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Understanding HIV/AIDS Perception Using Health Belief Model of Female Sex Workers with HIV/AIDS

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ABSTRACT

Background: The way of transmitting HIV/AIDS through sexual behavior with multiple partners. Female sex workers (FSWs) risky to transmitted HIV/AIDS and stigmatized by the community. There are still some sex worker women who do not use condoms to prevent transmission. The study aims to explore the perspectives of FSWs to HIV/AIDS about the disease.

Method: A qualitative study using in-depth interviews was conducted to seven female sex workers (FSWs) who are transmitted HIV/AIDS from April to May 2018. The in-depth interview guidelines explored about the FSWs perceptions on HIV/AIDS, the experiences of getting stigma and discrimination in the health services and their prevention behavior to their partners using Health Belief Model.

Results: HIV/AIDS is not a dangerous disease. The assumption that people living with HIV/AIDS can still work made a thought that the disease is not dangerous. Giving of health education has been done regularly to women sex workers, but there are still women sex workers who do not use condoms at work. Stigma and discrimination in health services are still being felt. The female sex workers perceptions and stigmatization of them are essential. Strengthening the role of peer educator in educating FSWs, educating the health workers, and also the local regulation or *Peraturan Daerah* about HIV/AIDS prevention should be implemented.

Conclusion: A comprehensive strategy to increase knowledge, understanding, and life skill should be considered in this setting. Health education is required to increase FSWs and health workers knowledge about HIV/AIDS. Public health strategies need to be strengthened in localization where health access is highly utilized.

Keywords: Female Sex Workers, HIV/AIDS, Health Belief Model

INTRODUCTION

HIV/AIDS is one a very global health problem, this is because Acquired Immune Deficiency Syndrome (AIDS) is a threat of life and there is no cure for this yet¹ World Health Organizations estimates 0.8% communities around the world aged 15-49 years living with HIV. In Indonesia estimated that there were 142,950 people infected HIV and 55,623 people in the

stage AIDS. Cumulative percentage of AIDS highest in the 20-29 age group year is 32.9%¹. The latest data from the AIDS Commission (KPA) of Yogyakarta province shows that number of HIV is 3334 people and AIDS as many as 1314 people.

Percentage of HIV/AIDS cases based on how the transmission is divided become heterosexual (78%), IDUs (9.3%), male sex with men (4.3%), and from HIV positive mothers to his son (2.6%).²Female sex workers are one of the most vulnerable groups to HIV infection in the world today. HIV epidemics are rapidly attacking female sex workers populations with prevalence above 65% in some countries among others: India, Indonesia, Cambodia and the Russian Federation. in Semarang the level of awareness of female sex workers in using condoms is only 1%, whereas the use of condoms is

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of the efforts to prevent transmission of HIV/AIDS infection. In addition, from 0.8% of female sex workers the highest percentage of HIV infections at the age of 18-21 years is 31.3% (n = 258).³

Female sex workers sometimes are aware of medical checkup into a health worker, but there are also waiting for it to come health workers who survey to localization to see female sex workers health status, some even still believe that STIs can be prevented only by take initial antibiotics with buy it at the pharmacy.⁴ Some commercial sex workers find it difficult when seeking health services when they are infected with STIs or HIV/AIDS because they do not get permission from pimps. In addition, there are still many myths that develop among commercial sex workers that cause commercial sex workers to do their own treatment of illness.⁵

Problem Statement

1.1 Purpose and Objective of the Study: The purpose of the study was to identify the perspective of female sex workers with HIV positive about the severe, vulnerability, the benefits to get HIV/AIDS treatment, and the barriers to get HIV/AIDS treatment. The objective of the study was to explore and describe the perspective of female sex workers with HIV/AIDS in order to understand their health seeking behavior to get HIV/AIDS treatment.

1.2 Definition of key concepts

1.2.1 Perceived Severity: In this context the term perceived severity defining the expectation of female sex workers about the severe of HIV/AIDS.

1.2.2 Perceived Vulnerability: In this context the term perceived vulnerability defining how the female sex workers with HIV/AIDS expecting the vulnerability of HIV/AIDS to them.

1.2.3 Perceived Benefits: In this context the term perceived benefits refers to the benefits that female sex workers with HIV/AIDS get from HIV/AIDS treatment in term of getting ARV in health services.

1.2.4 Perceived Barriers: The term perceived barriers refers to the barriers who are faced by female sex workers to get health facilities including the experience of getting stigma and discrimination in health services.

RESEARCH DESIGN AND METHOD

Research Design: This study is a qualitative, descriptive, and explorative in order to gain depth information about the perception of female sex workers who are HIV positive to the HIV its self. In order to complete the number of informants, researcher collaborated with the NGO who are concern on the empowerment of the people who are living with HIV.

Sampling methods and study sites: The population of the study all the female sex workers who are infected by HIV/AIDS. The informants were selected by purposive sampling method. The inclusion criteria were applied : female sex workers (18 years and older), HIV positive, working as female sex worker minimum a year, agree to be interviewed.⁶

DATA COLLECTION

The data collected from April to May 2018 by indepth interviews and used guideline questionnaire which assisted the researcher to gain the depth information of the female sex workers with HIV/AIDS perception about HIV/AIDS itself. All the interviews were conducted different settings such as cafe and primary health care where the informants got the ARV depends on the appointment with the informants.

The data collection was finished in a week. The researcher interviewed one informant each day. Interviews were audio recorded in 60 minutes each. Informants were interviewed in Bahasa Indonesia or Javanese language depend on their proficiency. The reflective field notes also conducted to observe the informants' gestures and tone of voice.

DATA ANALYSIS

All of the audio interviews recorded were transcribed by research assistants using qualitative content analysis. The data analysis involved seven female sex workers with HIV/AIDS as the key informants. The interviews were analysed individually to identify the relating theme with the aims of the study. For each transcription, the issues related to the aims of the study were identified and coded without predefined themes. After all of the coding process finished then classified the theme based on the theoretical framework using health belief model (HBM) theory. Perceived susceptibility, perceived severity, perceived benefits, and perceived barriers were classified as the theme.

Ethical Consideration: Female sex workers are groups that are vulnerable to get disease risk, gender issues, and stigma also discrimination. It was very important that the researcher have to protect the rights. The study was approved by the research ethical committee of Universitas Ahmad Dahlan with Number 011801013

Findings: Our data tell the perspective about HIV/AIDS among seven female sex workers aged from 18-28 years old. Six of them are working in the brothel and the other one as the karaoke server. All of the informants in anti retroviral treatment and the know their HIV/AIDS status more than a year by the HIV/AIDS testing.

Perceived Susceptibility

Sub theme : Fee of services From the findings, the average number of guests served by each informant varied from 2-3 guests per night, but did not rule out not getting guests at all. There is a difference in the duration of in-room service between WPS located in Sarkem and Bong Suwung. If in Sarkem duration spent for one guest about 1 hour outside accompany karaoke with an average cost of Rp. 500.000, -. As for the Bong Suwung because there is no karaokenya place and the room used cannot be used long because there are still others waiting to use the same room, the same mattress, and the same bedspread, then the duration is usually short maximum of 10-15 minutes with cost IDR 80.000, - to IDR 100.000,.

“... so who has a room just provide only room so female sex workers bring tissue or what else like soap should be provide by ourselves sometimes we have to bring bed cover because the bed cover already used to more than one people.” (I-2). “(I-2)

Sub theme: Sexual services Based on several types of services provided to guests, the majority of informants only served the type of vaginal sex and do not accept requests outside of vaginal sex. Related competition among female sex workers,

According to informants there is competition among WPS in getting customers.

“... there is competition. Sometimes there is a friend who tells my weaknesses. When the client ask me about the truth so I answered you want to use me or her, but if you believe me the same let's go “I'm so.” (I-3)

Informants have diverse perceptions of the risks faced by a female sex worker. One informant admitted embarrassed to work as a female sex worker, but it was forced to do to meet the needs of his son. Informants are also aware that the work is not spared from the risk of getting sick, pregnant, and exposed to raids. The next informant explained that working as a female sex worker is risky and sinful but the informant is very pressured to do this work due to economic reasons. Informants do not know that the job is at risk for STIs. Other informants explained that working as female sex worker is not at risk of contracting venereal disease if female sex worker can prevent disease transmission well.

Based on findings about condom use when serving guests, there are two informants who suggested that always use condoms with reasons for the prevention of venereal disease and unwanted pregnancy. While other informants expressed that not always use condoms, condom use depends on guest demand. HIV positive female sex workers are still receiving guests.

“Sometimes I do not use condom, it depends on the request of my clients. They do not satisfied with my service if use condom.” (I-1)

Sub Theme: Perceived Severity The majority of informants perceived that Sexually Transmitted Infections (STIs) including HIV/AIDS are a dangerous disease. But there were two informants who thought that STIs including HIV/AIDS were not a dangerous disease because there were already drugs that could be taken regularly.

“It is not a dangerous disease. There is a drug for it, we just have to consume it regularly..every day..every time for the rest of our life.” (I-2)

Sub Theme: Perceived Barriers Based on the findings, the majority of informants did not feel any obstacles in accessing health services. But there was one informant who explained that he had experienced discrimination stigma from health workers at a government health care facility.

“She was a new doctor who gave treatment for me, she was treat me without any smile at her face, she was rude..and I reported her to her boss in the office.” (I-1)

Based on the findings, according to the informants the reason why not all the female sex workers want to check their health is due to the following factors: 1) low self-awareness, 2) female sex workers already know

their health status so ashamed to check their health, 3) if the partner knows his health status, 4) health checks are considered not yet a necessity.

DISCUSSION

Female sex workers in this study realized that the work undertaken is very vulnerable to contracting HIV/AIDS. However, not all informants we interviewed used condoms during sexual intercourse with their clients. This happens because the bargaining power between informants and clients has not been strong. The informant will fulfill the client's desire not to use condoms with the requirement to add the cost of sexual services.⁷

Stigma and discrimination are still a problem for female sex workers. This was evidenced by the results of interviews that explained that informants had experienced "patient friendly" treatment from health workers because they knew the health status of an HIV positive patient.⁸ The same situation also happened to female sex workers in Zambia. Stigma and discrimination cause a female sex worker to be reluctant to check health conditions, including VCT. In this case, the role of peer educator is very important to provide education, spirit, and intensive assistance to the female sex workers who become resisted and increase social network capacity to health care workers. In addition, couples female sex worker should also give encouragement to perform regular health checks.⁹

Stigma is influenced by several factors, namely knowledge, money, power, prestige to prevent access to health services to patients and access to disease prevention services.¹⁰ Consistent use of condoms in female sex workers has not been done by all informants in this study. In this study there were still informants who did not use condoms while having sexual relations with clients. This is influenced by the reason that clients feel uncomfortable when having sex without using condoms and the addition of the cost of sexual services provided by the client to the informant.

According to the health belief model (HBM) as one of the most reliable behavioral theories explaining the pathway of behavioral change in high-risk populations, The way to change in people's attitude would lead to change in their behavior through influencing the components including: perceived susceptibility, perceived severity, perceived benefit, and perceived

barriers.¹¹ Most of Iranian PLWHA acquired their knowledge of unsafe sex consequences might have influenced the "perceived severity" of the disease and it would be lead to consistent of condom use among them.

Some studies explained that women are more vulnerable to HIV/AIDS than men.¹² Other study mentioned that "partner's condom refusal" was the main point of condom non-use among women living with HIV/AIDS. "My partner did not want to use a condom" is a common self-reported reason for condom non-use among PLWHA.¹³ Based on the facts it seems that more interventions are needed to empower Iranian women on condom use bargaining, especially to explain them about their reproductive health rights (such as refusing sex without condom) in their sexual relationships.^{14,15}

Limitations of the Study: The study did not explore about the experience of the informants about stigma and discrimination to get health services, myths of the female sex workers to prevent and also cure the sexually transmitted infections (STIs) and HIV/AIDS.

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Conflict of Interest: We declare that there is no conflict of interest in this research

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