

## **Analysis of Social-Networking of Using Condom Commercial Sex Workers of Makassar City**

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**ABSTRACT:** *The behavior of the condom usage to consumers of commercial sex workers is often determinant of the spread of sexually transmitted diseases (STDs). The phenomenon of consumers' behavior forces commercial sex workers not to use condoms that are the fact found out in this research. The social behavior phenomenon violates the basic principles of healthy sex has foundation, not only health but also sociology. One of the main problems that become focus on this research is social networking which confirms or weakens healthy sexual behavior by using condoms. This research used qualitative method in case study. The result of this research found out that social relation networking that became resistance of the effectiveness of condom usage was customers who became the agency in social networking. Customers were agency elements that became resistance to safe sex behavior by using condoms. The reluctance to use condoms was caused by the lack of sexual intercourse when using condoms. The inconsistency of other agencies namely pimps or procurers are also became factor and became resistance to social support for condom usage behavior. So that social relation that is supportive in supporting the safe sexual behaviors are hard to realize.*

**KEYWORDS:** *Social behavior, social relation networking, social support, sexual intercourse and sexually transmitted diseases (STDs)*

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### **I. INTRODUCTION**

The concept of social networking has big role in analyzing the sociological aspects of health world. Albrecht (2011: 268) is described as follow: "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"

If the social networking does not give social support for sexual behavior among commercial sex workers and their customers, so it will be higher the opportunity to contract sexually transmitted disease (STDs). According to Workowski and Bolan (2015: 3) "The term sexually transmitted diseases (STDs) refers to a variety of clinical syndromes and infections caused by pathogens that can be acquired and transmitted through sexual activity.

STDs is diseases that the Ministry of Health of the Republic of Indonesia consists of:

**Table 1.1** Sexually Transmitted Diseases (STDs)

<b>Pathogen</b>	<b>Disease caused</b>
Neisseria Gonorrhoe	Gonore, Servicitis
Chlamidia Trachomatis	Klamidiosis, Servicitis
Treponema Pallidum	Sifilis, Ulkus Durum
Klebsiella Granulomatis	Granuloma Inguinale
Haemophilus Ducreyi	Chancroid
Ureaplasma Urealyticum	Male : Urethritis non-gonore Female : Servicitis and urethritis non-gonore
Human Immunodeficiency Virus (HIV)	Infeksi HIV/AIDS
Herves Simplex Virus (HSV) tipe 1 and 2	Herpes Genitalis
Human Pappilomavirus (HPV)	Genital Warts
Virus Hepatitis B	Hepatitis
Virus Moluskum Kontagiosum	Moluskum Kontagiosum
Trichomonas Vaginalis	Trikomoniasis

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

The spread of STDs is a phenomenon that must be on one's guard by every stakeholder who improving the quality of health, especially every people who pay attention to overcome STDs. STDs is a disease that caused

by various factors. There are at least 4 causes which identified by Medical Faculty Lab Field Team of UNS (2013: 2) increasing STDs in developing countries such as Indonesia, as follows:

1. Poverty and stupidity
2. Unawareness of the importance of reproductive health of among teenagers
3. Still considered the taboo of early sexual education.
4. Changing global lifestyles, insistence on population numbers and change of population structure.

Awareness of STDs disease must be needed by especially health stakeholders in South of Sulawesi. Directorate General of PP & PL Republic of Indonesia Ministry of Health (2013: 46) especially in South Sulawesi, in 2013, there were 1446 people infected by AIDS and as many as 524 people infected by HIV. According to researcher the number of cases that occurring was caused by no solid of social networking in social support of healthy sex practice between commercial sex workers and their customers.

Das Sollen of healthy sex behavior is supported by social networking that strengthens the condom usage as a preventive effort to prevent STDs but in reality (Das Sein) healthy sex behavior has not been supported by social networking that strengthen condom usage as a preventive effort to prevent STDs among commercial sex workers and the customers. The research focuses on analyzing the social networking of condom usage behavior in prostitution locations.

Therefore, the formulation of the problem of this research is to describe social relation networking that is the resistance to the effectiveness of condom usage to the prostitution location in Jalan Nusantara Makassar.

## **II. LITERATURE REVIEW**

Social Networking and social support for healthy sex behavior

Healthy behavior is largely determined by the subsystems that influence the behavior. Subsystems are also important of social networking that categorized by Ackerknecht and Porter in Albrecht (2011: 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 distinguish the healer from others in the community? and, What does purging by sweating or colonic therapy mean?
- d. Structure, process and outcome: Where someone should seek to help when she or he is ill? How does the healing take place? and, How should the healers be treated if they succeed or fail in their endeavors?

Social networking is the link between various elements in social structure. Mukhlason and Ajawiy (2011: 1) stated that "Analysis of social networking regards social relation as nodes and bonds. The nodes are individual actors in the networking, while bonds are relation between these actors. There are many types of bonds between vertices.

Research in various academic fields has shown that social networking operate on many levels, beginning from family until country, and play an important role in determining how to solve problems, running the organization, and someone's success level in achieving his goals ".Of course, social networking gives social support for the formation of healthy sex behavioris useful for preventingSTDs, especially the consistency of using condoms. The four subsystems, namely agencies, social rules, symbols and structures, processes and outcomes must be harmoniously integrated. Agencies are relating to individual who include stakeholders, especially commercial sex workers and their customers. Social rules include norms and rules that give direction to the person's behavior. Rules have expectation for someone who as commercial sex workers and their customers so that the role that they play in accordance with the health workers' expectation.

Symbol is person's knowledge, power and ability to care or keep him to avoid or recover from certain diseases. Condom is also a symbol of healthy sex that should be used by customers and commercial sex workers to avoid them from STDs. While structure, process and result are social networking of the places which possibility commercial sex workers and their customers, both preventive and curative businesses that be handled by health workers (paramedics).

Analysis of social networking is the sociological reading on STDs consisting of 3 analysis units, namely structure, individual and their both combinations. The analysis unit that focuses on this research is actors or individual. How individual interprets social support from social networking that cover work as commercial sex workers. The Phenomenology method approach emphasizes the actors' ability to interpret networking and social support for them.

Sociological observation becomes inseparable from the sex behavior of commercial sex workers and surrounding networking. There are 4 sociological approaches namely; Parsonian, Weberian and Foucauldian approaches. Parsonian looks more at social structure as the main determinant of unhealthy sexual behavior. Weberian more sees the actor's subjective action as a determinant of unhealthy sexual behavior and Foucauldian focuses more on the analysis of pattern and power relation as the determinant of unhealthy sexual behavior. But White (2011: 9) gives a slightly different perspective, namely:

**Table 2.1** Health Sociology Simplification Scheme

Theory	Social Model	Disease caused	The role of the medical profession
Marxis	Conflict and exploitation	prioritize the benefit of health	Discipline and control the working class; and provide individual explanations about the disease
Parsonian	Basically, it is a set of harmonious and stable roles and social structures	Social strain caused by meeting social needs and roles	Individual reability to carry out social roles
Foucauldian	A networking of power relation, without the dominant source of supervision being managed	"Disease" is a label used to sort and differentiate the population to be easily controlled	Force compliance with "normal" social roles and to ensure that we internalize norms
Feminis	Exploitative and refresive towards women by patriarchy	Carrying out social role of women as determined by men (patriarchy); women's medicalization around their reproductive life cycle	Imposing conformity with patriarchal norms regarding femininity and motherhood

Sexually transmitted diseases (STDs) have sociological implication. Low, Broutet, Adu-sarkodie, Barton, Hossain & Hawkes (2006: 1) stated that sociological implication of STDs:

“The responses of governments and societies to sexually transmitted infections often seem to be affected more by moral judgments and social attitudes towards sexual behaviour than the degree of death, disease, and distress caused by the medical conditions. Cultural meanings and prejudices become attached to infected people, who become stigmatised as being wicked, dirty and not deserving of care”

### 1. Sexual Behavior of Users' condoms in Symbolic Interactionism Theory Framework

Symbolic interactionism is a new theory in social definition paradigm, by Raho (2007: 18) emphasizes the nature of subjective social reality than its existence apart from individual. The social definition paradigm defines sociology as a science interpret and understand (interpretative understanding) social action. Thus, this paradigm strongly emphasizes the subjective meaning of social action. This paradigm is represented by Max Weber during the development stage of classical sociology. Whereas in modern sociology theory, this paradigm is represented by action theory, symbolic interactionism, phenomenology, ethnomethodology, and action theory. Therefore, sexual behavior is a social action in simple or complex response form that is usually followed by action as sexual reaction form from the opposite sex or same sex. Sarwono (2011: 174) states that sexual behavior is: "Every behavior is encouraged by sexual desire, both the opposite sex and the same sex". Sexual desire is the beginning of sexual intercourse. But sexual intercourse without adequate knowledge of healthy sex will give sexual intercourse with STDs risk problems.

One of the big problems of unhealthy sexual intercourse is some men think that condom usage while having sexual intercourse reduces pleasure and discomfort. Willings et.al (2006: 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 improve 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 needs behavioral changes and without social support from the surrounding social networking, unhealthy sexual behavior will increase. Social networking gives great social support that is the factors push forward the changes in unhealthy sexual behavior.

Unhealthy sex behavior is deviant behavior, Atkinson and Hilgard (1983: 251) states that: "Social behavior is the function of people and their situation. Intended, is every human being will act in different ways and wrong situations, each person's behavior reflects a collection of unique traits that he or she brings into a particular atmosphere, namely the behavior that shown by someone to others.

The strong social networking in upholding healthy sexual behavior can be realized by social support for anyone who wants to do collective sex behavior that can be realized. Agencies, rules, symbols and structures also

processes must be strengthened. If social networking of social behavior using condoms can be integrated well and effectively, so the social support for commercial sex workers and their customers for healthy sex behavior condoms usage can be realized.

Social behavior gets support social networking determining the form of social interaction manifested in sexual activity. Rachmat (2008: 43) stated that: "Psychologists consider behavior as a reaction that can be simple and complex. The relationship between attitude and behavior is determined by situational factors so much. The norm factor, group membership, culture and the like are dependency condition that can change the relationship between attitudes and behavior.

"If social behavior uses condoms, it can be managed more effectively able to social dynamics that aim to change healthy sex behavior condoms usage that can be realized.

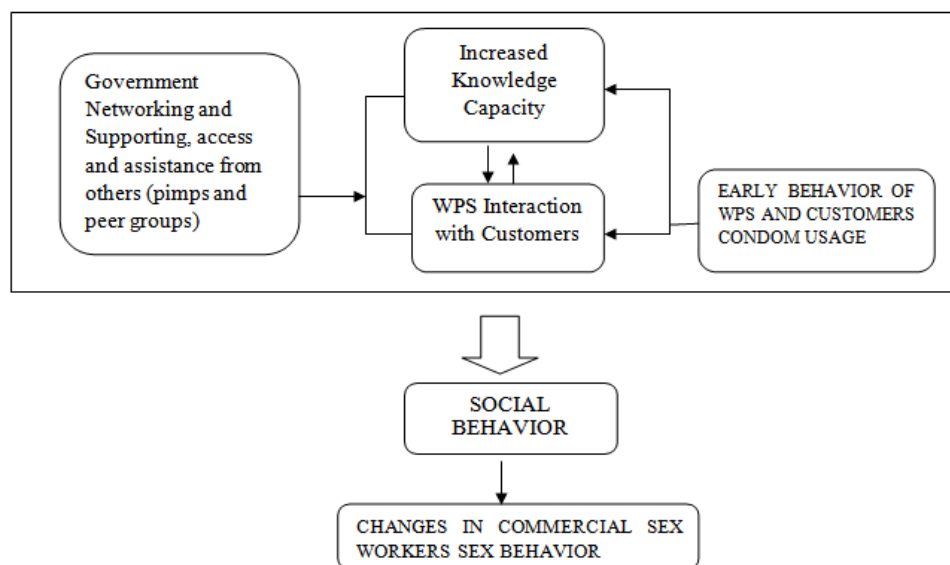
Social actors have knowledge become very absolute so that social networking support can run effectively. One of them is the expectation of condom usage in sexual intercourse. Sianturi (2012: 3) states: "WPS behavior conducts prevention of HIV and AIDS by offering condoms and using condoms during having sex is health behavior that is influenced by knowledge. It is meant by knowledge of CSWs about the use of condoms is mainly the benefits of preventing HIV and AIDS. By this knowledge, it is expected that attitudes will emerge in the form of awareness and intention to use condoms and be supported by the availability of condom facilities and support from pimps and health workers (paramedics)".

Alert divides three levels of social networking analysis, namely: predisposing factors (knowledge and attitude), supporting factors (availability of condoms) and reinforcing factors (support of pimps and health workers) illustrate that aspects of the concept of social dynamics and social change appear. Predisposing factors are included in ideas, supporting factors are included in attention and reinforcing factors are included in the normative and action domains.

This research found out that social networking still need to be improved that is agency factors, namely to customers. It is difficult to change customer behavior (men) who have been influenced by the notion of condom usage during having sex reduces sexual pleasure. The knowledge framework is deeply rooted and entrenched among men. The toughest challenge for effective networking and social supporting for healthy sex in localization is the customers' sexual behavior. The disobedience of customers' offer condom usage from commercial sex workers is the factor that causing the goal of behavior change that can not be realized.

## 2. Conceptual Framework

The conceptual framework is made to show the flow and mapping of the research framework. This conceptual framework can be described as follows:



**Figure 2.1**  
Conceptual Framework

The beginning of behavior of condom usage, its form is unhealthy sexual behavior. Social behavior occurs by involving 3 components, they are: improving knowledge capacity, WPS interaction with customers, networking and government support, access and assistance from others (pimps and peer groups). In this research, social behavior is directed in changing behavior from unhealthy sexual behavior to healthy sexual behavior that usually used by condoms in sexual intercourse.

### **III. METHOD OF RESEARCH**

Kind of research used qualitative research case study. Qualitative research was used because researcher used Weberian analysis by analyzing deeply the phenomenon of social behavior of condom usage. According to Yin in Yuliawan & Hilman (2007: 81) stated that "Case study can be used to answer research questions of how and why. He argued that both of these questions indicated that the need of the exploration of the problems to be answered by research. The second is related to the control of behavior that will be examined. Generally, Case study is used when the behavior of person to be studied, it cannot be manipulated. The third reason related to focus on contemporary".

The location of the research took place in Nusantara Makassar localization. The determination of research informants was conducted by using purposive sampling technique. Sources of data were types and sources of data needed by covering 2 types of data namely primary and secondary in this study. Primary data was data obtained directly and processed by researcher himself. While secondary data was data that had been processed by other people/researcher then used as data by the further researcher. There were two data sources, namely primary and secondary data. Method of collection data collection techniques was in-depth interview, observation and documentation in this research. Data analysis was conducted by using phenomenological data analysis technique.

### **IV. FINDING AND DISCUSSION**

Variation of data was found out to informants' statement. Irma said the manager or pimp has a role in strengthening her attitude to command her customers to use condoms: "We were asked to make but not in small discotheque, but in large discotheque. Even it was checked every week there, taken medicine if there was someone who got leucorrhoea. She said that if the customer did not want to use condoms, she forced you to go home, it was really in order. The regulation also has to be used because of AIDS. (Irma's statement).

The manager and pimp in Irma's statement point to his behavior to keep confirming the behavior of condom usage that must be strict. However, the hardest challenge for Irma came from customers.

Social support from social networking, such as agency, it was not found by Irma. She got going over from her customers. She said how customers become actors who inhibit healthy sex behavior.

"Iye or yes" sometimes customers were forced to do that if we didn't want too. They didn't feel comfortable or uncomfortable. How many people were forcing it only? Sometimes there were also customers who tried to influence management for him, not using condoms. But the management was still. Even if the customer sometimes was too emotional, I left it already, I asked sorry, I left. But I was treated one time once. I had explained but still didn't want to use condoms so we didn't serve. Sometimes I was slapped because person was temperament. I ran out from the lodgment to the discotheque to report. There was even a customer because I told him to use a condom and he felt less comfortable so he demanded his money to be returned, (Irma's statement).

It was different with Putri that she can play a dual role both as a commercial sex worker but also sometimes acted as a mummy / pimp for some commercial sex workers who were in her management. Putri was relatively unproblematic in affirming healthy sex behavior. Putri, as the agency, had strengthened social networking of healthy sex. She used persuasion as part of the process of convincing customers to use condoms. Putri said: "I asked them to use it because they used to say they paid me so he wanted to decide. But I said, ok you paid but it will be disease later. If there were still people who used it after I persuaded, I will have to cancel. Most of my customers' were safe. Even though some of them brought their own condoms, especially if west people are safer, I had never compromised not to use sir. So customers must follow my wishes (Putri's statement)".

Putri also explained the pimp's behavior towards the behavior of condom usage, especially when the informants were still under control of their pimps. She explained: "My experience when I was under care of mummy, pimps usually were not too big to make condoms or not. It is us who had to decide whether or not to make it. I am not under care anyone now. Now I sometimes also became a mummy. If I am sir, I told to my child, not to get their seduction by customer's persuasion not to use condoms. Beware of the disease and gets pregnant later!. But it was still depended on his child. "(Putri's statement).

Putri's experience showed that pimps as agencies in social networking had role in changing healthy sex behavior even though it was not always. Pimps are relatively diverse in setting safe sex rules. One of Putri's commercial sex workers is Nina. She had been told by putri but Nina still chooses more compromising condom-using behavior. At this point Nina as the agency is the actor who did not strengthen networking and social support for healthy sex, Nina said:

"It depended on order if the customer did not want to use condom, he followed. But if he can use it, and if asked fear, "yes" fear, but we will see, choose, we first look at the appearance if the person was clean, he was neat, the body was good if not using condoms, it doesn't matter. It was mainly sometimes afraid, but we didn't

want to disappoint customers. Thought it, I knew the risk of risking in the future only, I'm afraid actually, just yeah, think about it, and just ignore it (Nina's statement).

Another informant, Rani, had experience about the biggest inhibiting factor for non-compromised condom usage behavior to customers. She had the same experience with Irma who got going over from customers. She explained the barriers to use of condoms as follows, namely:

"I said to my pimps, please asked, I used condom or not? If I didn't want it, but I also said I wanted it but just didn't want to use it. Many customers forced me to leave, I was afraid of the disease sir. So I continued to bring condoms. So if there was a reason that there was no condom, I offered it. There were also usually customers who brought it. The pimp is also used to bring it (Rani's statement).

Rani explained very clearly that the problematic networking and social support were customers. It is different with Kiki who had proven herself as an agency that strengthens networking and social support for the use of condoms to her customers. The support also came from her partner. Kiki described her experience:

"From the beginning I was told that the same people who brought me, it must be safe and did not get pregnant. Because I used to have an abortion, one also I took care of my health. There were customers who insisted but I refused and canceled. I was never forced by violence way. My customers are always safe and carry condoms continuously from overseas like China. Many non - Chinese who do not bring condoms mainly from the East, the customers usually complained and angry to me, their protest was why carry it tight and didn't want to use condoms". (the interview result from Kiki).

The facts showed that social relation which was nothing above but describing the social networking of social actors was connected to another who put together in joint activity functionally. Condoms usage behavior was mode of activity that involved many people. Commercial sex workers, customers and pimps are the 3 main parts of condom usage social networking.

Increasing of STDs risk can only occur if commercial sex workers and their customers did not get benefits in supportive social networking. Theoretically risk, by Baker (2018: 3) means "Risk can take a variety of forms and is influenced by facts, perceptions, experience, social groups, culture, and personal judgments". Baker's statement about the determinants of Social groups shows that social groups that work together to prevent the spread of STIs will influence the sexual behavior of commercial sex workers and their customers.

To affirm the behavior of condom usage needs networking and social support from other actors. Mukhlason and Ajawiy (2011: 1) stated that "Social networking itself means a social structure consisting of individual elements or organizations. This networking shows the way in which they have relation because the similarity of sociality, beginning from them who are known by their family everyday".

Supporting coming from informants' colleagues showed social support from behavioral social networking that reinforced condom usage among commercial sex workers. Basically the actors formed habitus in of agency who reflected various interests which were interesting whether the use of condoms or not.

"Social networking holds a very significant function to strengthen changes of condom usage behavior among commercial sex workers. Saktiawati et. al (2013: 299) stated that: "Various contexts at familial level, societal level, and sexual-partnership level will influence sexual risk behaviours at the individual level"

Social relation networking indicates "mutually influencing" between the actors who involved in it. But "mutually influencing" which mutually reinforces itself is torn apart by the existence of social strain factors. Rook in Walen & Lachman (2000: 7) states that: "Defined social strain as actions by network members that cause a person to experience psychological distress (e.g., resentment, sadness) and at least some reservations about the relationship itself. Following this framework, we define social strain as individuals' general perception of the critical, irritating, and unreliable nature of their networking".

Social strain is basically action performed by members in networking that causes a person gets experience unpleasant psychological experiences namely anger, sadness and others. It can be concluded that social strain is someone's general perception about their social networking that are full of disturbances and not support of individual growth. The customer is one of the actors in the networking of commercial sex workers who hinders healthy sex behavior. Customer behavior likes this naturally creates social strain that hinder the behavior of condom usage.

Networking Social relation create social support for social change towards awareness of healthy sexual behavior by using condoms be able identified from changes in understanding, attitude and behavior. Theory of Reasoned Action can explain the relationship between understanding, attitudes and behavior to the use of condoms. Gochman in Lokollo (2009: 84) states that: "to know the relationship between belief, attitude, intention or behavior can be seen by using the theory of reasoned action. Intention of theory is the best element of behavior. If you want to know what someone is going to do, the way to predict is to know the intention of that person. Attitude is the result of profit and loss consideration of the outcome (outcome of the behavior), besides that it is also considered by the importance of the consequences that will occur to the individual (evaluation regarding the outcome). Both of these concepts reflect the impact of subjective norms. Social norms refer to one's belief about how and what people think is important considered (reference persons) and someone's

motivation to follow for those thought. This theory says that attitude influences behavior through a careful and reasoned decision-making process, and the impact is limited to only three things: a. Behavior is not only determined by a specific attitude towards something. b. Behavior is not only influenced by attitude but also subjective norms, namely our belief about what other people want us to do. c. Attitude towards shared behavior subjective norms form an intention or intention to behave in certain way.

Of course, torn social relation to make conflict among actors in social relation networking, social relation also reflects a social system in which the subsystem type has a different role but supports the common goal. If it is related to condom usage behavior, it is important to observe the system of trust each that actor. Knelman (1996: 127) describes how an adequate understanding of actors' belief system plays a role in directing the behavior of those who use condoms and determine their own roles, norms, status, hierarchy, reward systems and values related to the importance of condom usage behavior in their sexual activity with their customers: "In analysing social systems, whether simple or complex, it is very important to understand the world view or belief system (paradigm) that guides their behavior and tends to determine roles, norms, status, hierarchy, rewards and values"

Each informant has a belief system that directs their behavior in this research, especially their sexual activity and it sets norms and values inherent in their roles and status at the same time.

The influence of social networking has an influence on the formation of habitus. Bourdieu in Lizardo (2004: 378) asserts about habitus influenced by social networking that produce norms and rules that affect a person, as follows: "Systems of durable, transposable dispositions, structured structures predisposed to function as structuring structures, that is, as principles which generate and organize practices and representations that can be objectively adapted to their outcomes without presupposing a conscious aiming at ends or an express mastery of the operations necessary in order to attain them. Objectively "regulated" and "regular" without being in any way the product of obedience to rules, they can be collectively orchestrated without being the product of the organizing action of a conductor"

The fact of the study showed that the compliance of commercial sex workers in using condoms influenced by social networking that require them to use them while their customers did not have social networking that strengthen in suppressing unhealthy sexual behavior.

Supportive social networking foster communicative interaction about sex that are more constructive, as stated by Widman, Noar, Choukas-Bradley & Francis (2014 :1114): "Sexual communication has been increasingly recognized in health behavior theories that explain condom use behavior".

However vigilance for infectious sexually transmitted diseases must be improved. Ezzati in Timiun & Aondoheмба (2011:118) cited a report from the World Health Organization (WHO) : "Despite the World Health Organization declaration of unsafe sex as the second most important risk factor for disability and deaths in the poorest countries and the ninth most important in developed world".

In this case the government has established regulations that seek to control STDs and minimize unhealthy sexual behavior.

Badwi, Agustang & Adam (2018 :14) stated that: "The believer also believes that as a health product, condoms are a useful health tool in HIV and AIDS prevention and control.

Besides, people who think in the effectiveness of condoms assume that denial of condom effectiveness by some communities has violated one of the critical points of the national AIDS response strategy stating that everyone is entitled to the right information to protect themselves and others against HIV and AIDS infections".

## V. CONCLUSION

The social relation networking that is the resistance to the effectiveness of condom usage is customers. They are social actors who become barriers to safe sex by using condoms. Some customers are reluctant to use condoms caused by the lack of comfort in sexual intercourse when condoms are used. Inconsistency of pimps or procurers is also a barrier factor for condom usage. Next, the customer with compromise behavior is also a barrier factor itself of behavior to condom usage. But the biggest social actor become a barrier to the behavior of condom usage is the customers. So that social relation that are supportive in supporting safe sexual behaviors are hard to realize.

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