

Dynamics of Social Behavior of Using Condoms in Brothel at Jalan Nusantara, Makassar City (Sociology of Health and Illness Review)

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Abstract: Unsafe Sexual intercourse is often a determinant outbreak of sexually transmitted diseases. Surely, this issue is not only about health issues but is closely related to the sociological issues of social behavior of prostitute, consumers and stakeholders involved. The social behavior led to two terms, if it supports safe sex or not. However, sexual activity that is not healthy is the result of social behavior among social actors of prostitution activity. In this qualitative study, the main problem lays in two things namely non-compliance customers and inconsistencies among commercial sex workers to use condoms. The social behavior of commercial sex workers using condoms can be divided into two compromising and non-kompromising. Social behavior cimpromising gives more opportunities for customers to unprotected sex. Unsafe sexual behavior that is becomes a determinant of social dynamics towards the lowering the risk of sexually transmitted diseases do not happen. The findings of this study states that social dynamics which was marked by agreement or conflict between female sex workers was determined by a good understanding of the benefits of condoms on themselves and the profession of a prostitute, the firmness of prostitute to require consistent condom use and the behavior of costumers.

Keywords: Social behavior, social dynamics, sexual intercourse and sexually transmitted diseases.

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I. INTRODUCTION

The main problem of sexual behavior that often occurs is the neglect of safety sexual intercourse, especially those who use the services of a prostitute. The absence of safety makes the customers and as well female sex workers vulnerable to diseases Sexually Transmitted Infections (STIs). Sexual Transmitted Diseases (STD) or sexually transmitted infections (STIs), particularly HIV and AIDS must necessarily be avoided by familiarizing yourself to healthy sexual behavior.

STIs has many variants that is according to the Ministry of Health of the Republic of Indonesia can be classified as follows:

Table 1.1 The list of STDs

Pathogen	Disease Incurred
Neisseria Gonorrhoeae	Gonorrhea, Cervicitis
Chlamydia Trachomatis	Klamidiasis, Cervicitis
Treponema Pallidum	Syphilis, Ulcers Durum
Klebsiella Granulomatis	Granuloma Inguinale
Haemophilus Ducreyi	Chancroid
Ureaplasma Urealyticum	Men: non-gonorrhea urethritis Women: cervicitis and urethritis non-gonorrhea
Human Immunodeficiency Virus (HIV)	HIV / AIDS infection
Herpes Simplex Virus (HSV) types 1 and 2	Genital Herpes
Human Papillomavirus (HPV)	Genital warts
Hepatitis B Virus	Hepatitis
Molluscum contagiosum virus	Molluscum Contagiosum
Trichomonas Vaginalis	Trikomoniasis

Source: Health Ministry of RI . 2011. National Guidelines for Handling of Sexually Transmitted Infections, 2011. Jakarta. The Directorate General of Disease Control and Environmental Health. The Ministry of Health of Indonesia, Jakarta

STIs deployment lately becomes the concern of every stakeholder in health management in the country. Government intervenes in society through a series of STI treatment program so that people can be protected from the dangers of STIs. Besides, participation and the role of non-governmental organizations as well as the active participation of public figures is necessary so that the effectiveness of social intervention can be effective and achieve the goals.

Team Field Lab School of Medicine UNS (2013, p. 2) mentions four main causes increase of STIs in developing countries such as Indonesia, as follows:

1. Poverty and ignorance
2. The awareness of the importance of reproductive health among adolescents is not growing yet
3. Sexual education for an early age is still considered as taboo.
4. Changes in global lifestyle and demands of the population and changes in population structure

STIs disease, especially HIV and AIDS has been a disturbing phenomenon, especially in South Sulawesi. DG of Diseases Control & PL Ministry of Health (2013, p. 46) in South Sulawesi itself, in 2013, there are number of AIDS patients total 1446 people living with HIV total 524. This case includes quite high. For researchers, the main problem lies in the social behavior of the use of contraceptives, especially condoms in of prostitution activity. Social behavior is very largely determined how the effectiveness of condoms can be realized in the prostitution locations chosen as the study site.

Issues such as the potential spread of STIs that is more widely are followed by sociological issues. Sociological issue in question is not supportive social behavior of the actors involved in the business of sex invaders. Supportive social behavior that resulted in the potential for the spread STIs due to sexual behavior that is not healthy.

Supposedly the social behavior of commercial sex workers, customers, pimps and social workers have the awareness, knowledge, attitudes and actions to use condoms as a reflection of the sexual behavior of healthy but in reality (Das Sollen), social behavior of commercial sex workers, customers, pimps and the social worker just does not strengthen the awareness, knowledge, attitudes and actions to use condoms as a reflection of a healthy sexual behavior (Das Sein). The focus of this study is the social behavior of using condoms in of prostitution activity.

Therefore, the formulation of research problems is how does the form of social behavior of using condom among prostitute in brothels which is locations at Jl Nusantara Kota Makassar.

II. REVIEW OF LITERATURE

1. Healthy Lifestyle in terms of The Sociology Health and Illness

Healthy life behavior is not only influenced by physical-biological determinants but also by sociological factors. These sociological factors require the analysis of sociology of health and illness. Albrecht (2011, p. 268) described as follows: "The sociology of health and illness developed in a historical context attempting to understand how social and cultural factors influenced the distribution and understanding of disease, responses to illness, the evolution and operation of health care institutions and development of social policies".

Of course, there are some items that are of concern to sociologist of health and illness. Ackerknecht and Porter in Albrecht (2011, p. 269) as follows:

- a. Agency: Who or what is causing the illness or preserving health?
- b. Social role: What is the role expected of the patient and of the healer?
- c. Symbols of knowledge, power and healing: What is the knowledge base of the healer? What symbols extinguishing the healer from others in the community? And, what does purging by sweating or colonic therapy mean?
- d. Structure, process and outcome: Where should one seek help when ill? How does the healing take place? And, how should the healers treated if they succeed or fail in their Endeavors?

Sociology of Health has broad and diverse studies in the social context surrounding the disease. In relation to the prevention STIs by using condoms, the fourth level of the discussion needs to be done about the agency, social rules, symbols and structure, process and outcome. Agency related to the individual and the disease-causing STIs and preventive efforts on the risk of the disease. The social role with regard to the expected role for a person not exposed to the disease STIs and what the roles expected of medical personnel and other parties to undertake measures of promotion, prevention, cure and rehabilitation of people with STIs.

Varian sociological analysis can be mapped into 3 namely the unit of analysis centered on the structure, the individual and combined both. In this study analysis unit expressed are those of the individual. How individuals interpret social life in this life of commercial sex workers. Individual approach emphasizes the actor's ability to provide interpretation or meaning of a social phenomenon.

To observe carefully the behavior of a healthy life in the sunglasses sociology of health, the researchers, at least, recorded four sociological approaches that can be used namely; Parsonian approaches, Weberian and Foucaldian. Parsonian more see social structures as the main determinant of unhealthy sexual behavior. Weberian more subektif actor saw action as a determinant of unhealthy sexual behavior and Foucaldian more focused on analysis patterns and power relations as determinants of sexual behavior are not healthy. But White (2011, p. 9) provides a slightly different picture, namely:

Table 2.1: Simplification scheme of Health Sociology

Theory	Society Model	Cause of Disease	The role of the Medical Profession
Marxis	Conflict and exploitation	Puts profit ahead of the health	Discipline and control of the working class; and give individual explanations about the disease
Parsonian	It is basically the fabric of the role and structure of social harmony and stable	Social tensions (social strain) caused by meeting the needs and social roles	Rehabilitation of the individual to perform social roles
Foucaldian	A network of power relations, without the dominant source-control managed	"Illness" is the label used for sorting and discriminating residents to be easily controlled	Impose adherence to social roles "normal" and to ensure that we internalize norms
Feminis	Exploitative and repressive against women through patriarchy	Running the social role of women as determined by men (patriarchy); medicalization of women about their reproductive life cycle	Impose conformity to patriarchal norms about femininity and motherhood

2. *Sexual Behavior of condom users*

Sexual behavior is a response to all forms whether simple or complex which is usually followed by deeds as a form of sexual reaction from the opposite sex or the same sex. Sarwono (2011, p. 174) states that sexual behavior is: "Any behavior that is driven by sexual desire, both with the opposite sex or the same sex". Sexual behavior is arising from the physical attractiveness of the opposite sex or the same sex. The desire for self-indulgence would be center of sexual behavior. Sexual desire is passionate sometimes make a person lose control of the importance of healthy sex, moreover if the release of sexual desire do in brothel. The use of condoms is useful because the localization place is the origin of the spread of STDs.

The main problem of many men assume that the use of condoms when having sexual intercourse reduce the pleasure and uncomfortable. Willings et.al (2006, p. 1) states that: “ *The huge regional variation indicates mainly social and economic determinants of sexual behaviour, which have implications for intervention. Although individual behaviour change is central to improving sexual health, efforts are also needed to address the broader determinants of sexual behaviour, particularly those that relate to the social context. The evidence from behavioural interventions is that no general approach to sexual-health promotion will work everywhere and no single-component intervention will work anywhere. Comprehensive behavioural interventions are needed that take account of the social context in mounting individual-level programmes, attempt to modify social norms to support uptake and maintenance of behaviour change, and tackle the structural factors that contribute to risky sexual behaviour*”.

Unhealthy sexual behavior requires a change in behavior without changing the principles of economic localization. The main issue in the brothel was not to be promiscuous sexual relations but the model should follow the pattern of healthy sex.

3. *Theory of Social Behavior*

The existence of a deviant behavior including sexual behavior is not healthy is the fruit of social behavior that is walking is not as it should be. Atkinson, Atkinson and Hilgard (1983, p. 251) states that: "Social behavior is a function of the person and the situation. By this is meant every man will act in a different way in a situation that

regards, any person's behavior reflects a collection of unique properties brought into a certain atmosphere that behavior in the show to others ".

Unhealthy sexual activity is the fruit of social behavior among social actors in prostitution areas. Social behavior can reinforce healthy sexual behavior or not. Norma, membership and values prevailing in prostitution areas largely determine the social behavior of the parties involved in the business of prostitution. When social behavior condom use could be managed more effectively the social dynamics that aim to change the behavior of a healthy sex with a condom can be realized.

If the social behavior of condom users can be managed effectively then social dynamics aiming to change their sex behavior can be achieved.

The social behavior of condom user will define a pattern of social interaction when the prostitution is held. Rakhmat (2008, p. 43) stated, "*Para psikolog memandang perilaku sebagai reaksi yang dapat bersifat sederhana dan bisa bersifat kompleks. Hubungan antara sikap dan perilaku sangat ditentukan oleh faktor-faktor situasional. Faktor norma, keanggotaan kelompok, kebudayaan dan sejenisnya merupakan kondisi ketergantungan yang dapat mengubah hubungan sikap dan perilaku*". (Psychologists classify behavior as a simple reaction or even turns complex. The relation between an attitude and a behavior is really defined by situational factors. Norm, group membering, culture, etc are dependable in changing the relation between attitude and behavior.) If the social behavior of condom users can be managed effectively then social dynamics aiming to change their sex behavior can be achieved.

a. Social Behavior of Condom User

Social behavior affected by various factors. One of it is the information by the social actors in a prostitution business. The information of the importance in using condom which can decrease the impact of sexually transmitted diseases is an absolute matter. Sianturi (2012:3) confirmed, "*Perilaku WPS melakukan pencegahan HIV dan AIDS dengan menawarkan kondom dan menggunakan kondom saat berhubungan seks merupakan perilaku kesehatan yang dipenga-ruhi oleh pengetahuan. Pengetahuan yang di-maksud adalah pengetahuan PSK tentang penggunaan kondom terutama manfaatnya dalam mencegah HIV dan AIDS. Dengan pengetahuan ini diharapkan muncul sikap berupa kesadaran dan niat untuk menggunakan kondom serta didukung dengan tersedianya sarana kondom dan dukungan dari mucikari dan petugas kesehatan*". (Female sex workers prevent HIV AIDS by offering and using condom in committing sexual activities is a healthy behavior affected by ones' knowledge. It is about their knowledge of using condom in preventing HIV AIDS. With this information, we expect an awareness behavior and self-intention to use condom by supporting condom facilities from the pimps and health officers.)

The research done by Sianturi divided into three review stages that is predisposing factor (knowledge and attitude), supporting factor (condom availability), and reinforcing factor (the involvement of pimp and health officers) describe the revelation aspects of social dynamics concept and social changes. Predisposing factor as the idea concept, supporting factor as the attention concept, and reinforcing factor as the normative act concept.

One difficult factor is to change the behavior of male consumers which have been affected by a thought that using condom in a sexual intercourse can decrease sexual enjoyment. This belief civilized in men thought. The most difficult challenge of healthy sex promotion in the area comes from the consumers itself. However, if the female sex workers have offered the condoms but rejected by the consumers, then we lose the expected social behavior. The obligation of using condom will be nothing. Social intervention made by the government will not achieve the target.

b. Conceptual Framework

The conceptual framework is made to show the plot and conceptual mapping of the research. It is described as follows:

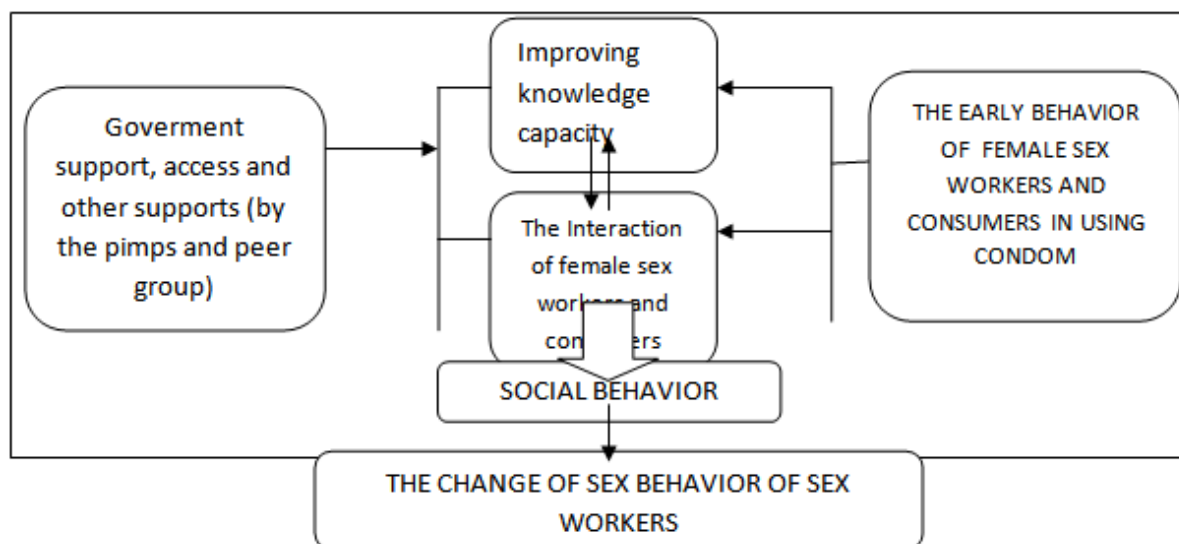


Figure 2.1: Conceptual Framework

The early behavior of condom using shows an unhealthy sex behavior. It is happened with the involvement of three elements: the improvement of knowledge capacity, the interaction of female sex workers and consumers, government and other supports (by the pimps and peer groups). In this research, the social behavior is meant to change an unhealthy to a healthy sex behavior by habituating condom using in sexual intercourse.

III. RESEARCH METHOD

The method of this research uses a qualitative research. It is because the researcher uses Weberian analysis in observing the phenomenon of social behavior deeply. The variant of the research uses phenomenology. Jasper, Forsberg and Meleis in McKenna and Whatling (2007), "Phenomenology is the study of "lived experience" and is concerned with understanding internal meanings of carefully described first-hand experiences. From such accounts, researchers seek to identify the essence, or essences, of a phenomenon, which can then be used to develop either descriptive, or prescriptive, theory".

The location of the research is in Jalan Nusantara, Makassar. It is because the high intensity of sex workers meeting with the consumers can be found in the area. There are also more information about contraception used by both of sex workers and consumers. The informants of the research are defined by purposive sampling.

The data sources of this research are primary and secondary. The primary data is obtained and processed directly by the researcher. While the secondary is processed by other researchers which later processed by the next researchers. Data primer adalah data yang diperoleh secara langsung dan diolah sendiri oleh peneliti. As it is said, the data resourcer divided into primary and secondary data. The procedure of collecting data is done by deep interviews and documentation. The data analysis is carried by using the tehniqe of phenomoenology data analysis.

IV. FINDINGS AND DISCUSSION

The information searching of sex workers' social behavior in using condom by interviewing five informants, Irma, Putri, Kiki, Rani and Nina. The condom using is merely used by sex workers to prevent from sexual diseases in their profession . Although the socialization by the sex workers is challenged and even face an abuse. Two informants had experienced it, Irma and Kiki:

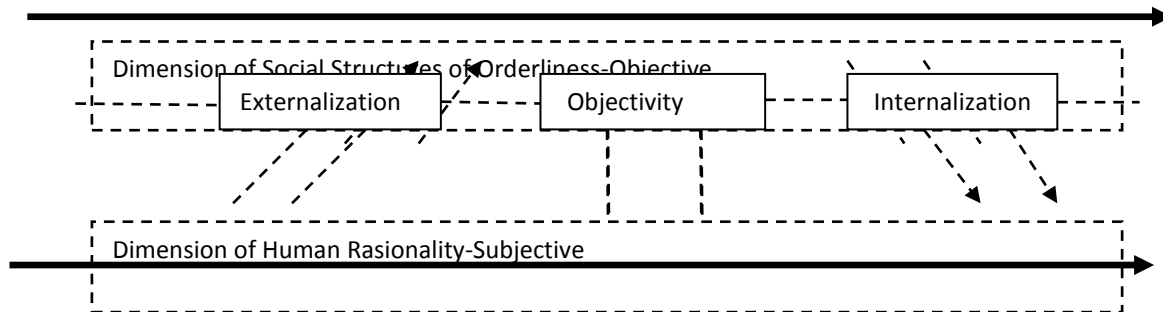
"Iya kadang sih ada pelanggan yang maksa. Tapi kalau kadang dia juga ngotot yaa, terpaksa ya minta ijin pulang pamit. Pernah ada yang memaksa dan menyakiti saya. Saya sudah jelaskan mereka semua tetap tidak mau pakai kondom jadi kita tidak ini layani." (Irma interviews)

(Sometimes there are consumers who act excessively. If they do it any further, I take the leave. I was even abused by them once. I have explained them to use condom, but the refuse, so we dont give them our service.)

"Saya juga pernah dikerasi; dijambak dipukul, ditempeleng, ditendang. Bagaimana pak to telanjang mi ki' sama-sama dan laki-lakinya sudah naik mi dikepalanya mau sekali tiba-tiba tidak pake kondom dan saya tidak mau dan mau lari na tarek ka pak. Saya tetap lari. Masuk kamar mandi." (Kiki interviews)

(I was also tortured by them, my hair pulled, beaten, slapped, even kicked. At that time we are both naked and the consumer male almost started, but when I offered the condom he refused, so I tried to run but they grabbed my hand. I eventually succeeded to run and hid in the restroom.)

The social behavior of the informants basically are the same with the complete understanding of the importance of using condom. From sociology view, the process is an internalization of the knowledge and the importance of condom. Riyanto (2009, p. 112) described the internalization of Berger by three processes of how a value system socialized by a social group into other groups. The process of internalization-objectivity-externalization surely describe how a corporation inform their intention to be accepted by its workers as follows:



Berger abstracted the institution building as a externalization and onjectivity process. In the beginning, a group of man pose some acts. If it is proper and succeed to solve problems at once, then it will be repeated. After it has consistant repetition, human logic awareness will formulated that the fact happens due to a rule norm. This is said as an objectivity through the process. Dialectic between human and society are described in three processes, two of them are externalization and objectivity. The third is internalization. By this, human can be a product rather than (shaped by) the society. The internalization has the function to transmit the institution as the independent reality especially to the new social members. It aims to defend the institution over time, although the society concept the institution into their firm awareness. The three processes become as dialectic cycle in the relation between human and society. The human form the society, but the human is formed back by the society.

The informants of female social workers in this research conducted a safe sex by using condom was a proper action to protect them and their profession. They realized and accepted the knowledge of the impact by not using condom in sexual intercourse can be risky to be infected by sexually transmitted diseases. Next, the informants acceptance of value system of safe sex contains that the behavior of using condom is a product (shaped by) the society. To observe the behavior of the informants, the researcher ategorizes their patter of using condom into two:

- a. Non-Compromised Behavior. This is a model of condom using behavior which strictly confirmed that they do not want to give services if the consumers do not use condom. Some of them even experienced abuse from their customers (verbal and non-verbal abuse). Surely this appears to those who invite resistance or conflict with their consumers. The informants who categorized in this are Irma, Kiki, Putri, and Rani.
- b. Compromised Behavior. This category is a behavior model of a flexible condom user. Terms and conditions are defined by the informant to approve free-used condom. The pre-condition by the informant usually comes from the customers who are visually not come from east area. Automatically it can produce less conflicts in their social pattern of their relation. The informant categorized is Nina.

Both of these categories affect the Health Belief Model on each informant depended on their each category. Health Belief Model firstly introduced by Rosenstock and revised by Becker and Maiman. Agweda, Dibua & Eromonsele (2010, p. 171) stated that Health Belief Model is the model assumes that an individual behaviour is guided by expectation of the consequences of adopting new practices. The Health Belief Model has four components. These components are: a. Susceptibility: Does the individual perceive vulnerability to specific disease. b. Severity: Does one perceive that getting the disease has negative consequences. c. Benefits Minus Cost: What are the positive and negative effects of adopting a new practice. d. Health Motive: Does the individual have concern about the consequences of contracting the disease”.

Health Belief Model assumed that individual behavior are driven by the intention to accept the consequent of a certain healthy behavior adoption. This Health Belief Model has four components as follows:

- a. Susceptibility: Whether an individual accept the susceptibility of one kind of diseases. As a sex worker, all informants believe that the sexually transmitted diseases can treat them. Their profession is highly risked to be infected by the diseases. Their awareness is high especially when committing sexual intercourse with the

consumers who do not want to use condom. Four informants or sex workers strictly refuses to be involved in that kind of sex and two of them received violence. One informant seems flexible but highly selective.

b. Severity: Whether an individual understand well that a disease has negative consequent. All the informants aware of the sexually transmitted diseases. They also realize that if they contacted by one of the diseases, it can treat their profession. Irma had experience a moment which made her will not compromise with a consumer who refuses to use condom. She had a friend who suffers the disease and expelled from her workplace.

c. Benefits Minus Cost: It is all about the positive and negative in conducting a healthy practices. The behavior of using condom by the informants which quite strictly shows proper understanding of loss-profit of safe sex by using condom. Everyone believes that using condom can protect them from sexually transmitted disease. Protect them from other risk such as pregnancy which can be a loss for them.

d. Health Motive: Whether an individual has an attention of the consequent with certain diseases. Life experience of the informants, especially for them who saw their work partners ended their profession because of terrible fact which also can endanger the informants'. The more aware they obliged their customers to use condom, the more attentive of disease consequent they have.

The findings of this research found that, ***“social dynamics marked by the understanding and conflicts among female sex workers has been defined by well understanding of the importance of using condom for each and sex workers’ profession, the firmness of them to be consistent in obliging the consumers and their behavior in using condom.”***

V. CONCLUSION

The social behavior of condom using for female sex workers to their consumers is divided into two, non-compromised and compromised behavior. The non-compromised means that the female sex workers are firmly obliged their customer to use condom even they will receive violence from them. While the compromised behavior can tolerate their customers’ wish to not use condom with certain terms and conditions.

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