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MEDIA USED FEMALE SEX WORKER IN SEXUAL HEALTH MANAGEMENT

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ABSTRACT

Localization and female sex workers are a complex social problem. Social and health problems are a form of complexity. Solutions to problems are interrelated and simultaneous because the characteristics and patterns of communication in localization, especially those which is done by female sex workers have their own characteristics. Negative labeling given by the community to this group become the identifier or differentiator in their patterns and characteristics in communicating within the group. The focus of his research was the use of health communication media for female sex workers in health management to overcome Sexually Transmitted Infections (IMS) and their group interactions through qualitative descriptive research with case studies. The informants involved were the main and key informants where the main informants took the peer educator for female sex workers and representatives of female sex workers who did not include peers. While key informants are involving parking men and pimps. The result of this study is that the use of health media by female sex workers has a typology that depends on the characteristics of the group. Likewise, the success of health management depends on massive and appropriate media use. The effectiveness of media can be obtained from group communication whose communication approach cannot be equated.

Keywords: Media Used, Health Management, Female Sex Workers

1. INTRODUCTION

The localization phenomenon and the female sex worker is a single entity that makes a social issues become very complex. In the case of female sex workers, many things occurred, not only relates to the social issues but also issues of health. The solutions about Health and social problems for female sex workers cannot be separated. In other words, the solution to the problems will be the interconnected and simultaneous problem-solving.

The study of female sex workers and health communication is varying. As the results of the previous research that shows a fairly high correlation between the use of health media exposure to the level of health understanding for female sex workers in localization. The correlation was shown with healthy behavior changes of female sex workers in daily life after knowing and understanding the content of health media (Setiyaningsih, 2017).

Wulandari (2013) concluded that the issue of reproductive health, the issue of sexuality that are considered taboo by society can inhibit the knowledge and understanding to be aware in keeping their reproductive health. Through the

delivery of the right message and clear visual communication design with media interest, teens can receive the correct information about the function and reproductive tool, the problem of sexuality or reproductive health problems.

From the above studies reflect that interaction of media health user is urgently needed to improve the effective health communication in overcoming the problems of health infected in localization. Female sex workers in this case is being the main subject in overcoming the problem of infectious diseases. The disease infected in their neighborhood is a sexually infectious diseases. Therefore, an appropriate group of communication determines the effectiveness of health communication in localization. Especially from the health communication media use view that has been exist in the localization by female sex workers themselves.

This study is the follow up of the previous research concerning about health communication media exposure correlation with level of knowledge. Researcher wants to examine more deeply about the use of communication media which are already available and to know the interaction of female sex workers in the localization in the use of communication media. This issue is interesting because the characteristics and the communication pattern in localization done by female sex workers has its own character. The negative labeling given by society to this group become the specific identifier in the pattern and their characteristics in communicating within the group.

2. LITERATURE REVIEW

2.1. Media for Health Communication for Female Sex Workers

Communication can be done in various forms, among others, if it is associated with the health sector, namely health promotion. In health communication communicants and communicators often involve media that helps the effectiveness of the delivery of the message. This is because the message content in health communication is very complex compared to other communications. Health promotion can be interpreted as an effort to improve health by promoting, supporting, and placing health higher than the agenda, both individually and in groups. (Maulana, 2009: 18)

Health promotion can run effectively, when using the right communication media. In the information disseminated by the Ministry of Health of Republic of Indonesia (2016) the principle of health communication media is to have output so that the target can increase their knowledge which is ultimately expected to change their behavior towards positive health. In principle, health communication has the same principle as other types of communication, namely using print, electronic and up-to-date media using the power of the internet to convey its message to be more effective.

Sumijatun et al (2006) in the health media for sex workers, the content has the contents of health education, social marketing and social mobilization several factors that need to be considered so that the media becomes effective, including the following:

1. Physical dimension, content regarding the physical ability of communicants in understanding health communication media.
2. Social dimension, good ability to interact socially so that it understands the surrounding environment.
3. Emotional dimension, including factors responsible, acceptance and expressing something.
4. Intellectual dimension, related to educational background and experience.
5. Spiritual dimension, related to personal ability to believe in the moral and ethical values adopted.

2.2. Group Communication of the Female Sex Worker

The social conditions of the lives of female sex workers are not the same as the conditions of other negative labeling groups, such as street children, beggars, scavengers and groups that are considered other community waste. This significant difference brings the group of female sex workers into a very complex problem dilemma namely a combination of economic problems, existence, social interaction to the way they interpret the message in communicating. Group communication conducted by female sex workers in lokalisasi was one of them was communication using the cadre (peer education) method.

The peer education method has been tested as an effective way of group communication by female sex workers. This method is considered a suitable method because, having a clear division of tasks. There are opinion gatherers in the group communication they do. The opinion collector then composes the message content that is adjusted to the characteristics of the group. His biggest task is to distribute content that has been compiled to be transmitted to other group members.

When compared with other methods in group communication, the peer education method is considered the most effective for influencing other group members. In the study conducted by Murti et al (2006) the peer education method has advantages that can be done in flexible places and times, in an informal atmosphere, using the same language, in peer groups that have a more intimate relationship, so that interaction can occur at any time. The learning process in peer education actively involves participants, so that the knowledge gained is more complex and will last longer.

This method is very much related to the realization of effective group communication where group communication is interpreted as Wiryanto (2005) group communication as face-to-face interaction between three or more people, with known goals, such as sharing information, taking care of themselves, solving problems, which members its members can remember the personal characteristics of other members appropriately. Another corroborating opinion is from the results of Paramitha's research (2012) group communication that can be done by community members towards street children is sharing information about the existence of learning assistance programs for children.

2.3. Interaction of Female Sex Workers

Roem (2014) the form of symbolic interaction carried out by female sex workers is seen from the clothes worn as identity. They only use casual clothes and regular appearance, and tend to choose friends in socializing. In addition, their social interaction is reflected in the motivation of prestige to lead a more glamorous life. Likewise, in the context of language, accessories and make are used as identities for interaction between female sex workers and customers.

Interactions made by commercial sex workers in large cities with regions have significant differences. Regional characteristics influence the interactions they do, especially in responding to problems in daily life. For female sex workers in big cities, they are quite active in seeking information on STIs through friends, health workers, counseling, print and electronic media, but not through pimps (Mardiana & Ningrum, 2015: 160). Menurut Blumer in Griffin (2000:34-37), There are three principles in symbolic interactions. They relates to meaning, language and thought.

Human actions toward other people or objects depend on the meaning given to the person or object. In symbolic interaction, meaning cannot stand alone but depends on the social interaction that is intertwined in it. Three things need to be underlined to see social interaction, namely self-concept, social object and the use of words.

Basically, social interactions by female sex workers will produce an identity for their group. This is because the interaction in interpreting the message in the communication media they use. Meaning arises from social interactions that are exchanged between individuals rather than appearing or sticking to an object naturally. The interaction process that occurs according to experts from this theory states that there will be a certain symbol, the symbol is a term (language), gesture (body language) and a certain sign that is understood by those who interact (Ritzer and Goodan, 2003).

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3. RESEARCH METHODS

This research uses descriptive qualitative method, in essence is observing people in their environment, interacting with them and trying to understand the language and interpretation of the surrounding world (Sugiyono, 2010: 180). Through this qualitative method there will be an interaction component of group

communication carried out by female sex workers. Empirical facts will be obtained to support the recommendations for the sustainability of the use of health media in group communication.

This study will observe the interaction of the use of media in group communication by commercial sex workers. So the method used is a case study by collecting data through interviews, observation and the use of documentation related to the interaction of female sex workers and the use of health media.

Through this qualitative method there will be a complementary component of social interaction in the use of health media carried out by female sex workers. Empirical facts will be obtained to support health communication recommendations for sexually transmitted infections (STIs).

The location of this research was located in Suko localization in Malang Regency in Sumber Pucung Sub-District, Malang Regency. Since 2014 this localization has been closed and changed its face to become a café and karaoke place, the activities of female sex workers are still massive. Even so, the picture of conditions in this location also has not changed much, in other words, prostitution transactions still appear to be even hidden. In Suko there are 24 houses that were once a guesthouse for female sex workers. However, now the guesthouse is transformed into a karaoke and cafe place where the residents are still the same.

Suko's localization is the biggest localization in Malang Regency. In other words, Suko has a large population and many residential houses. The location joins into one with the residents' village, and is about 2 KM from the location restricted by the residential area as well. This uniqueness is a separate social problem for Suko localization.

The sampling technique of this qualitative research was carried out by purposive sample, that is, taking a sample of data sources with certain considerations. (Sugiyono, 2010: 53-54). The general consideration used is because the data source has the competence to answer the problems that are the focus of this research. The source of the informants involved in the main informants and key informants.

Sources of data in this study are primary and secondary. Kriyantono (2014) primary data is the main data taken from the results of interviews with informants. Whereas secondary data is obtained from documentary and environmental observation. The main informants consisted of 4 peer educators for female sex workers and 2 female representatives of female sex workers who were not involved as peer educators. While the key informants are the stakeholders involved there namely in this case pimps and parking attendants totaling 3 people. Information extraction from these two types of informants helped to address the problems of this study.

This activity was carried out to test the credibility of the data, namely to assess the truth of the findings of qualitative research. Credibility is shown when the participant reveals that the transcript of the study is truly as his own experience. In this case the researcher will provide the data that has been transcribed to be re-read by the participants. Credibility shows confidence in the results of qualitative research data (Moleong, 2005: 56).

4. RESEARCH RESULT

Interview results from key and key informants have various answers related to the use of health communication media in localization and their relation to the health management of female sex workers. Stakeholders in localization become key informants who complete data needs to explain the relationship between media use and health management. Stakeholders consist of parking men and pimps at Suko Localization. While the main informants were female sex workers who were divided into two, namely female sex workers who were purely only working and peer education. Peer education is a health cadre that has been formed by Non-Governmental Organizations (NGOs) to intervene in health behavior to their peers. Peer Education (PE) is a female sex worker who lives in the lokalisasi and at each guesthouse there are two PE representatives to participate in the socialization and empowerment activities.

Suko localization was once the largest population in Malang Regency. However, along with the rules from the Government to dissolve the localization or post center, this localization is gray. In other words, the Suko localization organization does not have the form of localization, but the practice of prostitution is still going on in it. Before the dissolution of localization, health management that used health media went on massively. However, with the existence of these regulations a little disrupted the health management order that occurred there.

Therefore this study wants to see the phenomenon of the relationship between the use of health media and health management after the dissolution of localization. Data collection methods used interviews with 4 female sex workers, 2 PE, and 3 from pimps and parking attendants. From the results of the interview, the researchers gave the initials of the names to all informants for confidentiality or confidentiality of informants. This was done at the request of all informants who provided information and data related to the use of media and health management in Suko Localization. 4 female sex workers had initials ANS, WT, RS, BL, while for 2 PE were SR and NK. Key informants are BG parking attendants and 2 EK and SP pimps.

The main informants 4 female ANS, WT, RS and BL sex workers gave the same information about the use of health media which began to be not massive due to unfavorable localization conditions.

ANS : "Sekarang sudah tidak lagi kayak dulu, kalo ketemu mas-masnya jarang sodorin sticker, karena sembunyi-sembunyi e mbak...."

WT : "Lek (dibaca: kalau) sekarang masih disuruh baca-baca kertas informasi kesehatan, tapi gak setiap hari. Lek sempat ae pas nyantai, wedhi (takut) pas ada satpol gak bisa lari.hehehe..."

BL : " Gak kayak dulu lagi, dulu masih rutin ketemuan di pos (aula perkumpulan) buat sosialisasi bahaya penyalit IMS, sekarang lebih sering didatangi PE di wisma sambil nggosipin pelanggan.hehehe..."

RS : "Sepi, bikin ga semangat kalo ngasih tau mas-mas e. Sekarang sering didatangi Mbak Sari dikasih-kasih tau gitu. Tapi masih sering ngasih tau mas-mas e dan ngasih sticker ke mereka."

The use of media by female sex workers cannot be done independently but with the help of PE for the effectiveness of media use. The media that is often used in the form of leaflets is often referred to as "information processing" for female sex workers and sticker that is distributed to customers which is often called "mas e mas". Other information that can be explored about the use of health media is as follows:

WT : *"Sebenarnya yo takut sakit sih mbak, tapi kalo pas gak sadar yo lupa ngasih tau mas-mas e buat mencegah IMS. Kadang-kadang yang bikin maju mundur itu mereka (pelanggan) wes nggembosi dishik gawe opo seh ngunu-ngunu iku garai ribet. Itu yang bikin saya kadang males. Tapi kebanyakan saya berusaha ngasih tau dari informasi yang tak terima dari Mbak SR (PE) setiap harinya"*

BL : *"Aku biasanya lebih sreg kalo yang ngasih tau Mbak NK (PE) dari pada langsung baca dari kertas informasi. Soale lebih mudah ditangkep diceritani penyakit dan pencegahannya. Kalo ke mas-mas biasanya saya omongin aja sebelum transaksi trus kalo mau ya oke kalo gak ya sudah."*

ANS: *"Mbak NK yang sering ngasih tau aku biar ga gampang sakit IMS, yang nyuruh ke puskesmas juga. Yang nganter juga sambil belanja-belanja pulangnya. Lebih enak kalo diceritain dari pada membaca.kalo yang disampaikan ke mas-mas e ya sama dari yang dikasih tau Mbak NK."*

RS : *"Ya tadi itu Mbak SR yang selalu datang tiap 2 hari sekali sama Mbak NK kalo hari Sabtu buat ngingetin jangan lupa jaga kesehatan dan baca-baca kertas informasi. Pake kondom. Trus juga suruh gak boleh takut kalo ngasih tau pelanggan."*

The role of PE is the vanguard for STI and HIV AIDS prevention in localization. Because of the information obtained from the four female sex workers, they felt helped by the presence of PE to understand the health media that had circulated around them. PE has a way so that their colleagues also have the same responsibility in maintaining and preventing them from being exposed to STIs. The following are the results of interviews with 2 SR SR and NK about communication styles and how to use health media to prevent diseases:

SR : *" Selain pertemuan rutin 2 minggu sekali dengan mbak-mbake (pekerja seks perempuan) di pos, selalu saya dan 5 PE lainnya keliling wisma buat ngasih tau dan mengingatkan supaya gak lupa periksa, jaga kesehatan, mengingatkan mas-mas e. Meski gak dibayar kami sadar ini penting untuk masa depan kami. Kalo sakit ya gak bisa kerja lagi, kasihan keluarga di rumah. Karena kami ini separtaran (sebaya) biasanya lebih gampang sambil guyon-guyon dan nggosip suapaya gampang diterima. Terus membacakan dan menceritakan isi dari kertas informasi dan membagikan sticker biar mbak-mbak e itu gak bosan dan ngerti kalo penting jaga kesehatan."*

NK : *"Kalo aku lebih seringnya nganterin ke puskesmas sama mbak LL yang PE dari wisma gladiol. Ngajakin periksa aja kadang mereka susah, masalah e malu katanya. Kalo dipikir sapa juga yang gak malu kalo misal pas periksa sakit. Lha dari situ biasanya aku masuk ngasi tau temen-temen. Supaya rajin baca kertas informasi biar selalu ingat kalo pekerjaan kita itu dekat dengan maut.hehehe...kalo udah kena AIDS mana bisa kita kerja lagi dengan enak. Aku kan wes dianggep senior sama mbak-mbak laine makane kadang agak sungkan sama aku merkanya."*

The key informant at the BG parking attendant informed that most of the customers who often came to the lokalisasi received information about the health of female sex workers. The average customer receives it before the transaction occurs. Meanwhile, according to EK pimps and SP they also provide almost the same

information, namely their support as pimps in health management begins with reminding female sex workers and putting up health-protecting posters and checking in at their respective houses.

BG : *"Di sini (tempat parkir) kan tempatnya orang nongkrong, biasa opo maneh seng baru-baru ke lokalisasi, pelanggane pasti tanya-tanyanya ya ke saya. Sebelum transaksi dan sesudahnya ya nongkrongnya di sini. Sering kali tak tanyain dan ngakunya mereka selalu dikasih tau mbak-mbak e supaya jaga kesehatan dengan pake kondom. Kalo saya parkir usahanya ya pasang pengumuman kesehatan di pos parkir sini sama nganterin mbak-mbak e kalo mau ke puskesmas atau nyarikan ojek kalo banyak yang mau kesana."*

EK : *"Masang jadwal periksa, poster yang dikasih LSM, mengingatkan anak-anak untuk periksa kesehatan. Setiap dua minggu sekali ada pertemuan di pos selain ngomongin ketertiban lolakisasi juga masalah kesehatan. Diingatkan anak-anak supaya jangan lupa pake kondom, jaga kesehatan, jaga ketertiban wisma. Kalo ada yang gak patuh ditegur sampe 3 kali kalo gak gitu suruh pindah wisma. Kalo ada pemilik wisma yang curang disangsi suruh bayar semen."*

SP : *"Yo ngelingake (mengingatkan) anak-anak biar jaga kesehatan, pasang poster, nyuruh periksa ke Puskesmas kalo sudah jadwalnya. Ada arisan kalo di wisma sini, ben (setiap) kopyokan seng dapat suruh membaca tips kesehatan biar tidak kena IMS. Itu arisan saya sama anak-anak ya sekitar 100 ribuan ada 8 anak di sini. Dikopyok e tiap 1 minggu sekali. Dipotong 10 ribu tiap bayar arisan buat periksa kesehatan. pas periksa gak usah bayar lagi."*

5. DISCUSSION

Communication of female sex workers in Suko Localization uses health media in the form of information papers (leaflets) and stickers. The information paper is a leaflet used in the internal female sex workers themselves, while the sticker is a medium of communication between female sex workers and customers. Media of health communication between pimps and female sex workers in the form of posters and health check schedules posted at each guesthouse. Likewise, health communication media between parking attendants and customers in the form of posters. In addition to the media above, there are other media in the form of social gathering activities conducted in the homestead to strengthen the bond of group communication.

Arisan is a form of social interaction in group communication at each guesthouse. Not only is it binding between sex workers but also with homestead owners or their pimps. To bring about a social interaction in it, group communication makes a gradual social practice of meaning, language and thought run by Peer Education (PE). Basically the key to the success of the use of communication and health management media in Suko Localization lies in PE. This is because PE has the responsibility to provide health education through health media so that sex workers in the environment become aware and able to do health management. In other words, they can independently inspect and alert customers to using condoms and healthy living to avoid STIs.

The stages of social practice to bring about interaction start from meaning, where PE who is also a female sex worker tries to bring out the health meaning in the minds of their colleagues through routine meetings every two weeks. This meeting was escorted by NGOs and stakeholders, namely parking attendants and homestead

owners (pimps). There are many games and brainstorming and role play that are used to bring out the meaning of health so that they are aroused by their awareness. The next stage was conducted at each of the wisam which was carried out by pimps and 9 PE in Suko Localization, namely language. This stage is a discussion that emphasizes their closeness as human beings in a profession where their work is a job close to death. The door of death is always open every day through STIs and HIV and AIDS. Therefore PE takes the role of transmitting information to colleagues every day. The ultimate goal of this stage is thought, conceptual thinking for healthy living that is also supported by all stakeholders and customers.

The concept becomes very difficult because the bumps often appear on customers. Basically health management involves all elements around female sex workers. Barriers that are often faced by female sex workers in using health media are in the form of laziness to interact and discuss with customers. From the results of interviews with key informants and the main health media that are the most accepted and easy to implement are information papers (leaflets). However, for effective media pimps in the form of posters and social gathering. Even so, pimps in Suko Localization realize that health management is also a portion of pimps to guide their children. They realize that the effectiveness of media use affects their income level. Female sex workers in Localization Suko realized that media use good health will bring a positive impact and also good for themselves. This overriding principle of golfers to stay alert and inform their colleagues about the health message. The use of these media in order that they might be spared the health management of STI and HIV/AIDS. This awareness creates ease in health management activities conducted by women sex workers and stakeholders that are in the localization of Suko.

From the results of observations and interviews, there are 2 types of safety management in Suko Localization, namely macro and micro health management.

- a. Macro health management is carried out by stakeholders, consisting of parking attendants, traders, security, pimps to customers and female sex workers. Communication that uses health media in the form of attaching health media to their scope and intervening in health behavior. For parking attendants they interfere with customers by asking the effectiveness of media use, while for female sex workers the intervention is to deliver them to the puskesmas for regular and routine health checks. Mucikari utilizes health communication media to interfere with the behavior of homeless residents. But pimps never interfere with customers. Behavioral interference conducted by pimps in addition to installing posters in the form of inviting periodic and routine checks. In addition there are many activities to support the healthy life of female sex workers in the form of arisan whose money is set aside for their health checks.
- b. Micro health management is carried out by PE for female sex workers and female sex workers for themselves. Besides their duties as PE, they also carry out the role of female sex workers. Therefore PE conducts double interference with their colleagues and themselves. Information paper is the main media that is easy to use, but in practice PE often does not carry information papers but they do more direct communication. A small discussion by bringing pictures of the disease became a routine activity carried around the guesthouse in Suko Localization.

After receiving interference from the healthy behavior of PE, every female sex worker carries out micro management within themselves starting from routine checks, reminding customers to following activities related to maintaining their health.

From the health management activities carried out in Suko Localization there is one deficiency that is still not implemented there either by stakeholders, PE or the female sex workers themselves. The management activity that is still not carried out is an evaluation of various series of activities. Evaluation of the use of health media can only be seen from the results of each month's examination of the number of sex workers affected by STIs. The higher the level of female sex workers contracting STIs, the weaker use of health media as well as the lower the level of STI, the higher the use of health media. There is still no method that can be applied to measure and evaluate the use of health media in Suko Localization.

6. CONCLUSION

The conclusion of the phenomenon of the use of health media by female sex workers in order to conduct health management activities is as follows:

1. Female sex workers use health media in the form of information papers (liftlets) and stickers for the effectiveness of their group communication. The media used for behavioral interference to customers is sticker, but the most effective media for them is information paper.
2. Social interaction is formed from group communication which makes a gradual social practice of meaning, language and thought run by Peer Education (PE). Stage meaning, raises the health meaning in the minds of their colleagues through routine meetings every two weeks. Language, a discussion that emphasizes their closeness as humans to one profession where their work is close to death. And thought thought concepts for healthy living are supported also by all stakeholders and customers.
3. The obstacle often faced by female sex workers in using health media is in the form of laziness to interact and discuss with customers. For effective media pimps in the form of posters and social gathering. They realize that the effectiveness of media use affects their income level.
4. There are 2 types of safety management in Suko Localization namely macro and micro health management. Macro health management is carried out by stakeholders, consisting of parking attendants, traders, security, pimps to customers and female sex workers. While micro health management is carried out by PE for female sex workers and female sex workers for themselves.
5. Health management activities that have not been carried out in Suko Localization are evaluations. Evaluation of the use of health media can only be seen from the results of each month's examination of the number of sex workers affected by STIs.

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