determined using the method of total sampling with a sample obtained 90 FSW. As kriteris inclusion, namely the FSW located in Merano location, not being sick, and willing to become respondents by filling informed consent.

The research instrument used in the form of a questionnaire sheet. Data analysis was performed using univariate analysis to explain or describe the independent variables. Bivariate analysis using chi square test d ith the value of $\alpha = 0.05$ with statistical computer program used to explain the relationship between the independent variable and the dependent variable.

C. Result and discussion

Limitation od the study

This study uses a cross-sectional design, which all variables ati silent when research takes place so that the study was limited to explaining the relationship between the two variables and can not explain the causal relationship, and not control confounding factors. Gave a briefing on the contents of the questionnaire respondents, cover a n knowledge is still lacking, the amount of still lacking, the respondents gave a neutral stance makes centralized assessment, and the possibility of respondents are not honest in answering personal nature.

The results showed the majority of FSW consistent in using condoms. This is caused by the ability of negotiating and bargaining FSW weak with respect to the economic dependence

of the respondents to the customer. The variables associated are age, family support, peer support, support pimps, support health workers, knowledge behaviors and attitudes with STIs and HIV/AIDS.

The results showed there is a significant relationship between age and behavioral prevention of STIs and HIV/AIDS with a p-value (0.007). According to through Home Visits Health Belief Model (HBM) there are four factors that affect a person in preventive measures, namely: susceptibility, severity, barrier and the perceived benefits. These four factors are influenced by demographic factors (age, gender and marital status), socio-psychological factors (personality and social pressures) and structural variables (knowledge and experience on health issues).

Respondents younger behavior STIs prevention and HIV/AIDS due to several factors: less knowledge and experience gained fewer than old age. The results showed there is a significant relationship between family support with behavioral prevention of STIs and HIV/AIDS with a p-value (0.003). The research result shows there is a significant relationship between friends with behavioral support STIs and HIV/AIDS with a p-value (0.049).

The results showed there is a significant relationship between pimps with behavioral support prevention of STIs and HIV/AIDS with a p-value (0.001). This, in line with previous research conducted by Ana Sian Sutri (2012) in a study of the FSW in Serdang Bedagai, stating that there is a significant relationship with a pimp support STIs prevention behavior. This research is also consistent with research Boediono (2011) in Semarang Argorejo states that support pimp/pimp influence the practice of condom use among FSW and customers.

Results of research conducted in Bali IAKMI to FSW in 2010, states that other factors related to the inconsistency use of condoms is the relationship between FSW with pimping. In general the relationship pimps and FSW in prostitution in Bali is very short, temporary and only focused on the effort to make money. FSW high mobility from one location to another is one of the factors that cause relationships FSW and

pimps become less tightly. FSW empowerment to refuse customers who did not want to wear a condom will not work well without the involvement of a pimp as owner and boss FSW location.

The results showed there is a significant relationship between knowledge and behavior of STIs and HIV/AIDS with a p-value (0.030). This is in line with the opinion of Notoatmodjo (2007), which suggests a knowledge or cognitive domains that are essential to the formation of one's actions. The depth of knowledge a person can be known through several levels have started from levels know, someone just able to refer to the terms just based on what is learned or experienced. Then enter into the level of understanding, application, analysis, synthesis, and evaluation (Arip, 2013).

Knowledge is a predisposing factor crucial for shaping the behavior so that their knowledge is high then one can realize a positive action (Arip, 2013). Hopefully, by the FSW knowledge about STIs can determine intentions and a good attitude is also manifested in the practice of consciousness and behavioral intentions in the prevention of STIs.

The results showed there is a significant relationship between attitude and behavior of STIs and HIV/AIDS with a p-value (0.033). Theoretical way according to Henry et al (2011) attitude is a reaction or response from a person who is still closed to the stimulus or object. Attitude makes a person toward or away from another person or other object, but a positive attitude or support to the values of health is not always manifested in action (Siti Fatimah, 2013).

This, in line with previous research conducted by Karim, risks in reaching (2006) in a study of the FSW in resocialization Argorejo Semarang, feel there was a significant relationship between attitude and behavior. Likewise, the study conducted by Siti Fatimah (2013) which states there is a relationship between attitudes to the behavior of preventing transmission of STIs.

D. Conclusion

Efforts to improve health i promos program should be more applicable and FSW consistent in using condoms.

E. References

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