

Adolescent Prostitution Client's Knowledge on Reproductive Health

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Abstract: The objective of research was to identify the characteristics of adolescent prostitution client's, their knowledge on reproductive health, and their sexual attitude and behavior. This research employed Bourdieu's social practice theory through habitus, capital and domain encompassing it. The research method employed was descriptive qualitative one. The sample consisting of 19 informants were selected using purposive sampling, data was collected using in-depth interview and FGD, data validation was carried out using source and method triangulation, and data analysis was conducted using an interactive model. The result of research showed that the characteristic of adolescent prostitution client's come from various social and economic background. Majority adolescent prostitution clients have inadequate knowledge on reproductive health. Habitus about reproductive health was obtained from parents, school, social environment, and mass media, particularly internet. The values contained in the knowledge on reproductive health were positive and negative values constituting adolescent prostitution client's cultural capital. Adolescent prostitution client's sexual behavior was affected by cultural and economical capitals owned, and domain encompassing. Considering the importance of Group Membership to the adolescents, this research recommended to improve knowledge on reproductive health using peer education strategy.

1 INTRODUCTION

Sexual relation should be done by adult only, so that prostitution client should have been adult as well. However some studies show some of prostitution clients are adolescents. For example, Bindle (2010) suggest that some of 103 informants using prostitutions in London are 18-24 years old. Similarly, Cheung, et al (2011) found that some female and male adolescents have sexual relation with money as the return in Hongkong. For Indonesia, the case of adolescent prostitution clients still 15 years old is found in Surakarta as well (Humsona et al., 2015). The findings of studies conducted in London, Hong Kong and Surakarta confirm Brown's (2005) conclusion that all classes, religions, age, and ethnic groups are represented by the prostitution clients.

Sexual relation done in adolescence will be more risky physiologically and psychologically (Sciortino, 1999; Humsona et al., 2016). Psychologically, they are vulnerable to sexually-transmitted diseases and HIV/AIDS. Psychologically, adolescents have not been able to assume the risk of pregnancy

responsibly. The attempt of reducing prostitution among adolescents is difficult to be successful, as in sexual relation in which the actors are both adolescents, sexual relation is like only a joyful game (Humsona and Yuliani, 2016). For that reason, there should be non-judicial approach used as an intervention for the clients, one of which is to provide reproductive health education. The objective of research was to identify the characteristics of adolescent prostitution clients in Surakarta, their knowledge on reproductive health, and sexual attitude and behavior. This research was taken place in Surakarta, as the data of Child Protection Commission (KPA) showed that the cumulative case of HIV/AIDS in Surakarta reached 552 with 176 deaths. This figure puts Surakarta on the second position with the largest HIV/AIDS cases in Central Java (Harahap, 2011; Purnamasari and Humsona, 2016). Considering that one group with high risk of being infected with HIV/AIDS and sexually-transmitted disease is prostitution clients, the result of this research are important findings.

2 METHOD

This research was taken place in Surakarta City. The research method employed was qualitative one with phenomenological approach. The sample consisting of 19 informants were selected using purposive sampling, while data was collected using in-depth interview and FGD (Krueger, 1994; Irwanto, 2006). For some informants, in-depth interview was conducted in some different locations according to the informants' wish: Surakarta, Semarang, Yogyakarta, and Magelang. Data validation was carried out using source and method triangulations, while data analysis was carried out using an interactive model of analysis encompassing data reduction, data display, and conclusion drawing (Miles and Huberman, 1992).

3 RESULTS AND DISCUSSION

3.1 Characteristics of Adolescent Prostitution Clients in Surakarta

Prostitution client is anyone making sexual relation by giving reward. Brown (2005: 152) mentioned that, the rich men often come to nightclubs to buy high-class call girls, while cheap brothel sector tends to use the less rich ones as their clients. Considering that adolescents still have economic dependency, they will come to the location appropriate to their financial condition.

Using Bourdieu's practical theory, attitude and behavior of clients are conceived through habitus, capital, and domain encircling it. Habitus includes knowledge, thinking and action. Rational action is human beings' activity based on its rationality in achieving certain objective, but the rationality is also based on knowledge obtained from social and institutionalized family education. Habitus is a practical sense encouraging the actor to act and to react in specific situations in a previously uncalculated way, and not merely a conscious obedience to the rules (Prasetyawati and Ramli, 2012).

Habitus is the result of skill becoming practical action (should not always be realized) that is then translated into an apparently natural ability developing in certain social environment (Bourdieu, 1977). In the process of acquiring the skill, the created structures change into the creating ones. What is believed as a creative freedom is actually the result of structure limitation. So habitus becomes driving,

thinking, and representation sources (Haryatmoko, 2003).

Economic, cultural, social and symbolic capitals allow the creation of social scope structure. Out of those capitals, economic and cultural capitals are the determinants in providing the most relevant differentiation criteria to the developed society scope. It is this that is called capital structure.

Concept of habitus is inseparable from struggle domain concept. Those two concepts are very fundamental as they presuppose two-way relation: objective (social) and habitus structures that have been integrated into the actor (Bourdieu, 1977). The struggle domain (champ) concept is very desirable because in a very scope-differentiated society, objective relations have irreducible typicality in the relation governing other area. However, basically every area is colored by Bourdieu's postulate (Haryatmoko, 2003), that in all society there are master and mastered.

The result of research showed that the prostitution clients tend to be younger currently. This research finds that the clients have made sexual relation commercially since they were 15 years old. However, some informants said that actually they have known prostitution since they were in elementary school. Their status is generally student and college student. They come from inside or outside Surakarta City. Viewed from marital status, are generally not married. Even they stated confidently that they will stop their habit after they have gotten married later.

Adolescent prostitution clients come from a variety of social classes. The lower-class clients come to open prostitution location (e.g. RRI area, Tirtonadi terminal, or former Bale Kambang tourist destination). These locations are opened enough, everyone can come in easily. Meanwhile, upper-middle class clients may attend motor race, use procurer, and social media. Through social media, adolescent clients can arrange further dating and negotiation easily. The girls whom they like usually work in entertainment places such as karaoke, as they are beautiful, attractive, clean and not fussy.

Using Bourdieu's practical theory, adolescent prostitution clients can be understood through habitus, capital and domain encircling them (Prasetyawati and Ramli, 2012). Knowledge on reproductive health is inculcated by family, school, and society. However, the value of protecting themselves from negative influence is not easy to maintain, moreover for those still adolescent. The domain where they are will color the choice they take. When they are adolescent, in addition to family, membership group also affects them. In addition to

family and school, knowledge is further gotten from social environment such as playmate inside or outside school.

Alex and Boy, for example, unintentionally attended sex party event when they were in Senior High Schools. This experience became their capital to be prostitution client. For adolescent clients, interaction with this social environment is even considered as more important than that with family.

Considering the considerable effect of group on adolescence, the knowledge on reproductive health is dominated by information coming from their peer. Therefore, value and norm inculcated in family or school, can be replaced with group value. When the group has value of free sex, this permissive attitude can encourage the adolescents to establish sexual relation in prostitution to get group's recognition. Additionally, the joyful obtained from sexual relation makes adolescent prostitution clients ignore noble character, decorum, and responsibility tenets. If they have economic capital, they will choose more discretionarily. Habitus, cultural capital, economic capital, and domain determine the action taken by adolescent prostitution clients. Even this research also finds that familiarity with, choice of, and ways of using gadget are affected by group. The attractive content for adolescents related to reproductive health is affected by group as well.

3.2 Attitude and Behavior of Adolescent Prostitution Clients

Reproductive health according to Family Care International is a complete health situation including physical, mental and social aspects relevant to the functioning of reproductive system. Reproductive system contains a number of elements largely can be divided into two categories: sexual health and reproductive health (Sciortino, 1999).

Included into definition of sexual health, according Dixon-Mueller (1993), are the following elements: (1) avoided from sexually-transmitted diseases, (2) avoided from dangerous practice and violence, (3) control over sexual access (including sexual abuse), (4) sexual satisfaction, and (5) information on sexuality. Elements of reproductive health are, among others: (1) protecting (and ceasing) unexpected pregnancy securely and effectively, (2) protecting from dangerous reproductive practices, (3) choosing contraceptives and satisfied with contraceptives, (4) information on contraceptives and reproduction, (5) secure pregnancy and delivery, and (6) fertility management.

One important factor that should be present to achieve an ideal reproductive health situation is the

protected individual reproductive right. Reproductive right is the elaboration of human rights including three basic rights: (1) the partners' or the individual's right to decide freely and to be responsible for children number and space, and to get information and tool for that, (2) right to achieve standard sexual and reproductive health, and (3) right to make decision free of discrimination, compulsion, or violence.

The result of research showed that all informants have ever obtained material about reproductive health from school. The material is delivered with lecturing method in the classroom, and then the students are given opportunity of questioning. Reproductive health is not an independent subject, but it is inserted into Biology, Social Science, and Religion subjects. So, teacher delivers Reproductive Health material with different material. Reproductive health material in Biology subject contains knowledge about human body organs. In Social Science, it uses an approach to social relation between human beings based on local value and norm. Meanwhile, in Religion subject, moral approach is used according to respective religion.

In addition to from school, the students acquire reproductive health knowledge from house. Mothers give their daughter the knowledge on reproductive health more dominantly, while fathers give their son. To complement the adolescents' knowledge on reproductive health, Karang Tarunas (youth organizations) in some kelurahans (villages) have ever held education about reproductive health. Adolescents' enthusiasm is good enough and this activity can increase their previous knowledge.

Knowledge on reproductive health is acquired most dominantly from friend and mass media. Adolescents usually trust more in the knowledge from friends and mass media. The sources include pornographic VCD, internet, and social media.

Despite knowledge from various sources, adolescents' knowledge on reproductive health is inadequate, for example some of them still assume that sexual relation made for the first time will not result in pregnancy. So, if they make sexual relation once only, it unlikely will result in pregnancy. Such assumption is obtained from friends or boy/girlfriends. In addition, only few adolescents know that there is a risk of being infected with sexually transmitted disease and the way of coping it. Some adolescents do not always use condom in making sexual relation. Some others clean themselves by taking a bath only after making sexual relation. Only few adolescents find out that sexual relation made in adolescence will be risky of being infected with sexually transmitted disease an HIV/AIDS.

The clients have ever experienced the risk of making sexual relation with different partners. Their

reproductive organ is itchy. Considering the information obtained from their friend, the adolescent clients then consumed antibiotics they buy from pharmacy. And they recovered within a week. They have not regretted their deed and do not worry about the risk. Even when they develop some irreversible disease later, they have known where they should look for healing, to a healthcare worker conducting medical practical works. Many patients come to him and majority of them develop reproductive organ disease.

4 CONCLUSIONS

Many studies on prostitution have been done, but the one studying specifically the clients is still difficult to find, moreover, the one about adolescent clients. Using qualitative method and phenomenological approach, this research can reveal the adolescents' deviating sexual behavior.

Adolescents' knowledge on reproductive health is inadequate, but their sexual behavior is far beyond the material of reproductive health taught so far through school and family. Adolescents' knowledge on reproductive health is inadequate, for example, there is an assumption that sexual relation made for the first time will not result in pregnancy. In addition, only few adolescents know the risk of being infected with sexually transmitted disease and the way of coping with it. This research also finds that some Elementary School students have been prostitution clients. Habitus, cultural capital, economic capital, and domain determine the action taken by adolescent prostitution clients.

Knowledge on reproductive health is dominated with information from peer. Even this research finds as well that familiarity with, choice of, and ways of using gadget are affected by group. The attractive content for adolescents related to reproductive health is affected by group as well. This research concludes that reproductive health content has been out of date.

The contribution of research lies on reforming stage, that reproductive health content should be reformed with innovative material, method and strategy consistent with adolescents' need. It can be done, among others, using peer education strategy (Haberland and Rogow, 2013; Muis 2011), to reduce adolescents' interest in establishing sexual relation.

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