Experiences of Sexual and Reproductive Health among Poor Young Women Street Sex Workers in Surabaya, Indonesia
by

Hilary Gorman
B.A. Hons, Saint Mary's University, 2005

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Supervisory Committee

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Abstract

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This thesis examines the lives and experiences of poor young women street sex workers in the city of Surabaya, Indonesia. This thesis focuses on sexual and reproductive health knowledge and practices; conditions of work; and experiences of discrimination, marginalization, and agency. Qualitative research methods, including participant observation techniques and multiple in-depth interviews, were used to gain a detailed understanding of these women's lives. Results of this research indicate that these young women are severely marginalized through poverty, state ideologies, and public moralities. Their marginalized status leads them to experience poor health outcomes, physical violence, sexual violence, and police harassment. The concept of structural violence is used to describe how poverty and marginalization impact these young women's health, everyday-lives, and life chances.

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Dedication

I dedicate this thesis to the research participants, whose willingness to share their stories made this project possible.

Chapter 1

Contextualizing Street Sex Work in Indonesia: Poverty, Risk, and Marginality

"Javanese [men] don't want to use condoms and I feel forced to have sex without a condom… How will I eat tomorrow [if I say 'no']?" These are the words of Fatimah,[1] a young female sex worker in the city of Surabaya, a major urban centre in East Java, Indonesia. Similar to many other sex workers in Surabaya, she comes from a rural area a few hours away and works in the city to earn money to send home to her family. As a street based sex worker, she works out of a busy street location called Embong Malang. She spends most nights in the vicinity of Embong Malang waiting for customers to arrive and when a client selects her, she will go off with him to a hotel to have sex.[2] She is often fearful that the client will become angry and violent. She notes that most of the time the men that she has sex with do not want to use condoms but she has sex with them anyway because she needs the money.

Another sex worker by the name of Rena works out of Wonokromo train station, a place that is described by other sex workers as scary and dangerous. She waits to meet customers by the train tracks. She has sexual intercourse with clients on top of pieces of newspaper that she has laid down on the ground. She then washes herself at the river and returns to her spot by the train tracks to wait for her next client. Rena is from a rural village where her parents work as farmers. She has never attended school and is illiterate. She lives in a rented room a few feet from the spot along the train tracks where she works. Her sparse room contains the few belongings she owns. These include some

[1]Pseudonyms are used to protect identities of the research participants.

[2] The term sex refers to vaginal sexual intercourse. When I refer to other sex acts I use the specific terms such as oral sex and anal sex.

articles of clothing, a mirror, a brush, a bottle of lotion, and the thin mat on which she sleeps. The smell of urine drifts in from the dilapidated bathroom down the hall, and when it rains her roof leaks. Rena lives and works in fear. She is afraid that she will not be paid the Rp. 25.000- ($2.50 USD) that she charges her customers and she is petrified of being caught and detained by the police. If she is caught she will have to pay a bribe of at least Rp. 50.000- ($5 USD) and possibly face police brutality. When street sex workers are detained by the police they are taken to the "Rehabilitation Centre for Immoral Women" where they are re-socialized to become "good" women (Hull, Sulistyaningsih & Jones, 1999). For young women working in the Surabaya sex industry, Wonokromo train station is at the bottom of the hierarchy; the pay is low and the conditions are dangerous. Rena struggles to make ends meet and to send money home. She has been working at Wonokromo station for three years, but has never used a condom when having sex with a client.

This thesis focuses on the experiences of young women street sex workers in Surabaya, like Fatimah and Rena, who live and work in conditions of acute poverty and are deeply marginalized. In this research, the term poverty refers to both material deprivation and capability deprivation (Sen, 1999). Capabilities are real opportunities or freedoms one has in terms of access to education, employment, health, as well as other factors that shape people's social condition (Sen, 1999). Marginalization is the process by which individuals within a society are socially excluded and deemed unimportant (Ecks & Sax, 2005). I focus on sex work in Indonesia specifically because of the structural and social conditions that are present in contemporary Indonesia. These conditions are highly influenced by pervasive poverty that affects entry into the sex trade and public moralities

that are based on state ideologies, culture, and religion, which marginalize sex workers. Both poverty and marginalization play a role in influencing the conditions of sex worker's lives. In this thesis I show how poor young women street sex workers in Surabaya come to experience a high risk of poor sexual and reproductive health outcomes as a consequence of poverty and marginalization.

The focus on sexual and reproductive health in this thesis is justified by the fact that poor young women street sex workers are denied a basic standard of sexual and reproductive health. They have increased risk of exposure to sexually transmitted infection (STI), including HIV, and they do not have adequate access to sexual and reproductive health information and services. The condition of their health and lives is a form of social injustice. Focusing on sexual and reproductive health allows me to examine ways in which young sex workers experience injustice in relation to their sexual and reproductive health. Sexual health as defined by the World Health Organization (WHO) is "a state of physical, emotional, mental and social well-being related to sexuality" (WHO, 2002). Reproductive health as defined by the United Nations (UN) refers to "a state of complete physical, mental, and social well being and not merely the absence of disease and infirmity, in all matters relating to the reproductive system and its functions and processes" (United Nations, 1994). I refer to reproductive health as aspects of health that relate to reproduction and to sexual health as aspects of health that relate to sexuality. Sexual and reproductive health is an important component of young women street sex workers experiences because ill health is a risk associated with sex work that is exacerbated by their social status of being impoverished and marginalized.

Research Problem

Poverty is the most significant factor influencing women's entry into the sex trade in present-day Indonesia (Ford & Lyons, 2007; Hull et. al., 1999; Rhebergen, 1999; Sanie, Tampubolon, Pardoen & Pramono, 2003; Surtees, 2004). The economic crisis of 1997 had a detrimental impact on the lives of millions of Indonesians. It is estimated that the incidence of poverty in urban areas increased by 200% between 1996 and July of 1998 (Firman, 1999). Many women lost their jobs in the manufacturing, office, retail, and domestic sectors and turned to sex work to earn a living (Hull et. al., 1999).

The monetary crisis (*krismon*) also affected the dynamics of the sex industry. Sex work in Indonesia takes place in regulated state sanctioned brothel zones (*lokalisasi*), illegal brothels, discos, massage parlours, and street locations. The prices and conditions of work are particularly poor at street locations. The *krismon* affected the sex industry by, first, leading to an increase in supply of sex workers and a decrease in demand due to falling incomes. This meant that competition among sex workers increased, and prices fell (Hull et. al., 1999). Secondly, there was a general trend of downward mobility among sex workers. Brothel based sex workers moved to central/main street locations and central/main street sex workers moved to other street locations such as railway stations and cemeteries where pay and working conditions are lower (Rhebergen, 1999). Third, an increase in street sex work and weakened bargaining power likely led to an increase in rates of sexually transmitted infections (STIs) among street based sex workers (Bennett, 2005; Hull et. al., 1999). Risk of poor sexual and reproductive health among this group was exacerbated by the fact that they are difficult to reach in terms of providing health information and services (Hull et. al., 1999; Rhebergen, Yudho, Hudiono &

Siyaranamuel, 1999). In sum, the crisis impacted the sex industry in a number of ways: by increasing the total number of sex workers (especially street based sex workers); lowering prices of sexual services; weakening the bargaining power of sex workers; increasing levels of unsafe sex; and increasing rates of STIs and HIV.

Studies focused on sexual and reproductive health in low-income countries within the context of poverty indicate that poor young women, young sex workers, and street sex workers are highly vulnerable to poor sexual and reproductive health, harassment, and violence (see Ingham & Aggleton, 2006). I argue that poor young women street sex workers are a particularly vulnerable category of sex worker. First, poverty has been shown to have an impact on young women's lives by decreasing access to information, reducing negotiating power in having safe sex, and increasing the likelihood of engaging in sex work (Ricardo, Barker, Pulerwitz & Rocha, 2006). Second, young sex workers are more at risk for poor sexual health outcomes and face risks of violence, harassment, and police brutality, particularly in places where sex work is illegal (Busza, 2006; Wood, 2006). Third, street based sex work is noted as being more violent, having lower condom use rates, and being associated with greater social hostility than other forms of sex work (Harcourt & Donovan, 2005). My research queried how poor young women street sex workers in Surabaya are particularly vulnerable to poor sexual and reproductive health, violence, and exploitation under the current economic and social conditions.

Research focusing on young women street sex workers in Indonesia is extremely limited. Rhebergen's 1999 study examines issues of identity and sexuality among street based sex workers in Surabaya.[3] She describes how many women denied the occurrence

[3] Rhebergen had 10 respondents whose age ranged from 23 to 40, with the average being 32 years old.

of violence in their work. It showed how many of these women take on a brave (*berani*) masculine role in the street yet adopt a feminine role in dealing with their clients in private. In discussing the lives of Indonesian street kids, Beazley (2002, 2003) briefly mentions how street kids (between 12-20 years of age) at times have sex for money, food, drugs, or alcohol. In her study of various types of sex work in Indonesia, Surtees (2004) also briefly refers to street sex work. Hull, Sulistyaningsih, and Jones' (1999) study of sex work in Indonesia notes that street sex workers sell sex at the lowest rates. Additionally, there is a quantitative study of condom use among sex workers in Surabaya that includes street based sex workers as a category of sex worker (Joesoef, Linnan, Kamboji, Barakbah & Idajadi, 2000). Many studies focusing on sex work view sex workers as "vectors of disease" and aim to protect the general public from sex workers. For example, Wirawan, Fajans, and Ford's (1994) study of sex workers in Bali, Indonesia states that "prostitutes were found to be a major reservoir of sexually transmitted diseases" (p. 290). Rhebergen's (1999) study of street sex workers is the only study I was able to find focusing on the lives of Indonesian street sex workers and, to date, I could find no studies that focus specifically on the experiences of poor, young, women street sex workers in Indonesia.

I chose to examine issues of sexual and reproductive health associated with sex work to shed light on some of the harms these young women face. Poor sexual and reproductive health and exposure to violence cause suffering and are challenging to address as they are deeply embedded within public moralities and highly influenced by structural constraints. This thesis aims to gain an understanding of the lived realities of

young women street sex workers who live in a context of extreme poverty and intense marginalization from a perspective that includes their views and voices.

Research Questions

This research aims to explore the lives and experiences of poor young women street sex workers in Surabaya. The term "poor young women street sex workers" refers to Indonesian women in their late teens to mid twenties who sell sex for money at street locations in a low-income and high-risk setting. From this point forward I will simply refer to them as young sex workers. Young sex workers are socially and economically excluded from mainstream society in terms of their employment opportunities, levels of education, and access to health services.

The specific research questions that are examined in this thesis include the following: what level of knowledge do young sex workers have of sexual and reproductive health? What does their knowledge on sexual and reproductive health consist of? How does their social position in Indonesian society impact their ability to put this knowledge to use in the form of safer sex practices? I also explore their life and work experiences through examining the following questions: how did these young women come to occupy their social position? What are the conditions of their work? What are their experiences of marginalization and discrimination? How do they exercise agency? These questions were important to understand the state of their sexual and reproductive health, their daily lives, the conditions of their work, and how structural forces affect them.

This thesis argues that the concept of structural violence best describes the effects of poverty and marginalization on these young women's everyday lives, health, and life

chances. Structural violence is a process by which a lower quality of life and unequal life chances experienced by marginalized people is made to seem "just the way things are" (Opotow, 2001; Scheper-Hughes, 2004). In other words, structural violence is the naturalization and normalization of indirect violence that is inflicted on those who are marginalized (Galtung, 1969; Farmer, 2004; Scheper-Hughes, 2004). Poverty, marginalization, and discrimination are insidious forms of structural violence. I argue that these young women are not only marginalized through poverty but also through moralities and ideologies, to such an extent that they are exposed to multiple forms of structural violence. Furthermore, I argue that the consequences of structural violence are exhibited through poor sexual and reproductive health, exposure to violence, vulnerabilities, and restricted agency. Surabaya is a city with a large sex industry and also a place where structural violence is observable. I will now describe the city of Surabaya and its sex industry to illustrate the context in which this structural violence occurs.

Surabaya: The Modernizing Provincial Capital of East Java

Surabaya is a hot, steamy, busy, and chaotic Southeast Asian city that is full of contrasts. The most prominent contrasts are the disparities between the city's wealthy minority and the impoverished majority, the distinction between the luxurious and simple, and the simultaneous existence of both the modern and the traditional. The city is a complicated maze of hectic streets, manic intersections, and narrow neighbourhood streets that cars can barely pass through, but often do. The city centre consists of an eclectic mix of crumbling colonial buildings, flashy, sprawling shopping malls, small family run shops, parks with monuments marking national heroes, fast-food chains (especially Kentucky

Fried Chicken and McDonalds), makeshift street side food stalls (*warung*), peddlers, and cycle rickshaw (*becak*) drivers.

Surabaya is the capital of the province of East Java and has a population of approximately three million people. It has been an important port within Southeast Asia for centuries and still functions as a regional centre. Although Surabaya is the second largest city in Indonesia, it lacks the glamour, sense of freedom, and relentless sense of modernity found in Jakarta, Indonesia's capital city. When one compares Surabaya to Jakarta, Surabaya looks and feels more like an oversized town. On the other hand, compared to the villages of East Java, it seems dauntingly busy, modern, free, and full of opportunity. Surabaya is an ideal place to conduct research on sex work because it is known to have a large and diverse sex industry (Hull et. al., 1999). As a provincial capital, port city, industrial centre, and transport hub, Surabaya attracts migrants from rural areas who arrive in search of work. Many of the young women who come to Surabaya become involved in sex work to try and ease the effects of poverty felt by their families in rural areas.

Sex work in Surabaya takes place in many different contexts, hence the working conditions and experiences of sex workers are varied. There are high-priced call girls and hostesses that work at exclusive men's clubs. There are women who work out of massage parlours, karaoke bars, and discos. There are a range of *lokalisasis* catering to men of different income levels. Street based sex workers earn varying amounts of money depending on their age and where they work. Women and transvestites (*waria*) work out of a train station called Wonokromo and older women and transvestites work out of a cemetery near the city centre, earning the lowest amounts of money. At Rp. 25.000-

($2.50 USD) or less per client, those who work at Wonokromo earn less than a quarter of what mid-level brothel workers earn and about 30 times less than what the average call girl earns per client. Researching the lives of young women working at the margins of the sex industry in Surabaya involved many nights of visiting the street locations where the young women street sex workers are based.

This thesis is based on fieldwork that was conducted in Surabaya, from mid May to late September, 2007. Various facets of the fieldwork were supported by Surabaya Hotline, an HIV/AIDS and sex work focused Indonesian non-governmental organization (NGO).

Multiple qualitative research methods were used to develop an in-depth understanding of the lives and experiences of the young women who became the research participants. The research participants were women between the ages of 18-24 with low education levels who were selling sex at street locations. Locating and recruiting six young women who wanted to take part in this research project and fit the specific participant criteria was a challenging task. In Chapter 3, I discuss how I used participant observation techniques, in-depth interviews, and surveys as my key research methods, and I describe some of the challenges of this research project.

The Concept of Structural Violence

During the course of my research, young sex workers described their lives to me and noted the impact of poverty, marginalization, public moralities, and gender ideologies on their lives. I use the concept of structural violence as developed by Farmer (2003, 2004), Galtung (1969, 1990), and Scheper-Hughes (2004) to describe the process by which the conditions and harms associated with street sex work are normalized. Structural violence

is a useful concept for explaining the lives of these young women because it explains how poverty, moralities, and cultural norms cause suffering in the lives of those who are marginalized. Furthermore, the concept of structural violence allows me to discuss sexual and reproductive health as it is experienced by the research participants.

The term structural violence has been used by anthropologists such as Nancy Scheper-Hughes (2004), and Paul Farmer (2003, 2004) in order to emphasize the difficulty of laying blame for violence that is indirect and naturalized. Unlike physical or sexual violence,[4] structural violence is subtle, and it cannot be traced to a single actor as it is built into the structure. Structural violence is systemic, making it seem stable and natural (Galtung, 1969). As Schepher-Hughes poignantly notes, "structural violence 'naturalizes' poverty, sickness, hunger, and premature death, erasing their social and political origins so that they are taken for granted and no one is held accountable except the poor themselves" (Schepher-Hughes, 2004, p. 13). Structural violence produces unnecessary disease, injury, trauma, subjugation, and ultimately renders certain people "expendable non-persons" (Schepher-Hughes, 2004). Hence, "disadvantage, hardship, and exploitation inflicted on them seems normal, acceptable, and just - as 'the way things are' or the way they 'ought to be'" (Opotow, 2001, p. 103). Because structural violence is part of everyday life, it is normalized and is therefore difficult to recognize. In Indonesia, for example, high maternal mortality rates, death due to unsafe abortion, rapidly increasing rates of HIV among injection drug users (IDU), and high rates of STI among sex workers are examples of the outcomes of structural violence.

Symbolic violence is another outcome of structural violence that helps maintain the

[4] Sexual violence is any unwanted, coerced, or forced sexual act imposed on a person by another person (Wood, 2006).

repression of those who are its victims. Symbolic violence is "the violence which is exercised upon a social agent with his or her own complicity" (Bourdieu & Wacquant 2004, p. 272). It "refers to assaults on human dignity, sense of worth, and one's existential groundedness in the world…. Its power derives from the ability to make the oppressed complicit in their own destruction" (Scheper-Hughes, 2004, p. 14). Furthermore as Farmer (2004) notes, "oppression is a result of many conditions, not the least of which reside in consciousness" (p. 307). Symbolic violence refers to the way in which systems of oppression and social inequality are normalized and accepted by the oppressor and the oppressed. An example of symbolic violence discussed in this thesis is the moralities that labels sex workers as "bad" women. These internalized moralities further their experiences of discrimination and poverty as sex workers, as discussed in Chapter 5.

Galtung (1990) has further developed the term cultural violence to describe the aspects of culture "that can be used to legitimize violence in its direct and structural form," making "direct violence and structural violence look, even feel, right – or at least not wrong" (p. 291). "Cultures, social structures, ideas, and ideologies shape all dimensions of violence, ***both*** its expressions and repressions" (Scheper-Hughes & Bourgois, 2004, p. 3, italics in original). The social stigma associated with sex work and injection drug use generated through public moralities that justify STI and HIV as a form of punishment are a form of cultural violence. Such moralities justify the various forms of structural violence experienced by these groups making it appear as normal or even right.

The consequences of structural violence are inseparable from its subtle nature and

its close relationship with other forms of violence that are normalized and naturalized through social structures, culture, the state, social institutions, and the collective psyche (Galtung, 1969). Based on scholarship concerning structural violence and through my fieldwork, I have developed the following defining characteristics of structural violence that I argue are relevant to the study of sex work in Surabaya. Structural violence increases the chances for experiencing:

(1) Poor sexual and reproductive health;
(2) Marginalization;
(3) Vulnerabilities and restricted agency.

These facets of structural violence are discussed in the paragraph below and are then individually examined in greater detail in Chapters 4, 5, and 6 of the thesis when I apply them to the context of young sex workers' lives in Surabaya.

First, structural violence poses harm to people's health, including their sexual and reproductive health. People who experience discrimination based on gender, class, ethnicity, sexual orientation, as well as other forms of oppression are susceptible to ailments that can lead to poor health (Farmer, 2004, 1996). Structural violence occurs when people are needlessly subjected to STIs (including HIV) or unintended pregnancy through circumstances that compel them to engage in risky sexual practices. Second, structural violence intensifies experiences of marginalization. People who are marginalized experience a poor quality of life and unequal life chances; this is the essence of structural violence (Galtung, 1969). Third, structural violence increases the potential for experiencing vulnerabilities that affect the mind and spirit (Galtung, 1990) and it also restricts people's agency (Farmer, 2004). These vulnerabilities are difficult to see as they are embedded in the consciousness. Furthermore, as Farmer (2004) observes,

"the degree to which agency is constrained is correlated inversely, if not always neatly, with the ability to resist marginalization and other forms of oppression" (p. 307). Agency refers to "actors characterized by self-reflection and an individual ability to act" (Wardlow, 2006, p. 6). People who are marginalized have restricted agency.

In short, this thesis shows that poor young women who become sex workers are deeply marginalized. They experience structural violence through exposure to STIs, physical violence, sexual violence, and police harassment. Such experiences appear to lead to poor health, trauma, depression, and an overall poor quality of life. The structural condition of the lives of young sex workers limits but does not prevent them from exercising agency.

Summary of Thesis

Chapter 2 focuses on issues of poverty, gender ideologies, and sexual and reproductive health in order to show the conditions that structure young women street sex workers' lives. The chapter provides an overview of sex work and discusses sex work in Indonesia including the hierarchy of sexual exchange in order to show the constraints that young women street sex workers face.

Chapter 3 describes the challenges of conducting fieldwork in Surabaya and the reasoning behind the methodologies I utilize. I focus on how I was able to recruit research participants and how I used mainly participant observation techniques and in-depth interviews to gather data. I reflect on the difficulties of conducting research with a marginalized group and some of the dilemmas I faced in the field.

Chapter 4 focuses of how limited knowledge on sexual health and risky sexual practices lead to poor sexual and reproductive health and are manifestations of structural

violence. The data on knowledge and practices suggests that the participants generally have minimal knowledge of reproductive health. Furthermore, they engage in risky sexual practices even when they are aware of the potentially harmful consequences of unprotected sex.

Chapter 5 uses two in-depth case studies to show the ways in which the research participants experience marginalization. These case studies describe the economic reasons underlying their involvement in sex work. It also examines how state ideologies and public moralities shape how these women are perceived and subsequently treated and the ways in which they internalize moralities and ideologies.

Chapter 6 explores the issue of vulnerabilities associated with being a marginalized sex worker. Trauma, stigma, and subjugation are vulnerabilities that are experienced as a result of being marginalized. It also examines the issue of individual agency and how participants experience agency. I discuss the limits of young sex workers' agency imposed by their position within the social structure and how this is a defining feature of their experiences of structural violence.

Chapter 7, the concluding chapter of this thesis, summarizes the findings, notes the contribution to knowledge, identifies areas for future research, and offers recommendations for improving the sexual and reproductive health of poor young women street sex workers.

Chapter 2

Sex Work in Contemporary Indonesia

This chapter describes the context of the lives of poor young women street sex workers in Surabaya, Indonesia. As Farmer (2004) has noted, "case studies of individuals reveal suffering, they tell us what happens to one or many people; but to explain suffering, one must embed individual biography in the larger matrix of culture, history, and political-economy" (p. 286). This chapter provides a background of the political economy, culture ideals, religious values, and prominent sexual and reproductive health issues as they relate to sex work in Indonesia. Furthermore, it also includes a description of sex work in contemporary Indonesia in order to understand the larger matrix that affects the young women's lives that are profiled in later chapters. This chapter argues that severe poverty, dominant gender ideologies, religious moralities, and limited access to basic sexual and reproductive health are factors that play a role in creating conditions of marginalization that young sex workers face.

The Political Economy of Contemporary Indonesia

The political economy of Indonesia provides an important backdrop for the experiences of sex workers. Indonesia's economy is deeply affected by its political history as a nation that was colonized for more than 200 years. Indonesia is an archipelago -- a diverse nation that was formed on the bases of its shared history of Dutch colonization. Dutch colonialists focused more on commercial and social control of Indonesia and less on formal religious conversion. In many parts of Indonesia Islam diffused into existing religious traditions during the 14th century. Today 90% of the 220 million citizens are Muslim, making it the largest Muslim nation in the world. The political economy of

contemporary Indonesia is defined by political instability, economic crisis, and poverty. Since independence was declared in 1945, military and police forces have been used a means to enforce political stability and social order. Although Indonesia is officially a secular state, in reality it is neither completely secular nor theocratic, and Islamic groups and leaders play an important role in influencing politics (Wieringa, 2005).

In the post-independence era economic turmoil and struggle have remained a consistent theme within the political economy. Sukarno led the independent Indonesian state from 1949-1965. He sought to promote political stability through the development of the Pancasila[5]. His efforts to address issues of economic turmoil and poverty were largely unsuccessful. Suharto ruled Indonesia during the New Order era (1965-1998). During the New Order period economic development was initially fostered through export promotion development strategies. With the support of the World Bank and the International Monetary Fund in the mid-1980s, neo-liberal economic development strategies were adopted. The initial benefits of these development strategies led Indonesia to be touted as another East Asian economic success story. However, the 1997 Asian financial crisis and consequent economic, political, and social chaos challenged the viability of the neo-liberal development ideology (Bahramitash, 2005).

The 1997 monetary crisis (***krismon***) affected the lives of many Indonesians in adverse ways, as it increased the scope and severity of poverty throughout the nation (Dhanani & Islam, 2002). Today 16.7% of Indonesians live below the national poverty line of $1.55 USD per day and 49% of the population live very close to the poverty line on less than $2 USD per day (World Bank, 2006). Income poverty and capability

[5] Pancasila is a national religious-ethical code of conduct. The five tenets of of Pancasila are a belief in God, nationalism, humanity, sovereignty of the people, and social justice.

deprivation are commonplace. Statistics from 2000 illustrate the levels of poverty experienced in Indonesia: 12% of urban and 46% of rural population lived in dwellings with earth or wooden floors; 37% of urban and 79% of rural populations defecated in rivers, ponds, or open air; and 11% of urban and 36% of rural households did not have access to clean drinking water sources (Welfare Statistics, 2000, in Dhanani & Islam, 2002). In 2006, it was estimated that 13.4% of women and 8.5 % of men were unemployed (World Bank, 2008). These statistics demonstrate that poverty remains prevalent in Indonesia despite Suharto's early success in increasing the overall standard of living, actions taken during the latter part of his rule contributed to the 1997 crisis.

Poverty as capability deprivation also persists. A lack of access to education deprives people of their ability to reach their full potential (Sen, 1999). In the year 2000 it is estimated that among Indonesians 35% had less than primary school, 32% had attained a primary school education, 15% attained elementary school level of education, and 18% attained senior high school level of education (Welfare Statistics, 2000 in Dhanani & Islam, 2002). Among 16-18 year olds Indonesians of the poorest quintile, only 55% had completed elementary school (World Bank, 2006). Payment of school fees influences young people's decision to quit school in order to seek employment and earn wages. However, with limited education they are limited to low skill and low paying jobs.

Low skill, low pay, female dominated jobs include domestic work and other service sector jobs. Domestic workers are paid around Rp. 200.000-300.000- ($20-30 USD) per month and also provided with basic room and board. Other low skill service jobs may include hotel cleaner, restaurant server, and shop assistant. These jobs pay Rp. 200.00-400.000- ($20-40 USD) per month. Other service sector jobs require higher levels

of education and training. For example, working at a retail store requires a high school diploma and pays Rp. 600.000-900.000- ($60-90 USD) per month. Working as a hotel clerk often requires a specialized course and English language skills and pays Rp. 800.000- ($80 USD) per month. However, the cost of training required for such jobs is beyond the reach of most low income Indonesians. Women with low education levels and low employment skills are highly represented in the sex industry because sex work offers them the chance to earn substantially more than they would earn in other entry level jobs such as shop assistant or maid (Hull et. al., 1999). In sum, poverty as material and capability deprivation continues to pervade the lives of many Indonesians.

Gender Ideals as Defined through Culture and Religion

This section explores the role of women as promoted under the New Order state. These ideologies have had a powerful impact in shaping the idealized role of women in contemporary Indonesia. Indonesian society, particularly Javanese society, is hierarchal. Class and gender play a key role in determining one's status and position within society (Brenner, 1995). A hierarchy based on class is visible within the indigenous social structure of Java, where the aristocratic-bureaucratic elite (*priyayi*) hold the highest status. *Priyayi* men are granted the highest status and *priyayi* women are placed "regardless of social class, in a categorically inferior spiritual, moral, and social position" (Brenner, 1995, p. 20). A hierarchal structure is also visible in modern state bureaucratic and military structures which function based on deference to power (Suryakusuma, 1996). A gendered hierarchy also exists within this deeply patriarchal society that subjugates women as "the weaker sex" and stresses that they should be submissive and

sacrifice themselves in fulfilling their role of serving their husbands (Suryakusuma, 1996).

The Indonesian state has long played an active role in shaping national gender ideologies. Its actions have been widely studied and criticized by academics who describe deployment of gender in state ideology as a form of oppression (Blackwood, 2007; Suryakusuma, 1996). State gender ideology "refers to the assumptions about gender on which the state acts and the way it attempts to influence the construction of gender in society" (Blackburn, 2004, p. 9). During the New Order period the Indonesian state set out on the task of rapid economic development. The New Order state promoted specific gender roles to foster the development process and stabilize the nation by producing "normal" reproductive citizens. The state produced policies that promoted the nuclear family, the submissive role of women, motherhood, and subdued female sexuality as ideal social norms (Bennett, 2005; Blackburn, 2004; Blackwood, 2007; Suryakusuma, 1996). The role of young unmarried Indonesian women as daughters is defined through social expectations that daughters should be dutiful by contributing to their family's income until they are married (Lim, 1998). Ideal gender roles were inculcated in the Indonesian psyche by means of the education system, government organizations, state controlled media, speeches by politicians, and religious organizations (Blackwood, 2007). However the focus on women's role in the domestic realm is often contradicted by the traditional role of women in society, particularly working class women and the role they play in contributing to the household as income-earners (Blackburn, 2005).

State ideology promoted the idea that women belong in the domestic domain as wives and mothers and that men belong in the public domain. Such notions combine

Javanese, Islamic, Dutch colonial, and Western bourgeois ideas of the ideal wife who bears and raises children and submissively serves her husband (Bennett, 2005). These ideal qualities were promoted through the Family Welfare Movement and National Family Planning Program, which defined the role of women through five principle duties:

1. Wife and faithful companion to her husband;
2. Manager of the household;
3. Producer of the nation's future generations;
4. Mother and educator of her children; and
5. Citizen (Bennett, 2005, p. 32).

These duties focused on the role of women as mothers, wives, and citizens. Furthermore, they emphasize the importance of family in national development; the family unit mirrors the patriarchal state apparatus in which the father of the family symbolizes the father of the nation.

Julia Suryakusuma (1996) coined the term State Ibuism[6] to denote the New Order state's gender ideology. State Ibuism refers to the dominant image of women as "appendages and companions of their husbands, as procreators of the nation, as mothers and educators of children, as housekeepers, then members of Indonesian society - in that order" (p. 101). The notion of State Ibuism is useful in demonstrating how state gender ideology is patriarchal in its emphasis on the roles and duties of women as mothers instead of emphasizing their rights as people (Bennett, 2005).

Despite the change of state power in 1998 following the financial crisis, New Order state ideologies remain embedded in the national psyche. While studying the lives of street kids in the Central Javanese city of Yogyakarta, Beazley asked male and female

[6] Ibu refers to mother and/or mother figure in Indonesian.

street kids to describe what is expected of young women by Indonesian society. They answered:

> Women in Indonesia cannot go out after 9:30 in the evening, they cannot go where they please, they cannot drink alcohol, they cannot smoke, they cannot have sex before marriage, they cannot wear 'sexy' clothes and they cannot leave the house without permission. They must be good, nice, kind, and helpful, and stay at home to do domestic chores and to look after their children or younger siblings. (p. 1669)

The children's detailed description of a woman's role shows how state gender ideology is internalized from a young age. It also demonstrates that, despite the fact that street kids are considered to be a marginalized group in Indonesian society, they too understand and have internalized these ideals. Furthermore, it demonstrates the pervasiveness of state gender ideology and how strictly defined the idealized role of women is: she cannot go out late in the evening or engage in socially unacceptable activities; her personal freedom is limited; and she must be "kind" and motherly. Self-sacrifice, submission to (male) authority, and aspirations of being a "good" woman by becoming a housewife are values that are pervasive in the lives of young sex workers as well. Chapter 5 explores the ways in which young sex workers internalize these values.

Religious values, particularly Islamic religious values, play an important role in defining public moralities and ideals related to sexuality, especially female sexuality. These values and mores influence the way in which sex workers are viewed in society. Islamic religious values mesh with Javanese cultural values in dictating the values and beliefs that define ideal female sexuality (Bennett, 2005). Virginity, heterosexual marriage, and motherhood are important religious and cultural values that define female sexuality. Notions of purity and impurity are used to emphasize the social importance of female virginity and also to condemn the sexual stigma associated with premarital sex

(Bennett, 2005). In the Qur'an there is significant value given to women as mothers and the title of mother (*ibu*) indicates honourable and respected social status within Indonesian society. Women who fail to conform to religious and cultural ideals of virginity, heterosexual marriage, and motherhood defy the boundaries of ideal female sexuality.

The Islamic notion of *zina* plays an important role in socially regulating sexuality. *Zina* refers to "all acts of sexual intercourse between a man and a woman that occur outside of religiously sanctioned marriage" (Bennett, 2007, p. 375). Within dominant interpretations of Islamic law, *zina* is understood to include the following acts: "rape, incest, extramarital affairs, prostitution, premarital sex and statutory rape, and homosexual relationships" (Bennett, 2007, p. 376). In Indonesia, *zina* is seen as an important Islamic teaching and as a source of maintaining family honour and community order (Bennett, 2005). The limitation of sex to marriage is supported by the state and is derived from Indonesian moral values based on *adat* (customary practices) and Islamic morals (Blackwood, 2007).

According to the Qur'an the regulation of *zina* should apply equally to men and women. Although the notion of *zina* prescribes that sex should be limited to marriage, a sexual double standard exists which grants men greater sexual freedom than women (Bennett, 2005). Women who commit *zina* are scorned, viewed as lacking morals, and seen as a source of shame to their families (Bennett, 2005). Men who have premarital sex, men who buy sex, and men who engage in extra-marital liaisons, are tacitly accepted (Bennett, 2005). Men are assumed to have stronger *nafsu* (desire or passion) than

women, hence men can resort to “immoral” behaviour without being punished (Kroeger, 2003).

“Moral women” who are wives are expected to aid their husbands in controlling their sexual desires by providing them with a harmonious household and a sexually satisfying relationship to keep them from straying to other women (Kroeger, 2003). At the same time, brothels and sex workers are seen as a necessary evil to aid men in fulfilling their sexual desires. Thus, they are seen as protecting “good women” from “bad” or “weak” men (Kroeger, 2003). Hence, women sex workers receive a greater share of the blame as they are defying norms. Because men are granted greater sexual freedom their encounters with sex workers are seen to be a result of their strong desire and are consequently tacitly socially acceptable. However, the double standard of sexual norms means that sex workers -- as women -- defy state gender ideologies and fail to meet religious ideals and cultural norms are classed as “women without morals” (*wanita tuna susila*).

State gender ideologies, religious values, and cultural norms are the basis for public moralities. They are interrelated and function together to define ideals of sexual and moral propriety and create an image of the ideal woman. Public moralities serve to marginalize sex workers because sex workers fall short of these ideals. For example, during the turbulent times following the economic crisis of 1997 authorities closed brothels and some were set on fire by vigilantes (Murray, 2001; Rhebergen, 1999). More recently, with the increase in Islamic conservatism, there has been a backlash against sex work. As a religious leader in the city of Tangerang noted, "Many illegal food and beverage kiosks, with sex workers posing as kiosk attendants are present, are along the

roads here because of the weakness of the Public Order Agency…The fasting month of Ramadhan is coming soon and we don't want to see women with sexy dresses trying to tempt any men passing the kiosks" (*The Jakarta Post*, 2006). In Surabaya, during the fasting month and the weeks surrounding Independence Day, brothels are closed and street sex work is made nearly impossible. During these periods of increased religious devotion and dedicated nationalism, the constraints of poverty and moral exclusion felt by street sex workers are particularly strong. Yet street sex workers remain targets of discrimination throughout the year because they fall short of societal ideals. In sum, gender ideologies and public moralities define ideals of sexual and moral propriety and create an image of the ideal woman, and sex workers fall short of these ideals.

Sexual and Reproductive Health Issues in Contemporary Indonesia

A lack of access to a basic standard of sexual and reproductive health has an impact on the quality of life and life chances of young sex workers**.** Indonesian ideals of sexual and moral propriety pose challenges to openly discussing sexual and reproductive health. During the 1970s under the National Family Planning Program, reproductive health began to be discussed more openly with the intention of implementing population control programs (Hull & Hull, 2005). In the 1990s, Indonesia moved away from a view of reproductive health focused on population control and moved toward a view based on the notion of reproductive rights. This move was demonstrated with the signing of the International Conference on Population and Development Program of Action (1994) and the Beijing Platform of Action (1995). Although the rhetoric and notion of reproductive rights have been endorsed in theory, the impact that it has had "on the ground" demonstrates the ambiguity of this endorsement. Although the state has been noted as

being successful in its family planning program, other issues of sexual and reproductive health persist, such as relatively high rates of maternal mortality, death due to unsafe abortion, a lack of rights for gays and lesbians, unmarried women's lack of access to contraception, limited sex education for youth, and low knowledge about STIs and HIV/AIDS among the general public (ARROW, 2007; Bennett, 2005; Blackwood, 2007). Sexual and reproductive health and rights remain contentious issues because aspects of sexual and reproductive health and rights conflict with societal mores which maintain that sex should only take place within the confines of heterosexual marriage.

A fundamental sexual and reproductive health right is the right to knowledge about managing and protecting one's sexual and reproductive health. Knowledge about sexual health is scarce in Indonesia, in part because of the widely held belief among decision-makers, doctors, teachers, and religious leaders that sex is natural; hence it is not necessary to teach people about it (Widyantoro, 1996). Sex education for youth is viewed as unnecessary, despite the fact that many Indonesian youth are sexually active (Simon & Paxton, 2004)[7]. Furthermore, many Indonesian youth hold misconceptions regarding sexual and reproductive health and consequently engage in risky sexual practices (Bennett, 2005; Holzner & Oetomo, 2004; Simon & Paxton, 2004; Utomo, 2002).

Prevention, transmission, diagnosis, and treatment of STIs are other sexual health issues that have not been adequately addressed in present-day Indonesia. The poor quality of service and lack of standards within both the national and private health systems, a consequence of economic conditions, contribute to this problem (Hull et. al., 1999). Little

[7] Utomo's (2002) study of sexual values and experiences among middle class young people in Jakarta between the ages of 15 and 24 found that only 7% stated that they were sexually active. However, Simon and Paxton's (2004) study among a similar population in Surabaya found that among the respondents 20-60% of young women and 20-80% of young men said that their friends were engaged in sexual relationships.

is known about STIs among the general population, as no studies have been conducted, nor are records kept (WHO, 2007). STI prevalence is high among sex workers. A recent study of sex workers in ten cities found the following STI prevalence among sex workers: chlamydia 44%, gonorrhea 28%, trichomoniasis 28%, and syphilis 9% (WHO, 2007). Table 1 shows the steady increase in HIV prevalence among sex workers in Surabaya between the years 2001 and 2004, and demonstrates that HIV prevalence is three times higher among street based sex workers compared to brothel sex workers.

Table 1 HIV Prevalence among Sex Workers in Surabaya

	2001	2002	2003	2004
Street based	6.3 %	4.4%	9.1%	12.2%
Brothel based	1.3%	1.5%	3.6%	3.8%

Source: WHO, 2007, p. 27

The 2007 UNAIDS Epidemic Update describes the HIV epidemic in Indonesia as "the fastest growing in Asia" (p. 24). Indonesia and Vietnam are noted as the only Asian countries where HIV prevalence is increasing. It is estimated that 193 000[8] people are infected with HIV, with a prevalence rate of 0.16 (WHO, 2007). Discourses on AIDS put forth by public moralities promote the idea that Indonesia will be protected from HIV and AIDS by its strong morals and religious devotion (Kroeger, 2003). Van Der Sterren, Murray, and Hull (1997) note that "Within the official discourse, STDs are a test from God and a punishment for sexual deviance" (p. 220). Initially AIDS was viewed as a disease that affected Westerners with loose morals. Then it came to be associated with Indonesians who engage in immoral and improper behaviour - first sex workers and, later, injection drug users. HIV/AIDS continues to be viewed as a disease that affects

[8] The low estimates state that there are 169 000 people living with HIV, and the high estimates are that there are 216 000 people living with HIV in Indonesia (WHO, 2007).

only those who belong to risk groups and punishes only those who are socially deviant (Murray, 2001; Bennett, 2005).

In summary, poverty is prevalent in Indonesia. Gender ideologies and public moralities cause sex workers to be viewed as deviant women. Sexual and reproductive health and rights are also highly influenced by public moralities. In particular, access to sexual and reproductive information and health services are limited. I will now turn to a review of sex work in Indonesia to examine how poverty, gender ideologies, and sexual and reproductive health have an impact on the lives of Indonesian sex workers.

Sex Work and Risk

Sex work can be defined as the exchange of sexual services for money. Sex work is generally connected to economic need. People generally engage in sex work to support themselves and their kin (Harcourt & Donovan, 2005; Kempadoo, 1999). Sex workers have different motivations "ranging from survival, debt, drug dependency, coercion, and social connection, to desire for wealth and social mobility" (Harcourt & Donovan, 2005, p. 201). Brothel-based sex work is the most common form of indoor sex work and it generally offers greater security, personal safety, and provision of sexual and reproductive health information and services. Street or public place sex work is the most widespread form of outdoor sex work. Globally it is estimated that street based sex work is the most common form of sex work. In developing countries "large numbers of street based sex workers can be an indicator of socioeconomic breakdown" (Harcourt & Donovan, 2005, p. 202). Street-based sex workers typically have greater autonomy, but also a greater potential for violence and other forms of social hostility (Harcourt & Donovan, 2005).

The context in which sex work takes place has an impact on the risk of sex workers facing violence, abuse, and poor sexual and reproductive health outcomes. An important variable related to the level of risk is the number of clients serviced. A high volume of clients over a short period of time increases the risk of STIs especially when there is low or no condom use (Harcourt & Donovan, 2005). A second variable is the level of income of the sex worker. Low-income sex workers generally have to service more clients and have more limited access to health information and services. These two factors increase their risk of poor sexual and reproductive health outcomes (Harcourt & Donovan, 2005). A third variable is the legal status of sex work. In almost every country laws on sex work exist yet they rarely achieve the desired effect. Laws that punish sex workers reduce sex workers' power to protect themselves and make them vulnerable to arbitrary and corrupt behaviour of officials. Especially where sex work is regulated, those who work outside of the legalized setting are doubly at risk in terms of their health and safety (Harcourt & Donovan, 2005). This study focuses on street sex workers as they are the poorest, most at risk of facing poor sexual and reproductive health outcomes, and most severely marginalized category of sex worker.

Sex Work in Indonesia

Sex work in Southeast Asian countries has similar economic and social bases. In most Southeast Asian countries, economic factors have played a key role in the development of contemporary sex industries. As Lim notes,

> Economic development policies may have also influenced the proliferation of the sex sector through their impact on, for example, the availability of viable or remunerative employment alternatives for the poorly educated or unskilled, the marginalization of significant elements of the labour force, the increasingly adverse terms of trade between rural and urban areas, growing income inequalities

> and their cumulative socio-economic consequences, and the strategies adopted by poor families for survival, especially in the absence of social safely nets." (1998, p. 10-11)

Hence, in most instances sex work in Southeast Asia is used as a means of coping with poverty and change brought on by economic development. Social factors such as the role that women play as breadwinners and the moral obligation that daughters have to contribute to their family's income also influence women's involvement in sex work (Lim, 1998). Furthermore, patriarchal systems of morality condemn sex workers as deviants, yet accept men who buy sex. In many cases sex industries are "supported by corrupt politicians, police, armed forces and civil servants, who receive bribes, demand sexual favours and are themselves customers of sex establishments, or may even be partners or owners of the establishments" (Lim, 1998, p. 11). In many Southeast Asian countries the state is involved in providing programs that aim to "rehabilitate" sex workers, these programs are in some cases voluntary and in others mandatory. These programs aim to re-socialize and reintegrate the sex workers into society by providing social, moral, religious, health, and vocational education. However, these programs devote little or no attention to the economic and social bases of sex work (Lim, 1998).

As in the rest of Southeast Asia, the state plays a key role in regulating the sex industry in Indonesia. The state is primarily concerned with public health and maintaining social order. Sex work in Indonesia can be traced back at least to 18th century Javanese kingdoms and the Dutch Colonial period when the commercial sex industry expanded and diversified (Hull et al., 1999). During the Colonial period, sex workers were supervised by the police and were required to undergo weekly medical exams to keep contagious diseases under control. Today, there are no national laws prohibiting the

sale of sex for money. However, the criminal code prohibits certain illegal activities related to sex. Firstly, it is illegal to facilitate sexual activities such as those that fit under category of *zina;* however, this section of the criminal code is rarely, if ever, invoked (Hull et. al., 1999). Secondly, it is illegal to sell or traffic women or underage males. Although there are no national laws prohibiting the sale of sex, street sex work is prohibited by regional regulations that "prohibit soliciting and loitering in the street because this hinders the creation and maintenance of 'clean' cities, and streetwalkers are perceived as an affront to the community" (Hull et. al., 1999, p. 24).

Street sex work is indirectly prohibited through regional regulations while brothel based sex work is regulated through the *lokalisasi* system. *Lokalisasi* are neighbourhoods where brothels are concentrated; these areas are monitored and controlled by state authorities.[9] The *lokalisasi* system aims to localize the sex industry, promote social discipline and control, and provide management and security through government or military monitoring. Under this system the pimps that run the brothels and the local government authorities are able to earn substantial revenues. As Hull, Sulistyaningsih and Jones (1999) note, "localization is accepted rather than having the community bothered by streetwalkers, but in doing so the government fails to remove the laws prohibiting pimping" (p. 32). The result is that this system has "turned the government into a pimp, while not eliminating the growth of a large unregulated section of the industry" (p. 32).

Sex work outside of the *lokalisasi*, especially street sex work, is controlled by police forces. Indonesian police forces have a strong affiliation with the military and

[9] Some *lokalisasi* also function as rehabilitation centers, such as Karma Tunggak in Jakarta where women continue to work as sex workers while undergoing the rehabilitation and resocialization process. These centers often do not succeed in helping women to leave the sex industry (Hull et. al.,1999).

possess authority, although they are underpaid, under-trained, and under-equipped. For example, those in the lower ranks, such as street police, are recruited directly from high school and receive only 11 months of training (Sarwono, 2004). Furthermore, the police are susceptible to corruption and use of unnecessary force (Mesquita, Winarso, Atmosukarto et. al., 2007; Sarwono, 2004). When street sex workers are arrested they may face police violence or they may accept rape to avoid punishment (Esthi Susanti, personal communication, September 20th, 2007).

Street sex workers are often the focus around debates on sex work. The debates around sex work in Indonesia are contentious and tend to fall under two opposing categories, moralists versus pragmatists (Hull et. al., 1999). The pragmatists call for reform of the sex industry, and NGOs are the main force behind these efforts. NGO programs vary in the degree to which they aim to reform sex work. Many of their activities focus on behaviour change and some focus on empowering sex workers. The moralist perspective calls for closing brothels and ridding the streets, discos, massage parlours, and karaoke bars of sex workers. Religious and vigilante groups speak out against sex work and they have shown their opposition by taking actions such as setting fire to brothels (Hull et. al., 1999). Police raids are frequently conducted at street sex work locations to satisfy the discontent felt amongst groups who take a moralist perspective. Yet these raids are described as "more symbolic than real, to give the impression of decisive [state] action in response to higher-level directives or public disquiet" (Hull et. al., 1999, p. 66). When authorities take actions to reform the sex industry they tend to blame sex workers and pay little attention to pimps and others who benefit from sex industries (Hull et. al., 1999). For example, in 2008 in East Java local

authorities in the regency of Batu took actions to address the sale of sex in massage parlours. A policy was created that obliged masseuses to wear padlocked pants to prevent the sale of sex and improve the image of the area as a tourist destination (Nurhayati, 2008).

Sex work in Indonesia is extremely varied in terms of the conditions and levels of pay (Surtees, 2004, Hull et. al., 1999).[10] I have developed a typology of sex work in Indonesia based on fieldwork and an analytic assessment of other scholarship on sex work in the country. This typology depicts a hierarchy of sex work based on Hull, Sulistyaningsih and Jones's (1999) distinction of the various categories of low,[11] medium,[12] high,[13] and highest-class[14] sex work, which is based on the price paid by the customer. Their study took place before the 1997 crisis and since then Indonesian currency has fluctuated dramatically. Hence I have adjusted the prices and based them on current (2007) prices that are applicable to Surabaya.[15] My typology is specific to Indonesia and distinguishes between Busza's (2006) types of sexual exchange, and Harcourt & Donovan's (2004) categories of low, medium, and high risk of poor sexual and reproductive health outcomes, exploitation, and violence.[16]

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[10] There are no accurate statistics on the number of Indonesian sex workers. Hull, Sulistyaningsih and Jones (1999) point out that Murray has estimated that there are 500 000 sex workers within Indonesia, although she does not provide a basis for this figure (p. 47). Other sources estimate there are between 190 000 and 270 000 female sex workers in Indonesia, and approximately seven to 10 million men who are their clients (Riono & Jazant, 2004, p. 82).

[11] Street and low end brothel based sex workers.

[12] High end brothels and those who work at discos and bars.

[13] Call girls, high priced massage parlours, and sex workers working at night clubs.

[14] TV and film actresses and models.

[15] It is likely that prices are similar throughout different parts of Indonesia, while prices in the highest-class category are likely higher in Jakarta, as many of the wealthier Indonesians live in or spend time in Jakarta.

[16] High risk sex work is when the client has more control, there is a low fee for service, there is high client turnover, and low or absence of condom use. Medium risk sex work is when the sex worker has more

This typology contextualizes the place of street sex workers within the sex industry in order to be able to understand how working at the bottom of the hierarchy affects sex workers' lives. It implies that sex workers in the low-level category are at highest risk of poor sexual reproductive health, violence, and exploitation.

Table 2 Hierarchy of Sex Work in Indonesia

Category of the Sex Industry	**Type of Sex Work**	**Risk Category**[17]
Low-Level Category >Rp. 100.000- ($10 USD) per transaction		
§ Street Based – street, park, railway station, and cemetery	Direct Sex Work	High
§ Drink Sellers	Indirect Sex Work	High
§ Low end/Illegal Brothels	Direct Sex Work	High
Mid-level Category Rp. 100.000 – 300.000- ($10-30 USD)		
§ Disco & Bars	Direct Sex Work	High
§ Waitresses at cafes, truck stops, beer halls, food stalls, and karaoke bars	Indirect Sex Work	High
§ Middle and High end Brothels	Direct Sex Work	Medium
§ Massage Parlours	Indirect Sex Work	Medium
§ Beauty Salon	Indirect Sex Work	Medium
High-level Category < Rp. 300.000- ($30 USD)		
§ Night Club Girls	Direct Sex Work	Medium
§ Call Girls	Direct Sex Work	Medium
§ Secretary Plus	Indirect Sex Work	Medium
§ *Perek - Perempuan Eksperimentil* (Experimental Girls)	Transactional Sex	Medium
§ *Ayam Kampus* (University call girls)	Direct Sex Work	Medium

First, the low-level category of the sex industry in Indonesia is characterized by extremely low pay, poor working conditions, and high risk. Murray (1991) argues that in Jakarta the "bottom end of the prostitution range is found in the (brothel) complexes"

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control, security or peer support is present, and there are higher earnings. Low risk sex work is when there is a limited difference between the status of the sex worker and client and the rate of pay is high.

[17] Risk of exposure to violence, exploitation, and poor sexual and reproductive health.

(p.106), yet Hull, Sulistyaningsih, and Jones (1999) argue that this is "certainly not true if consideration is given to independent operators on the streets, under bridges and in markets in the seedier parts of town" (p. 93). The category of street based sex workers includes those who work from streets, slum areas, parks, railway lines, and cemeteries (Hull et. al., 1999). Generally, sex workers in the low class category of the sex industry are at high risk of violence, exploitation, and poor sexual and reproductive health outcomes because the client has control, the rate of pay is low, there are low condom use rates, they have high client turnover, and it is illegal.

In her study of sex work in urban Indonesia, Surtees (2004) notes that young women and girls who work at drink stalls engage in indirect sex work by providing sexual services for money to supplement their meagre monthly incomes. These women are vulnerable to harassment from police and government officials and at times face violence and abuse from their pimps and clients (Surtees, 2004). Beazley's (2002) study of street kids in the city of Yogyakarta describes how some street kids have sex in exchange for food, money, alcohol, or drugs. Rhebergen's (1999) study of street sex workers in Surabaya argues that the 1997 economic crisis caused the conditions of sex work to deteriorate. The average age of her respondents was 30 years old and most of these women were mothers. These women rationalized engaging in sex work as a means of providing support for their children and families in their home villages.

Second, higher earnings characterize the mid-level category of the sex industry. Mid-level category of sex work takes place in a wide variety of contexts and has varying levels of risk. Sex workers based at brothels and massage parlours can earn more money. They face medium risk of experiencing violence, abuse, and an inability to use condoms

with clients. The risks they face are lower because they have more control, there is security, they have peer support, and a more predictable income. Sex workers based at discos and bars working as direct sex workers are able to earn significant sums of money, but may face higher levels of risk because they work alone (Harcourt & Donovan, 2005). Indirect sex workers often meet potential clients working at cafes, truck stops, beer halls, food stalls, karaoke bars, and beauty salons (Surtees, 2004).

Third, the high-level category of the sex industry allows sex workers to earn extremely large sums of money while serving fewer clients and is generally medium risk. These young women often come from middle and upper class backgrounds, generally attend high school or university, and are viewed as being highly influenced by materialistic values (Murray, 2001). Experimental Girls (*Perek*), for example, have received significant media attention and are seen to challenge traditional and official social norms, as they are seen as materialistic, individualistic, and sexually uninhibited (Hull et al., 1999).

Research indicates that women from backgrounds of low socio-economic standing with limited education are highly represented in lower levels of the sex industry (Surtees, 2004). For example, Sedyaningsih-Mamahit's (1999) study of brothel based sex workers in Jakarta found that 70% of respondents had fewer than nine years of schooling (p. 1106). Their earnings from sex work allow women from backgrounds of low socio-economic standing to fulfill their critical social obligation of supporting their parents, siblings, or children (Hull et al., 1999; Sedyaningsih-Mamahit, 1999; Surtees, 2004). There are instances where women are forced to work in the sex industry through coercion, deception, or trafficking. However, most women are "forced by circumstance, a

failed marriage or love affair, a lack of alternative options, but ultimately, a desperate need to gain income to support themselves, their families, and their children" (Hull et al., 1999, p. 51).

Once women enter the sex industry they may move within different areas of the sex industry and they may also move in and out of the sex trade. Many women enter the sex industry working at discos and bars and eventually end up working in the *lokalisasi* setting (Wofflers, Triyoga, Basuki, Yudhi, Deville & Hargono, 1999). During the course of my research I found that many young street sex workers often start working at discos and later they move to the street. It has also been noted that street sex workers may be influenced to move to *lokalisasi*, because of issues of police harassment and arrest (Hull, et. al., 1999). A study of sex work in South Sulawesi indicates that many of the sex workers come from different islands within Indonesia (Ford, Siregar, Ngatimin, and Maidin, 1997). However, research on mobility and sex work in Indonesia is limited, and further research is needed to explore mobility within a sex industry that is hierarchical and spread throughout the Indonesian archipelago.

Research has been conducted on the sexual and reproductive health knowledge and practices of Indonesian sex workers. These studies indicate that Indonesian sex workers hold misconceptions about reproductive health and engage in risky sexual practices (see Joesoef, Valleroy, Kuntjoro et al., 1998; Wirawan, Fajans & Ford 1995). A study of sex workers in Bali found that knowledge among sex workers is minimal and that low-level sex workers mainly get their information from their clients, family, or friends (Wirawan et al., 1995). Condom use rates varied depending on the category of the sex industry the women were involved in. Low price sex workers used condoms at a rate

of 17%, and those in the mid and mid-high price range used them at a rate of 69% and 60% respectively (Wirawan et al., 1995 p. 7). A study of sex workers in Surabaya found that among different categories of sex workers condoms were used (at last paid sexual intercourse) at the following rates: brothel at 14%; street worker at 20%; massage parlour at 58%; call girl at 66%; and night club at 25% (Joseoef et al., 2000). These studies indicate women working in the lower levels of the Indonesian sex industry have minimal knowledge of sexual reproductive health and engage in risky sexual practices. Their minimal knowledge and risky practices make them particularly susceptible to poor sexual and reproductive health outcomes.

This chapter has argued that in Indonesia poverty is acute; gender ideals are rigidly defined through state ideologies, religious values, and cultural norms; and access to sexual and reproductive health is generally poor among Indonesian sex workers. It has further argued that poverty, gender ideals, and lack of access to basic sexual and reproductive health are factors that contribute to the marginalization of young sex workers. However, little is known about experiences of young sex workers in Indonesia, in particular the details of their sexual and reproductive health experiences and the potential harms and vulnerabilities they face in their work and day-to-day lives. To be able to understand the impact of poverty and marginalization on the sexual and reproductive health of these young women, I conducted fieldwork in Surabaya using qualitative research methods. The next chapter of this thesis will focus on fieldwork that examined the lives and experiences of young women street sex workers. This will then set the stage for examining their sexual and reproductive health knowledge and practices through case studies.

Chapter 3

Fieldwork and Methods: Going Around (*Jalan-Jalan*) Surabaya

On a Saturday night in July the streets of central Surabaya are buzzing, the discos are filled, and the street side food stalls (*warung*) are teeming with people hanging about. The *warung* along Embong Malang play loud thumping repetitive techno music and sell *mi-ras* (*minuman keras*, literally means hard drinks) on the sly as people sit around, smoking, drinking, and chatting. At certain *warung* groups of young women wearing trendy clothes and make-up stand around and periodically ride off with men on motorbikes. Someone who is not familiar with the night world (*dunia malam*) would probably assume that these women are meeting up with friends and not with clients.

Wonokromo train station is also lively (*ramai*) on a Saturday night. The air is tense, infused with fear as young women and male to female transgenders (*waria*) stand along the train tracks, in groups or alone, waiting to meet their clients. Their main fear is that there will be police raids (*rezia*), and that they will be caught and detained. Surabaya transforms itself at night and the *dunia malam* that exists within Surabaya is viewed with both fascination and fear. The *dunia malam* is centered on hanging out in the streets, discos, karaoke bars and often involves drinking, drugs, and sex. The *dunia malam* is hidden and forbidden but at the same time known and tolerated. Much of the sex work that young women are involved in outside of the *lokalisasi* setting in Surabaya fits within the realm of the *dunia malam*. Sex work that takes place at street locations outside of the *lokalisasi* system is illegal and part of this underground and forbidden realm.

Researching the lives of young women working at the margins of the sex industry in Surabaya involved spending many nights of going around (*jalan-jalan*) to these

locations with my research assistants. A typical night of *jalan-jalan* would involve me going out with Aziz, who is my informant, friend, and research assistant, to check out some of the known locations where sex is sold. The term *jalan-jalan* cannot be directly translated into English. It refers to going around or strolling about, by foot or motorbike, more or less aimlessly and without a well-defined purpose. Often we would start off by visiting the area of the Bambu Runcing[18] and there we would chat with the young women and men who were organizing and participating in the sale of sex. Later we would hit Dipenogoro street and see what was happening there, and then move on to Tunjungan Plaza and Embong Malang street to hang out and chat with the young sex workers there. It took many nights of *jalan-jalan* to meet young women who wanted to tell me their stories. Eventually I was able to learn about their lives through participant observation techniques and in-depth interviews.

It is important to discuss the challenges of fieldwork involving young sex workers as the issues that arise provide insights into the depth and impact of severe marginalization. In this chapter, I argue that qualitative research methods, particularly participant observation and in-depth interviews, are ideal for understanding the experiences and perspectives of young sex workers. It is especially important to discuss the challenges of fieldwork involving young sex workers as it helps to understand how they experience marginalization and oppression resulting from structural violence. In this chapter, I discuss the research participants, the research methodologies I employed, and some of the challenges and dilemmas I faced in the field.

[18] The Bambu Runcing monument was created to commemorate opposition to Dutch colonial powers. At night many streets in this area are occupied by young people hanging out, and other streets are occupied by young women sex workers and their pimps.

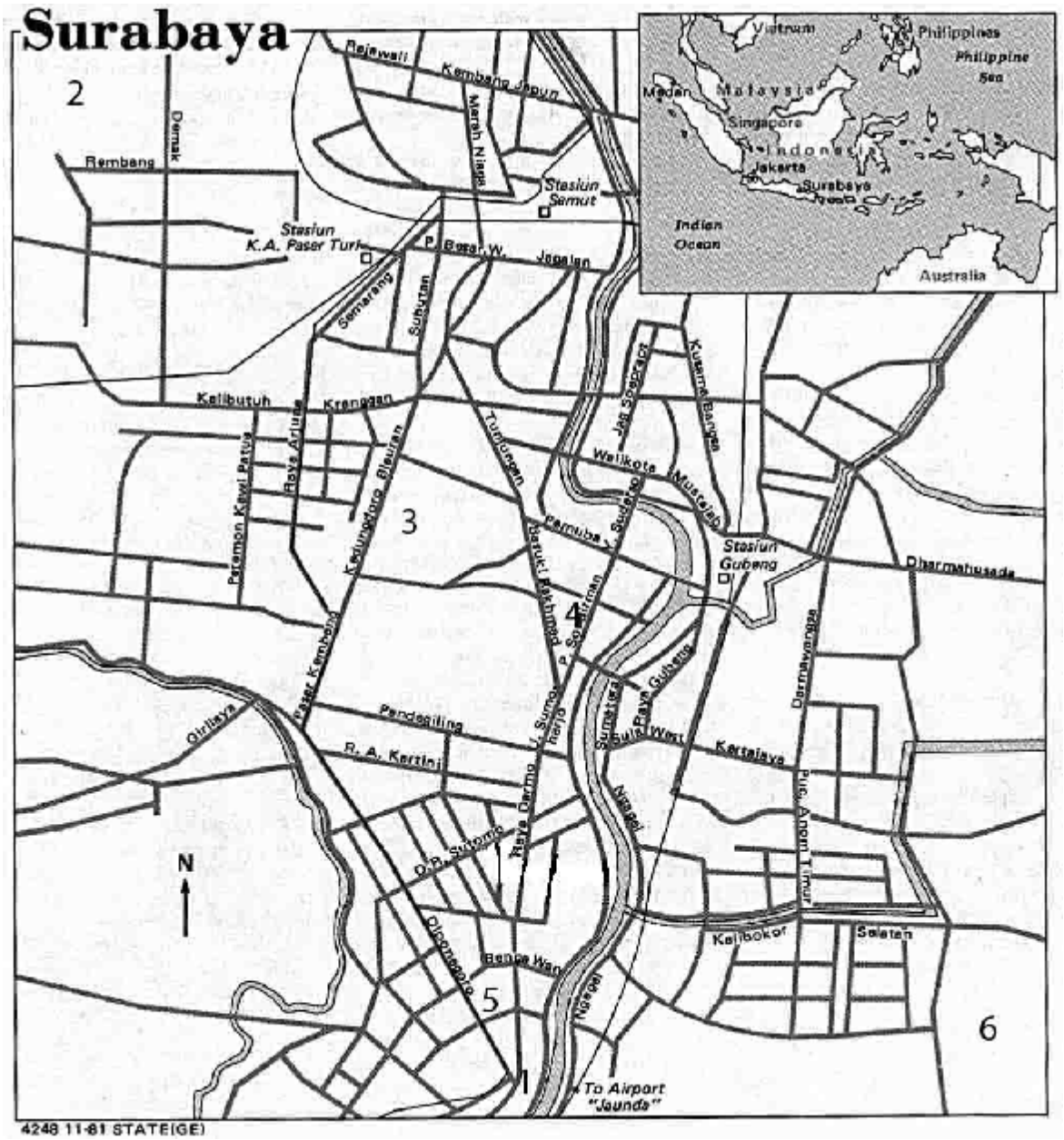

Figure 1 Map of Surabaya and Surabaya's Location in Indonesia
(U.S. Department of State, Courtesy of the University of Texas Libraries, The University of Texas at Austin)

1. Wonokromo Area
2. Bangunsari
3. Embong Malang Street
4. Bambu Runcing Monument
5. Dipenogoro Street
6. University of Surabaya

Surabaya Hotline supported my fieldwork in Surabaya. I first met the director of Surabaya Hotline, Esthi Hudiono Susanti, in 2005. I made a preliminary visit to Surabaya in August of 2006 to explore the possibility of conducting research. During this visit, Esthi offered to assist me if I returned to conduct research. The Working Group for Empowerment (*Kelompok Kerja Berdaya*) was also very supportive during my fieldwork. Working Group for Empowerment is a group of ex-sex workers affiliated with Surabaya Hotline who work to educate women in *lokalisasi* and the wider population on sexual health issues. They disseminate knowledge mainly through peer education and theatre. I lived with three members of the Working Group for Empowerment and met with the other members daily. Part of my research activities included giving a three-day workshop on "Feminism and Reproductive Rights" for the staff at Surabaya Hotline. I made the workshop participatory and interactive and included a lecture, questions for discussion, and group work. I found the process of preparing for this workshop to be very useful as it led me to critically reflect on many of the ideas that I was presenting.

Study Participants: Young Women Street Sex Workers in Surabaya

The locations and context in which sex work takes place in Surabaya are extremely varied, thus sex worker's practices and experiences also vary significantly. Sex work takes place in an organized fashion in five *lokalisasi* in Surabaya. Sex workers also work out of other less open or less public locations such as discos, clubs, karaoke bars, massage parlours, and cafes. At discos most young women work freelance and meet clients through broad social networks. There are also many street locations throughout the city where street sex workers wait to meet customers. Jalan Dipenogoro is the street within Surabaya that is most well known as a location where you can find mainly female

sex workers. Jalan Dipenogoro is also described by many people as one of the most dangerous locations for sex workers. Other central locations such as Bambu Runchi and Embong Malang are street locations where women sex workers are based. There are also certain streets where *waria* are known to work, and these are mainly along the river. The area around the railway tracks at Wonokromo train station is a location where sex is offered by both women and *waria* sex workers, young and old, for a markedly low rate. The cemetery at Kubing on the outskirts of a *lokalisasi* is also notorious as a dangerous place where sex is very cheap. During my visits there I noticed that the women and *waria* working in this area were much older than in the other places. A road cuts through the centre of the cemetery and is lined with carts selling food and drinks. The sex workers sit and wait for customers on the gravestones and then sexual relations take place on and around the headstones that are hidden from the view of the road. Esthi Hudiono Susanti describes the cemetery at Kubing as "the end of the line" for sex workers and it is the place where they go when they can no longer work from any other location.

My research focuses on poor young women sex workers working mainly from street locations.[19] I worked with young women between the ages of 18 and 24 with low education levels (no education beyond elementary school). The six young women that became part of the core group of participants in my research shared a number of common factors in their lives. I searched out women who were involved in the exchange of sex for money at street locations. In general the core participants were from small towns and

[19] Other studies on sex work that used qualitative research methods to explore aspects of sex work in the context of poverty in general have had similar criteria for inclusion. For example, a study of sex work in South Africa studied women who "solicit clients in bars, and if business is bad they move to the streets" (Wojcicki & Malala, 2001, p. 103). A study conducted in Vietnam focused on "women who provided sexual services on streets and in sex-related establishments" in two cities in Vietnam (Ngo, McCurdy, Ross, Markham, Ratliff & Pham, 2007, p. 557).

rural villages in the province of East Java and had migrated to Surabaya in order to seek out better employment opportunities. All of the participants were ethnically Javanese or Madurese,[20] and all were Muslim. They were all fluent in Bahasa Indonesia. I also speak Bahasa Indonesia and used it to conduct interviews. Most of them had boyfriends, although some identified themselves as single, and one had been married but was now divorced. On average they were able to earn between Rp. 500.000 – 900.000 ($50-90) per month from sex work. But they had expenses such as rent (Rp.150.000-), food (Rp.150.000-), police bribes (Rp.50.000-150.00), and approximately 20% of their earnings went to pimps (Rp.100.000-180.000-). They also needed money to buy clothes and make-up to maintain their appearance. They said that most of the time they do not have much money left to send home.

Methods: Participant Observation and In-depth Interviews

I used multiple research methods to triangulate and gain a detailed understanding of the experiences of young sex workers. Multiple methods are an effective means of gaining a holistic perspective and deeper understanding of the intricacies of the lived realities of those who are being researched (Liamputtong & Ezzy, 2005). As Letherby (2003) notes, "multiple methods reflect the desire to be responsive to respondents. If our aim is to understand the critical issues in women's lives this type of flexibility is important" (p. 96). Methods triangulation involves using multiple research methods that allow the "research to develop a complex picture of the phenomena being studied, which might

[20] Madura is an island that is a 15 minute ferry ride from the Tanjung Perak port in Surabaya. Although it is technically close to Java, Madurese people are noted as a distinct ethnic and cultural group throughout Indonesia.

otherwise be unavailable if only one method were utilized" (Liamputtong & Ezzy, 2005, p. 41).

Qualitative research methods are "flexible and fluid, and therefore, are appropriate for researching the 'vulnerable'" (Liamputtong & Ezzy, 2005, p. 204). As a qualitative research method, participant observation technique was used to gain a better understanding of the day-to-day lives of the participants. Participant observation "involves immersing yourself in a culture and learning to remove yourself every day from that immersion so you can intellectualize what you've seen and heard, put it into perspective, and write about it convincingly" (Bernard, 2006, p. 344).

I was not a complete participant in that I did not become a sex worker, nor was I a complete observer with no interaction among the participants. Rather, I was a participant observer in that I aimed to "observe and record some aspects of life" around me (Bernard, 2006, p. 247). I used a number of different participant observation techniques in conducting this research.

The most important participant observation I did was to take up the offer to live in the second office of Surabaya Hotline in Bangunsari (a *lokalisasi* area). Living in Bangunsari enhanced the immersion experience of participant observation. This office functions as a shelter for sex workers and abused or trafficked women. Living in a poor neighbourhood such as Bangunsari provided me with a number of opportunities: to live with one of my research assistants (Anis) and several other outreach workers; to meet young and old sex workers; to be immersed in the language (Indonesian and Javanese); to be closer to the sites where I planned to conduct research; and to observe and better understand the everyday lives of sex workers and impoverished Indonesians.

Figure 2 Surabaya Hotline Office in Bangunsari

Figure 3 Neighbourhood Children and Researcher

The staff of Surabaya Hotline describe Bangunsari as a dirty and scary place. I quickly adjusted to the sporadic water, electricity outages, intense heat, open sewers, cockroaches, rats, and lack of privacy. I was not, however, able to accustom myself to the acute poverty that I witnessed on a daily basis. I estimated that fewer than half of the residents had running water. Their water is carted up and down the street and costs Rp. 100- (1 cent) per bucket (approximately 5 litres). Many of the young children and teenagers do not attend school. When I asked their parents why, they said either because it is too expensive or unnecessary. Some of the children in the neighbourhood have distended stomachs and appear to be suffering from malnutrition. Many of the women sell food or household goods from kiosks at the front of their homes to add to the family income. Most of the time people appear to get along, but on occasion skirmishes developed between neighbours and occasionally turned violent.

To be able to conduct participant observation at street locations and recruit participants, I worked with two research assistants and spent many nights out *jalan-jalan.* My research assistants were also important key informants as they generously shared with me a great deal of insight based on their personal experiences.

One research assistant, Anis, who is 22 years old, now works as a member of the Working Group for Empowerment. She was a sex worker from age 14 to 19. She offered valuable insight on the issues that young sex workers face and also assisted me in recruiting participants and phrasing questions for both the interview guides and day-to-day interaction with the participants.

The second research assistant, Aziz, who is 29 years old, now works in HIV/AIDS outreach. He is an injection drug user and is HIV-positive. Through sharing

his personal experiences he gave me a great deal of information on the experiences of drug users as a marginalized group and the many issues that HIV-positive people face in Indonesian society. He offered me invaluable insight on the lives of young people in Indonesia by introducing me to the *dunia malam* and accompanying me in *jalan-jalan* to find participants who I was eventually able to interview.[21] Having a male research assistant who was familiar with the *dunia malam* allowed me to enter settings where Anis was uncomfortable entering without prior introduction.

The assistance provided by Anis and Aziz allowed me to conduct participant observation at a range of locations and recruit the necessary participants. Articulations of marginalization, suffering, and agency cannot be conveyed through numbers and statistics. It is only through understanding the details of these women's daily existence that these aspects of their lives can be understood (Liamputtong & Ezzy, 2005). Hence, I used in-depth interviews which aim to "elicit rich information from the perspective of a particular person an on a selected topic under investigation" (Liamputtong, 2007, p. 96). I conducted in-depth interviews with sixteen respondents who were street based, *lokalisasi*, call girls, or indirect sex workers. I conducted multiple in-depth interviews with six participants who became my core research group.[22] I used judgement sampling in selecting participants. Judgement sampling involves selecting cases with a "specific purpose in mind" (Neuman, 2000, p. 198). It is an appropriate way of locating research

[21] My research assistants were compensated financially and I also helped Anis improve her English and gave Aziz assistance in developing and translating abstracts for presenting at international conferences on injection drug use and HIV/AIDS.

[22] Hence, when I refer to the research participants or respondents I am referring only to the six women who fit the specific criteria and were part of the core group. Two of the six participants had been involved in NGO programs.

participants when one is looking intensively at a few select cases and/or with hard-to-reach populations (Bernard, 2006).

The in-depth interviews were conducted with the use of an interview guide that contained a list of topics and questions that I revised once I began my research (see Appendix 1).[23] Anis worked with me to revise the questions, develop my slang, and improve my Javanese vocabulary used in daily conversation.[24] The interview guide was used as the basis for the interview. However, while I conducted interviews there were instances when participants were keen to tell their life stories and I let them do so, returning to the unanswered questions at a later point.

I took efforts to make the participants feel as comfortable as possible during the interview sessions. The location of the interview was decided in consultation with each participant. I provided drinks, snacks, and cigarettes. The participants were each compensated Rp. 100.000- ($10 USD)[25] per interview and given a small amount of money for transportation. Once the in-depth interview was finished, I often had a meal with them and continued to discuss some of the issues informally. This was useful in that I was able to gain clarification and the participants were also able to bring up details and issues that they wanted to discuss.

I conducted follow-up interviews with the core participants to further discuss issues that arose from prior conversation. For the most part, the second round of

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[23] The requirement of the University of Victoria's Human Research Ethics Board was revised and received official approval on July, 26, 2007.

[24] My training in the Indonesian language focused on more formal language. Living in Bangunsari allowed me to learn slang terms and Javanese terms that are mixed in daily conversation. However there are aspects of slang and nuances of the language that I may not have understood as I am not a native speaker of Indonesian.

[25] Rp. 100.000- ($10 USD) was an appropriate amount of money that was agreed upon in consultation with both of my research assistants.

interviews took place during the month of Ramadhan and at their homes.[26] At the end of the interview session they were provided with information on sexual and reproductive health including services available to them. In addition, they were given the chance to ask questions and given the opportunity to have Anis accompany them to Surabaya Hotline's sexual health clinic located in the Tambak Asri *lokalisasi*.[27]

During the second interview session, I also administered a survey to the participants. This survey was adapted from Crisovan (2006) who conducted a study of cultural conceptions of HIV/AIDS among sex workers, ***waria***, and university students in the city of Yogyakarta, Central Java. This survey had been designed to assess Indonesian respondents' knowledge of sexual and reproductive health and had been tested and revised. I further revised the survey and added questions pertaining to the conditions of their work. The survey contained ten questions relating to knowledge of sexual health, sexual practices, and experiences with clients (see Appendix 2).[28]

The questionnaires proved to be somewhat problematic as the participants did not fully understand the questions, especially those questions where they were given the opportunity to give multiple answers. Perhaps the participants had difficulties with the questionnaires due to their low levels of education or they may have felt that this was more like a test as opposed to the open-ended questions posed verbally in an interview. By comparison, interview questions may have seemed to be eliciting their opinion and

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[26] They were uncomfortable meeting at a hotel because they felt it was dangerous for them as they feared being arrested on suspicion of conducting activities related to prostitution during Ramadhan.

[27] Anis continues to have contact with the participants and assists them in accessing sexual health services at the women's clinic.

[28] All of the participants except one were able to read and answer the questionnaire themselves. I read the questionnaire to the one participant who was illiterate and had her answer the questions verbally.

not looking for specific answers as in the case of a survey. The questionnaires did prove useful in that I was able to triangulate information that I had received during previous interview sessions. However, they served mostly to substantiate the value of qualitative research methods that allow for greater interaction with the participants, and thus greater detail and understanding about their lives and experiences.

Challenges in the Field: Gatekeepers, Locating Participants, and Trust

Gatekeepers posed a challenge in recruiting participants for this project. A gatekeeper is "someone with the formal or informal authority to control access to a site" (Neuman, 2000, p. 352). As Hammersley and Atkinson (1983) note:

> Even the most friendly and co-operative gatekeepers or sponsors will shape the conduct and development of research. To one degree or another, the ethnographer will be channelled in line with existing networks of friendship and enmity, territory, and equivalent boundaries. (p. 73)

The staff of Surabaya Hotline tried to facilitate participant recruitment by drawing on their network of women involved or previously involved in sex work, as well as recruiting women who lived or worked in the *lokalisasi* area surrounding the Bangunsari office. When I insisted that I wanted women from outside of their networks, I was told that the type of young women I was looking for -- young women street sex workers -- did not exist. The response that I was often met with upon insisting that I needed to find this specific group of women was, "Hilary, you are being difficult with this matter. With everything else you are fine and nice but with this matter (finding specific research participants) you are very difficult." I was then referred to outreach workers of an injection drug user (IDU) NGO that had insiders in the *dunia malam*. To find the participants, I had to "set non-negotiable limits to protect research integrity" (Neuman,

2000, p. 353). Once I found people who were familiar with the *dunia malam* I was able to move forward.

After overcoming gatekeepers there were still challenges in locating young women sex workers willing to talk to me. I faced numerous obstacles carrying out the task of recruiting participants. Recruitment of participants took place during the months of July and August. Police vigilance increased during this time because of Independence Day celebrations (August 17th). In general, the authorities devote extra attention to "cleaning up" the streets during this period. Following Independence Day, Ramadhan began during mid-September, which also brings increased police vigilance. Illicit activities are not allowed to take place: discos and *lokalisasi* close, the sale of alcohol is strictly monitored, and street based sex work is punished more severely than usual. Because of increased police vigilance, I had a harder time finding participants and maintaining contact with them.

Another challenge that I faced was gaining trust. Gaining trust is one of the most important factors in conducting qualitative research (Liamputtong & Ezzy, 2005; Bernard, 2006). Some of the young women I initially met opted not to become participants, while others decided that they wanted to learn more about the project before committing to it, and some of them were keen to talk with me right away. From the point of the initial introductions I made a significant effort to assure the participants of the confidential nature of the project, as this was one of their key concerns. Gaining trust takes time, sensitivity, patience, and persistence. The decision to grant trust lies in the hands of the participants. In the end, the young women who decided to become research participants willingly shared details of their lives and experiences with me. I feel that I

was able to gain the trust of the participants because I ensured them that their information remained confidential.

Furthermore, the participants were aware of the fact that I came from a different country where cultural norms are different. The participants told me I was less judgemental than typical Indonesians as they felt that I did not hold the same cultural ideals as the average Indonesian. I think that this led participants to open up to me in interviews, during which many of them talked at length and became emotional as they told me about their lives and experiences. Most of the participants seemed relieved to be able to talk to someone who was interested in hearing their story.

Reflexivity: Dilemmas of Researching Sex Work in Surabaya

The roots of my research topic are very personal. I choose to research this particular topic and group because of my beliefs in feminism, anti-racism, and social justice. My contentions about street sex work in Surabaya are based on the premise that many sex workers experience intense violence and suffering as a consequence of experiencing social inequality. I view this as social injustice. As a researcher who identifies as herself as a feminist and anti-racist I feel that it is important to produce knowledge that has the potential to benefit those who are marginalized. I tried to be a sensitive researcher (see Liamputtong, 2007) and based much of my research on feminist research principles, yet in the field I struggled to realize these ideals.

Before I begin to discuss the issue of power relations with the research subjects, it is important to identify my positionality in the field. As a young, white, Canadian woman conducting research in Indonesia there were many instances when I was granted a significant amount of power and privilege. I was granted the status of being an “honorary

man" (see Heron, 2007) because of my whiteness, my middle class background, and my nationality. This privilege meant that I was often given the opportunity to ask questions and receive information from many of the people that I met throughout the course of my research. I think that this was partially because I was often introduced as a friend of Esthi Susanti's, who is a well-known and respected Indonesian social activist, but mostly because I am a Westerner (*bule*). Within formal situations and formal relationships I was often granted this power and privilege, but in other informal situations I was not granted power.

Feminist and ethical research principles argue that researchers should aim to share power and develop egalitarian relationships with the participants throughout the research process. However, I found that while conducting in-depth interviews with participants they wanted me to control the interview: the questions asked, the topics discussed, and the duration of the interview. I intended that these interviews be informal and semi-structured; however, the formalities of research (the consent forms, tape recorder, and private setting) tended to make the interviews more formal. Hence, during these interviews relations became more formal and the participants acted according to Javanese social codes, granting me power and control. This occurred despite my attempts to share power during the interview process, for example by encouraging the participants to tell me about their lives. I struggled to devolve power to the participants but was not always successful. Upon reflection, it seems that the interview process itself led the participants to put into practice cultural codes of conduct based on hierarchy that are deeply ingrained in Javanese culture and that have been reinforced by a history of colonization. How was I to dismantle these cultural codes of conduct?

The research participants and myself are multi-positioned subjects. Hence, in some situations I was granted power and control while in other situations power relations were reversed. As Nencel (2001) has noted in her *Ethnography of Prostitution in Peru*, research subjects are not always interested in sharing power and they may desire to control the terms of the relationship. Nencel notes the resistance shown by her research participants: "They decided when, about what and whether we would talk" (2001, p. 84). I found that many of the potential and actual participants that I met while conducting research activities also showed resistance. During my first few nights of *jalan-jalan*, I met and initiated conversations with many potential participants who simply looked at me and said "no, I don't want to" (*tidak mau*). I met several young women with whom I arranged meetings, only to have them not show up. During the first few nights I was able to meet several women (approximately five per night), but none of these contacts panned out. Eventually, I gained the approval of informal gatekeepers, such as Siska, a former sex worker. Such connections allowed me to begin to develop relationships not only with her but also allowed me to access her friends who worked at Embong Malang.

Anis and Aziz, my two research assistants, played an important role in helping me to develop relationships with the research subjects. Anis accompanied me in visiting the participants' work locations, homes, and to interviews, where she also played a mediating role. The participants would ask her questions about the research project, about me, and about sexual and reproductive health. Anis helped to give me credibility as a foreigner conducting research in Indonesia. Aziz, my male research assistant, played a slightly different role and had a different impact on my relationship with the research subjects. I worked with Aziz mostly while I conducted my research activities at night. Being

accompanied by a male provided me with safety and protection. Because I would show up at night on the back of his motorbike, the participants assumed he was my boyfriend. Despite my attempts to explain that this was not the case, they were still convinced that something was "going on." Working with Aziz meant that it was easier for me to gain acceptance because going around with a young handsome Indonesian guy at all hours of the night is outside of the realm of socially accepted activities that "good women" do. Hence, Aziz introduced me and helped me gain acceptance among the research participants and within the *dunia malam*.

As I noted previously, one of the main principles of feminist research is to develop relationships based on reciprocity and contribute to improving the lives of the participants. I aimed to give back to the participants by providing them with information and assistance in accessing sexual health services, giving them condoms, and giving some material support. I continue to struggle to find ways in which this research can truly contribute to improving their lives. The process of conducting this research has allowed me to gain significant insights into the structural conditions of their lives and how extremely difficult it is to address these issues. However, I do not see my commitment to these issues ending with this research project, but intend to remain personally and professionally committed.

The next three chapters describe the results of this qualitative research. The chapters that follow use qualitative results and case studies to focus respectively on the knowledge and practices of the participants relating to sexual and reproductive health; experiences of marginalization; and experiences of vulnerabilities and agency. Participant observation and in-depth interviews allowed me to gather data about the nature of

agency, marginalization, violence, and especially structural violence as it permeated the lives of the respondents.

Profiles of the Core Research Participants

In order to gain a qualitative in-depth understanding of young sex workers lives, Chapters 4,5, and 6 each focus on two case studies of the core research participants. The profiles below briefly introduce the research participants that are the focus of case studies for the three chapters that follow.

Tuti – Tuti is a cheerful 19-year-old who has been doing street sex work for two years now. She currently works at Embong Malang street location and spends most nights there waiting to meet clients. Tuti is profiled in Chapter 4.

Yuli – Yuli is a 20-year-old young single mother who describes herself as a "victim of trafficking." She was initially trafficked and forced into sex work and later returned to sex work to earn money to support herself and her child. Yuli is profiled in Chapter 4.

Siti – Siti is a 25-year-old who portrays herself as a rebel and enjoys the material benefits she reaps from doing sex work. She now works and lives in the Wonokromo area where the pay is lower but there are many clients. Siti is profiled in Chapter 5.

Fatimah– Fatimah is a shy and quiet 20-year-old young woman. She migrated to Surabaya where she first worked as a maid and then later became involved in disco and eventually street sex work at Embong Malang. Fatimah was introduced in the introduction and she is profiled in Chapter 5.

Rena– Rena is an 18-year-old who has been a sex worker at Wonokromo for three years. She lives and works in Wonokromo and limits her daily activities to that area. Rena was introduced in the introduction and she is profiled in Chapter 6.

Shinta– Shinta is a 23-year-old young woman who ran away from a broken home. She faces intense stigma as an HIV-positive sex worker. Shinta is profiled in Chapter 6.

Chapter 4

Sexual and Reproductive Health: Minimal Knowledge and Risky Practices

This chapter examines young women street sex workers' sexual and reproductive health knowledge and practices in the context of their everyday lives. Research from the fields of anthropology and public health have noted the ways in which structural factors of poverty, gender inequality, and social status impact people's access to knowledge of sexual and reproductive and their ability to put knowledge of safer sex into practice (Campbell & Cornish, 2003; Farmer, 1996; Schoepf, 2001). As Paul Farmer (1996) contends, social inequality puts people at risk of HIV and STIs. Poor health experienced because of this risk is an outcome of structural violence. I argue that minimal knowledge and risky sexual practices that increase the likelihood of poor sexual and reproductive health are consequences of structural violence. Minimal knowledge is the term that I use to refer to knowledge that is inadequate to protect one's health. Risky sexual practices refer to sexual practices that can be potentially harmful to one's health, as they may lead to unintended pregnancy, STIs, or HIV. The following results suggest that both risky sexual practices and minimal knowledge levels are key features of young sex workers' lives in Surabaya. I describe their knowledge of sexual and reproductive health, then their sexual practices (including measures they take to protect their health), in order to show a pattern of minimal knowledge amongst those who have not been reached by NGO programs. I describe their sexual practices to explain the prevalence of risky sexual practices.

Participants' Sexual and Reproductive Health Knowledge and Practices

The participants were asked questions during the interview sessions and were administered a survey to explore their knowledge of sexual and reproductive health. The results suggest minimal knowledge on transmission of and protection from STIs. Two of the six core participants had received information through contact with NGOs. All of the participants understood how pregnancy occurs and named family planning (*KB – Keluarga Berencana*) methods including the birth control pill and contraceptive injection as means of preventing pregnancy. *KB* is widely available in Indonesia as a result of the state-sponsored national family planning program (Bennett, 2005). Two participants also indicated condom use was a means to prevent pregnancy.

There was significant variation in the levels of understanding transmission and prevention of transmission of STIs. It appears that the two participants who had been reached by NGO programs had a more complete understanding of how STIs and HIV are transmitted and of prevention strategies. They named sexual relations (both vaginal and anal sex), blood (transfusion), and sharing needles as means of transmission. Although they named blood as a means of transmission, they did not identify mother to child transmission as a specific means of transmission. The four participants who had not been reached by NGO programs knew less about aspects of sexual and reproductive health. They believe that HIV is only transmitted through anal sex; second, they believe that HIV is something that comes from people who are considered to be "dirty"; third, they believe HIV is easily transmitted through bodily contact. For example, two women believed that one can catch the virus by using the same bathroom, sharing clothes, sharing a glass, or being in close proximity to someone who is HIV-positive. The information on sexual

health that these young women had came from friends, and some indicated that they had received information from doctors.

Knowledge on means of preventing transmission of STIs and HIV also showed variation. Two participants said they were not sure and did not really know how to prevent transmission of STIs or HIV. One participant said that HIV is transmitted only through anal sex or having sex with dirty people. Three of the six participants, including those reached by NGOS, named using condoms as a means for prevention. Other means for prevention named included keeping your body clean, going to the doctor for check-ups, and taking medicine. Overall, the participants had a general understanding of preventing pregnancy, but had an incomplete understanding of preventing transmission of STIs and HIV.

Several questions aimed to gain an understanding of the actions that the participants take to protect their sexual and reproductive health. The participants named the following actions they take to prevent pregnancy: *KB* (birth control) and condoms (one respondent); just *KB* (three); just using condoms (one); and no actions taken (one). Two of the participants who said they were taking *KB* later admitted that they had taken *KB* in the past but were not presently using it. A number of actions were named as practices to protect themselves from STIs and HIV: visually assessing clients and taking antibiotics (one respondent); assessing clients and using condoms (one); just visually assessing clients (one); taking antibiotics, traditional herbal mixtures, and washing with Dettol, (a commercial liquid antiseptic)[29] (one); just condoms (one); and no action taken (one). It appears that three participants were at risk for unintended pregnancy and that all

[29] Other studies have indicated that sex workers wash their vaginal area with Dettol, indicating that the practice is common in Indoneisa (Sedyaningsih-Mamahit, 1999).

of the participants were engaging in sexual practices that put them at risk for STIs or HIV.

When asked about the frequency of condom use with their clients, respondents answered as follows: almost always (one respondent); sometimes (two); rarely (two); and never (one). When asked about the frequency with which they use condoms with their boyfriends, they responded as follows: sometimes (two respondents); rarely (one); and never (three).

The participants elaborated and gave explanations for their condom use rates. First, many of the young sex workers suggested that a client's preference for condoms was related to the ethnicity of the client. They noted that foreigners (***bule***) almost always want to use condoms, Chinese-Indonesians want to use them most of the time, and Javanese men almost never want to use them. The participants also indicated that they thought that condoms were not necessary with Javanese men but are necessary to protect yourself when you are with Eastern Indonesia men as they are viewed as "dirty."

A second reason the young women did not use condoms was because clients say they are "***tidak enak***" (not nice) and "***tidak ada rasa***"(has no feeling). Siti described her ability to convince clients to use condoms by stating that, "when they don't want to use them, we still do it (have sex). They say (with a condom) it is 'not nice', and 'has no feeling.'"[30] Shinta similarly responded:

> Ya, it's difficult. They say if they use a condom, it will be "not nice." But, if they know, if they understand the issue and are afraid to be affected by illness, yes, then he will use a condom.[31]

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[30] *Ketika mereka tidak mau, masih jadi. Mereka ngomong 'nggak enak', 'nggak ada rasanya.*

[31] *Ya, susah. Katanya kalau pakai kondom itu katanya nggak enak. Tapi mereka tau, faham soal takut kena penyakit ya dia pakai kondom.*

Their insights suggest that it is the clients that dictate if condoms are used.

A third reason the respondents indicated for not using condoms was that clients became angry at the suggestion of using a condom. Sometimes clients threaten to go to another girl or threaten them with violence. Many of them said that they felt that they did not really have a choice and would still have sex with their clients because if they did not go through with it they would not receive payment.

The case studies of Tuti and Yuli profiled below provide insights into the sexual and reproductive knowledge levels and risky practices of young sex workers in Surabaya. Tuti's case is an example of a young woman with little of knowledge of sexual and reproductive health who engages in risky practices. Tuti's knowledge of reproductive health contrasts with Yuli who, through an NGO education program, has gained some knowledge of sexual and reproductive health. Their knowledge of reproductive health provides insights into the ways in which they understand reproductive health risks and the participants' reasoning behind these risks. Furthermore, they provide insights into the limitations of educational programs that aim to reduce risk and change behaviour.

Tuti

"Here is how it is… I don't know… up to now I have not received information"

Tuti is 19 years old and from a small village a few hours east of Surabaya. She has a cheerful demeanour but says that she has a lot of stress in her life. She finished elementary school and then quit school at the age of 15. Two years later she moved to Surabaya to find work. She was living in Surabaya with no source of income when she began selling sex to earn money to support herself. She told me that "I had not yet paid

my rent, so I was forced to work like this. Truly I didn't want to."[32] She started at Bambu Runcing, a street location that is known to have particularly young sex workers. A year later she moved to Embong Malang, a central location where many street sex workers are based. She continues to work there now.

Similar to many of the other research participants, Tuti has a limited understanding of the basics of sexual health and is unsure of the knowledge that she has. She says: "Here is how it is… I don't know… up to now I have not received information on that (sexual and reproductive health)."[33] When I asked her if she had heard of STIs or HIV, she said yes she had, and that she thinks that there is a connection between needle injection and AIDS. She said that she was scared of AIDS but that she did not really understand it. Yet she understands that ***KB*** (***keluarga berencana***) and condoms are ways to prevent pregnancy.

Tuti has never formally received information on sexual and reproductive health but she does take measures to protect her health. She takes no measures to prevent pregnancy. Like most of the other participants she has never gone to the doctor to have STI and HIV tests. On occasions when she experiences vaginal discharge (***keputihan***),[34] she drinks a traditional herbal mixture (*jamu*). She rarely uses condoms but assesses her clients visually to see if they look healthy and prefers not to go with those who look unhealthy.

Tuti's perceptions about safe sex are similar to attitudes found amongst other participants. She describes a situation in which clients' condom use preferences are

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[32] *Aku belum bayar kos jadi aku terpaksa kerja kayak gini. Sebenarnya aku nggak mau.*

[33] *Kayaknya nggak tau… selama ini nggak ada khabar.*

[34] This can be a symptom of an STI.

related to their ethnicity. Tuti's clients are predominantly Javanese, though she occasionally has Chinese-Indonesian clients, and in rare instances she has *bule* (foreign) clients. Tuti says that foreigners and Chinese-Indonesian clients always want to use condoms. Clients who are Javanese (like her) never want to use condoms. Tuti's observations on condom use and ethnicity are important for understanding condom use habits among clients. These insights show that there is a relationship between condom use and ethnicity which awareness raising initiatives should address.

During the second interview, after we discussed safer sex, Tuti was excited to tell me about an experience she had with one of her clients. This interview took place during the month of Ramadhan, a period when it is particularly difficult to find clients. Nevertheless, as Tuti noted, "I still need to work, I must get money for food and to pay the rent."[35] She described how she arranged to meet with a Javanese client and brought a condom with her. The client paid her Rp. 100.000- ($10 USD) and was willing to use a condom. Tuti was excited to tell me that when he wanted to do it a second time, she said she only had one condom, so they could not do it again. She was very proud of her actions: first, for using a condom, and second, for being able to convince her client not to have sex a second time.[36]

Tuti has limited knowledge of sexual and reproductive health and consistently engages in risky sexual practices. She rarely uses condoms with her clients and takes no measures to prevent pregnancy. The case study that follows describes the situation of

[35] *Aku harus masih kerja, aku mendapat uang untuk makanan dan untuk bayar kost.*

[36] Many of the participants note that they do not like having sex with the clients a second time because often the clients do not want to pay for the second time and it is often more painful the second time.

Yuli, a young woman who has participated in a sex education NGO program. This case shows that even when knowledge is increased, risky sexual practices take place.

Yuli

A Young Mother Who is Fed-up with NGO Programs

Yuli is 20 years old and from a small rural village in Central Java. Although young she says she is frustrated with life and she wants to be a good mother to her baby. She is from a particularly poor rural family. Her whole family works as farm labourers. She says,

> I look at my Mom and feel sympathy… She works as a farm hand from four in the morning, she works on her feet until six at night and then returns home. Sometimes her hands get all cut up… my father does not like to work.[37]

She said she used to look at her mother's cut and scarred hands and felt that she did not want a life like that. When she was 15 years old she went to Surabaya to find work and shortly after arriving she was offered a job in a restaurant in a town near the Malaysian border in East Kalimantan. From there, she was taken to Tawau in Malaysia. In Tawau, she was forced to live in hotel where she shared a room with another girl. During the day she and the other girls would wait outside their rooms and when clients arrived and picked her, she would service them in her room. When she worked in Tawau her knowledge on reproductive health was very limited and she consistently had risky sex. She speaks of this period of her life in a candid and sad tone; she says it was terrible and she often contemplated suicide.

Eventually she was allowed to leave and returned to her rural home. Not long after going home, she returned to Surabaya and eventually became involved in disco and

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[37] *Aku kasihan lihat ibuku… Ibu kerja jadi tani dari jam empat malam berangkat itu jalan kaki sampai jam 6 sore hari pulang. Kadang tangannya sampai luka-luka… saya punya ayah tidak mau kerja.*

street sex work. In 2005, she became acquainted with Genta, an NGO that works with street sex workers. Since becoming involved with the NGO she has adopted their language and calls herself a "victim of trafficking." Through this NGO she has received information on sexual and reproductive health: "Yes (from the) NGO, I know a lot about the ways of prostitution. There I studied about HIV/AIDS and how it's transmitted. Before I really did not know anything about this."[38] She says she is not scared of STIs as she knows there are medicines for them but she is very scared of HIV because it has no cure. In addition to giving out information, Genta also offers programs that are supposed to provide alternatives to sex work. Yuli expressed resentment toward these programs. She says they are unsuccessful because most of the girls involved in these NGO programs eventually return to the street to work. Furthermore, she says that working with the NGO simply does not pay enough to cover all of her expenses.

Now Yuli does sex work to make money to support herself and her nine-month-old baby. Her family does not know that she has had a baby and she is afraid to tell them as it will lead to gossip in the village. She has a boyfriend who often stays with her and gives her money but she says that he becomes angry easily and sometimes hits her. She never uses condoms with him. She says that with clients she almost always uses condoms. As Yuli and I sat and chatted after the last interview we had together, she told me that she was stressed because her period was two months late. She was sad about it and that she really did not want another child. In fact, Yuli was two months pregnant.

When Yuli began sex work she had minimal knowledge and engaged in risky practices due to her lack of knowledge and limited ability to negotiate the terms of sex.

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[38] *Ya LSM, aku banyak tau tentang gaimana caranya prostitusi. Di situ aku di pelajari tentang HIV/AIDS, gimana cara nularnya. Aku dulu tidak tau sama sekali.*

As a “victim of trafficking” and single pregnant teen, she received assistance and information from NGOs. She says she was able to modify her condom use habits with some of her clients yet, despite her knowledge she continues to have unprotected sex with her boyfriend and some clients, and in the end faced another unintended pregnancy.

Why Minimal Knowledge and Risky Practices?

The participant’s minimal knowledge of sexual and reproductive health and risky practices are similar to ideas and practices found in other studies of sex work in Indonesia (see Joseoef et al., 2000; Wirawan et al., 1995). For example, the practice of taking traditional herbal mixtures (*jamu*) and antibiotics and washing with cleaning agents such as Dettol to prevent STIs is widespread (Sedyaningsih-Mamahit, 1999; Wolffers, Triyoga, Basuki, Yudhi, Deville, & Hargono, 1999). Similar to the Wolffers et. al. (2004) study, this study found that ideas about condom use are often related to ethnicity. Javanese sex workers are more likely to use condoms with people who are not ethnically similar, mainly foreigners and ethnically Chinese Indonesians.

Minimal knowledge and risky practices are not limited to young sex workers. Minimal knowledge of sexual and reproductive health and risky sexual practices are common amongst Indonesian youth (Bennett, 2005; Simon & Paxton, 2004). Bennett’s (2005) study of sexual and reproductive health among young unmarried women in the city of Mataram, for example, found that these women “hold a range of false beliefs about reproduction and sexuality that can inhibit their choices” (p. 132). Simon and Paxton’s (2004) study of university students in Surabaya found that these young people have minimal knowledge of reproductive health, and especially about sexual health including STIs and prevention strategies. For example, Simon and Paxton’s study found

that the idea of safe sex is viewed as being connected to pregnancy and that there was less concern about practicing safer sex to prevent STIs. Bennett (2005) attributes the weak association between condom use and STIs to an historical emphasis on female methods through the National Family Planning Program and the government's decision not to promote condom use in HIV/AIDS prevention efforts. Simon and Paxton's (2004) study also describes how condoms are not widely used as prevention strategies and that young women feel that they have limited power in sexual decision-making.

Minimal knowledge and risky practices are common amongst Indonesian youth, but they are not limited to low-income countries such as Indonesia. According to the "Canadian Youth, Sexual Health, and HIV/AIDS Study" (2003), sexual and reproductive health knowledge was also minimal amongst Canadian high school students. A recent survey also found that 35% of American high school students were sexually active, and of those who are sexually active, 38% did not use a condom during last sexual intercourse (Centers for Disease Control and Prevention, 2008).

In short, minimal knowledge and risky practices are not unique to Indonesian youth or young Indonesian sex workers. However, young Indonesian sex workers appear to have particularly low condom use rates, a higher number of sexual partners, and face greater risks to their sexual and reproductive health compared to other youth because of their social position, which is largely determined by structural factors.

As I noted at the beginning of this chapter poverty, gender inequality, and social status are structural factors that negatively impact people's ability to put knowledge about safer sex into practice (Campbell & Cornish, 2003; Farmer, 1996; Schoepf, 2001). The results of this research confirm that even young sex workers with knowledge engage in

risky practices because they lack the power to insist on condom use. The participants indicate that it is the client who determines whether or not a condom is used. They also indicated that poverty was the factor that influenced them to engage in risky practices. However, Tuti shows how sometimes she is able to convince a client to use a condom. Yet, Yuli's unintended pregnancy is evidence of an inability to put knowledge into practice.

The data from this chapter suggest that minimal knowledge and limited personal agency within sexual relations leads to risky practices. The participants' risky practices are largely influenced by their social position, which is defined though their gender, age, class, and status as a sex worker. It is the participant's social position that limits her power in sexual decision-making, and in many cases leads to risky practices. Risky practices lead to poor health outcomes. Poor sexual and reproductive health is a consequence of structural violence.

The research participants continued to engage in risky practices even when they possessed adequate knowledge. However, those who were reached through NGO intervention programs suggested that they may have higher condom use rates than those who had not been reached. Hence, it appears as though these programs may have some effect in changing some sexual practices, some of the time. Furthermore, providing young sex workers with information, even if they are not always able to use it, increases the possibility of increasing their agency in sexual decision-making. However, these women are seldom able to act with agency. Marginalization is particularly central to creating conditions where street sex workers have little power in their lives. The next

chapter describes the effects of marginalization as experienced by young sex workers in Surabaya.

Chapter 5

Poverty and Women without Morals (*Wanita Tuna Susila)*: Marginalization as the "Social Machinery" of Structural Violence

This chapter examines the process of marginalization as it is experienced by poor young women street sex workers in Surabaya. Marginalization is the means by which individuals come to be excluded from aspects of life within a society (Marmot & Wilkinson, 2006, p. 207). Exclusion is based on categories including, but not limited to, ethnicity, gender, class, sexual orientation, or occupation. Marginalized people are "groups which have been socially constructed such that they lack access to power, resources, and privileges in society in relation to other groups" (Scheyvens, Scheyvens & Murray, 2006, p. 192). In other words, marginalization is a process that occurs when categories of social exclusion are developed and imposed on people who possess certain traits that have been deemed undesirable by the dominant powers in society.

Marginalization poses a threat to people's health and well-being and intensifies experiences of structural violence. People who are marginalized "are vulnerable to health risks resulting from discrimination, environmental dangers, unmet subsistence needs, severe illness, trauma, and restricted access to healthcare" (Hall, 1999, p. 88). In defining structural violence, Nancy Scheper-Hughes (2004) notes the critical role of marginalization. She states that structural violence is "the invisible 'social machinery' of social inequality and oppression that reproduces pathogenic social relations of exclusion and marginalization via ideologies and stigmas attendant on race, class, caste, sex, and other invidious distinctions" (p. 14). In other words, marginalization is the "social machinery" -- the means by which people are excluded through sexism, racism, and other

forms of oppression -- and structural violence is the suffering that results from that oppression.

Women who engage in sex work are socially marginalized at the outset because they defy the socially constructed gender norms of what it means to be a "good" woman. In most patriarchal societies there is a strict dichotomy defining the boundaries of what it means to be a good or bad woman. Good women are virgins, chaste, and moral. Bad women are whores, licentious, and immoral (Kempadoo, 1998). The image of the "immoral" woman or "whore" disciplines women and divides them by "forcing some to conform to virginity, domesticity, and monogamy and demonizing those who transgress boundaries" (Kempadoo, 1998, p. 6). Furthermore, Kempadoo (1998) emphasizes that "female sexual acts that serve women's sexual or economic interests are, within the context of masculinist hegemony, dangerous, immoral, perverted, irresponsible, and indecent" (p. 5). Sex workers are stigmatized as "bad" women and, as Goffman (1963) notes, a person who is stigmatized "is thus reduced in our minds from a whole and usual person to a tainted, discounted one" (p. 3). People who are morally excluded can be viewed "as expendable non-entities," and thus "disadvantage, hardship, and exploitation inflicted on them seems normal, acceptable, and just-as 'the way things are' or the way they 'ought to be'" (Opotow, 2001, p. 103). Social marginalization of sex workers leads to their moral exclusion, making the violence and oppression they experience seem normal and less like social injustice.

In this chapter, I show that poverty is the main factor that influences these young women to become involved in the sex trade. They choose to enter the sex trade as a way of overcoming the constraints of poverty. However, the conditions they face in the sex

industry do not allow them to completely overcome the constraints of poverty. Once they become sex workers they are further marginalized because they do not adhere to socially constructed ideals of what it means to be a "good" Indonesian woman. These ideals are centered around state gender ideologies and religious ideals. I argue that their deeply marginalized status intensifies the degree to which they experience exposure to physical violence, sexual violence, ill health, and trauma. By looking at the lives of two research participants in detail, this chapter will explore how young sex workers are marginalized. The case studies of Siti and Fatimah show the impact of poverty and the role it plays in sex work. Siti is a rebel girl. She is defiant in the way she speaks and the actions she takes. Her story shows the impact of marginalization through police harassment which results in her downward mobility within the sex industry. In contrast, Fatimah is meek and mild. Fatimah's story shows the struggles that she has with the gender ideologies that she has deeply internalized, but is unable to meet. These young women do not adhere to societal expectations thus the violence and suffering present in their lives is normalized and "taken for granted."

Siti

"There were so many police, so I ran away to Wonokromo"

Siti is 25 years old and from Surabaya. She wears trendy clothes: flared jeans with massive pockets and platform sandals are her trademark. She smokes constantly and speaks in a cool, matter-of-fact tone. In the past, she worked out of street and disco locations and is now based at Wonokromo station. At Wonokromo station the conditions of work and rates of pay are extremely poor. She is the seventh of seven children. Her

father passed away and her mother works in a low paying occupation. She quit school when she was 13 years old. She says,

> There are two reasons why I dropped out of school. First, me and my family did not have money to keep paying school fees. Second, I became naughty and started to go with the naughty kids.[39]

After she quit school she worked at a factory for three months but then she lost her job and just hung out. She would drink and do drugs, have sex, and "just have fun" (*senang-senang aja*). She became involved in sex work through a boyfriend; she did it to earn money to give to her parents but also so that she could buy things for herself. She says of her entry into sex work: "Those sins came about because I had to find money, sometimes for my parents, sometimes for my own fun, sometimes for buying this and that."[40] She is well aware that having sex for money is sinful according to Indonesian religious and social norms.

Siti is also aware of the structural constraints that she faces. When I asked her what her hopes and dreams were when she finished school, she stated,

> Actually I have (dreams) but you know, how it is…Ya I have (dreams), but still I have to think about my needs…Where can I work? Finding work is hard. I really want to work in a hotel or something, but is that gonna happen? Ya, it is hard to find a job nowadays.[41]

In noting the difficulties in finding work, particularly work that pays a decent wage, she acknowledges the constraints that she faces. These constraints are posed by her limited education and the fact that she lives in a country with high rates of poverty and

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[39] *Ada dua alasan putus sekolah. Pertama, aku dan keluarga aku tidak ada uang untuk teruskan bayar untuk sekolah. Kedua, aku menjadi nakal dan mulai ikut anak-anak nakal.*

[40] *Dosa itu cari uangnya, cari uang kadang buat orang tua. Kadang buat seneng-seneng sendiri. Kadang buat beli ini, beli itu.*

[41] *Ada sebenarnya, tapi ya tau ya gaimana… Ya ada, gitu kan masih fikir-fikir masih butuh… Kerja di mana? Tapi cari kerjaan susah sebenearnya pingin kerja di hotel tapi gaimana?, ya cari kerjanannya yang sulit.*

unemployment. The cycle of poverty becomes evident from her story. She quit school because the fees made it inaccessible. When faced with a situation where she had very limited opportunities she was persuaded by her circumstances to have sex for money to be able to provide for herself and fulfill her social obligations.

Siti first started working at Bambu Runchi street location when she was 18 years old. At this location young men work as pimps for young women and girls. For each act she would earn around Rp. 100.000- ($10 USD) and she would service between two and four clients per night. Then she started working at Kolon, a huge disco that is popular with freelance sex workers. At Kolon she would normally have one client per night and she would earn around Rp. 150.000- ($15 USD), although there were nights when she was unable to find clients. When she would meet clients at these two locations she would go with them to a hotel "to have sex." She said that working at Kolon was more fun than working at Bambu Runchi because going to the disco was both fun and work while going to the street was mostly just work.

Fear of police harassment or being arrested and detained are important factors affecting how Siti decides where she wants to work and live. Police raids occur frequently during the months in which Independence Day and Ramadhan are celebrated. Raids are conducted to "clean up" the city and denounce criminal activities.[42] She first worked at Bambu Runcing, a place where she had fewer customers and made more money, but noted that when "I worked there, I was always getting arrested so I ran away."[43] Then when she started working at Kolon. At Kolon she was also arrested on a

[42] In April and May of 2008 there were increased raids instigated by a local politician before an upcoming election (Anis, personal communication, May 9, 2008).

[43] *Di sana habiskan sampai saya cakupa terus dan berlari.*

number of occasions during police raids. She notes "There were so many police, so I ran away to here (Wonokromo station)."[44] Her decision to run away to Wonokromo station was the result of her fear of the police. If she continued working at the disco or street locations she would likely have had to spend a long sentence (four to eight months) in a social rehabilitation centre. When I asked her if there are also police at Wonokromo, she responded "Only during the holidays and during the fasting month, but normally…yes normally round up rarely happens, but if it is fasting month in the evening and day also."[45] Although the police remain a threat at Wonokromo, they are less of a threat than the other places where she has worked. In sum, her fear of the police caused her to move from a location where she earned Rp.150.00- ($15 USD) per client to a place where she earns Rp.25.000-($2.50 USD) per client.

When Wonokromo station is mentioned in conversation, people almost always respond "dangerous!" (*bahaya!*). Even people who are familiar with and take part in the *dunia malam* are afraid of Wonokromo station. Wonokromo station is viewed as dangerous because people associate it with violent criminal networks and illicit activities such as drugs and sex. The "on edge," strange, and scared feeling one feels even during the day while walking around the area of Wonokromo station is undeniable. Siti now lives and works in the Wonokromo area. She stays in a boarding house that costs Rp. 150.000- ($15 USD) per month. She either waits to meet customers down by the river or she hangs out and waits for customers at Uncle (*Pak*) Kartono's place. *Pak* Kartono's

[44] *Polsi-polsi banyak jadi lari ke sini.*

[45] *Cuma Lebaran dan Puasa, tapi kalau hari-hari biasa…ya biasa cakupan jarang kalau puasa sore dan siang juga.*

place is a gathering of a few shacks next to the train tracks where people hang out, especially at night.

Figure 4 Wonokromo Station by Day

Figure 5 Informants and Researcher at Wonokromo Station

Figure 6 Wonokromo Station Area
(Tall dwellings in the background are where the participants rent rooms.)

Siti's case shows how as a sex worker she has been traumatized by her experiences with the police to the point that she is willing to earn less money, take more clients, and live under harsher conditions in order to lessen the threat of being caught, detained, and punished by the police. When street sex workers are caught by the police they have to show their identity cards and are usually only allowed to go after paying a bribe of Rp. 50.000- ($5 USD) (Rp. 100.000- [$10 USD] during the fasting month).[46] Otherwise, they are arrested and taken to the "Rehabilitation Centre for Immoral Women" where they may have to spend between one week and six months. Siti is denied the privilege of police protection and lives in constant fear of being arrested or harassed by the police.

[46] This money goes directly into the pockets of the police. During the fasting month they request more money to finance their family celebrations.

At Wonokromo station Siti takes between five and six clients per day. The price is set at Rp. 25.000- ($2.50 USD) per encounter. Her spot is by the river and she works mostly at night. She waits by the river and then goes with her clients to have sex on a mat on the ground that is somewhat covered by a tent-like apparatus. It is routine for customers to pay after sex, but sometimes she has problems as the customers will run away without paying or they will ask for sex for free. Sometimes she has arguments and fights with the customers. She has been hit and slapped by customers especially when they ask her to do something that she does not want to do such as oral sex (*karaoke*) or anal sex. In sum, she is coerced into living in a dangerous location where she has to serve many clients for small amounts of money and thus experiences high levels of potential exposure to STIs, physical violence, and sexual violence.

Siti's knowledge of sexual health is limited, and much of the knowledge that she has is potentially harmful to her sexual health. For example, she thinks that HIV is only transmitted through anal sex and that you can be exposed to STI by mixing with people who are "dirty"; by dirty she is referring to Indonesians with darker skin, mainly people from Eastern Indonesia. When I asked her how STIs and HIV are transmitted she stated that they come "from people that enjoy like that [anal sex], it comes from people because as you well know when dirty people mingle, they both become dirty."[47] She understands that she should be using condoms but she does not really understand why and states that overall she rarely uses them. She takes *KB* to prevent pregnancy and over-the-counter antibiotics to prevent herself from contracting an STI.[48] She does not like to go to the

[47] *Dari orang-orangnya yang senang gitu, isinya orang kan kotor campur-campur jadi orangnya kan kotor.*

[48] The practice of taking antibiotics for perceived protection from STIs and HIV is common in Indonesia (Sedyaningsih-Mamahit, 1999; Simon & Paxton, 2004). Up until the mid 1990s mass mandatory injection

doctor as it is expensive. During my second interview with her she expressed concerns that there was something wrong with her and described symptoms of having an STI.[49]

Of all the young women that I interviewed, Siti was the only one who said that she liked doing sex work some of the time. She said:

> I decided to do this work because I didn't know how else to get money. Sometimes I like doing it and I like that I can buy things. Also, I like the freedom and independence. So sometimes I like doing this, although there are also times when I don't like doing it.[50]

I also asked her about her hopes and dreams for the future and she said: "I want to become a good housewife and find work that is *halal.*"[51] The discussion of Siti's thoughts on sex work and what she wanted for the future occurred in succession during the interview session. Thus, within a short space of time, she noted the aspects of sex work that she enjoys but then goes on to state that what she really wants for the future is to be a housewife and find work that is acceptable according to religious and social ideals because, as she herself noted, the work that she does is sinful. This shows how Siti lives in defiance of state and religious ideals of what it means to be a "good" Indonesian woman, but has simultaneously internalized these ideals and hopes to be able to meet these ideals in the future.

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of antibiotics for sex workers in *lokalisasi* was common, often with multiple use of a single needle, potentially facilitating the spread of HIV (Hull & Hull, 2005).

[49] Since I have returned to Canada, Anis, my research assistant, has remained in touch with Siti. Siti has contacted Anis to take her to the women's clinic in one of the *lokalisasi* areas which is the only sexual health clinic in Surabaya that aims to provide accessible and affordable sexual health services. This clinic was a Hotline Surabaya initiative. Siti was diagnosed with multiple STIs, but her test for HIV was negative.

[50] *Aku memutuskan kerja begitu karena aku tidak tau gaimana cari uang. Kadang-kadang aku suka, dan aku suka bisa beli barang . Juga aku suka kebebasan dan mandiri. Jadi kadang-kadang aku suka walaupun juga kejadian ketika aku tidak suka.*

[51] *Saya mau menjadi ibu rumah tangga benar dan cari kerja yang halal.*

Fatimah

"I want to stop [sex work]… I want to be a good housewife"

Unlike Siti, Fatimah appears to have a more difficult time coming to terms with her status as a sex worker. Fatimah is 20 years old and from a village a few hours bus ride away from Surabaya. She has worked at disco locations and is now at the Jalan Embong Malang street location. Embong Malang is a busy street in central Surabaya that is lined with shopping malls and fancy hotels. At night street-side food and drink stalls are set up along the sidewalks where people hang out. Fatimah is based at one of these stalls and I would often find her there waiting for clients.

Fatimah is meek and mild compared to the defiant Siti. She quit school at the age of 12 in order to help her parents who are farmers. She is the eldest of five siblings. She wanted to be able to earn money to help her younger brother go to school, so she moved to Surabaya and got a job as a housekeeper. She says:

> I used to live in my village until I dropped out of school at the elementary level. At first I was a housemaid but my boss was often getting mad and yelling at me, so I left. I ran away and was helped by a woman. This woman told me about the disco and she said working at the disco is good for helping your parents.[52]

Fatimah states that the reason why she became involved in sex work was "because of the economy and because I want to please my parents."[53] As we discussed her family situation and I asked her about returning home for the end of Ramadhan holiday (*Hari Raya*), she told me this:

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[52] *Waktu itu, saya tinggal di kampung, waktu SMP kelas 2 berhenti sekolah. Pertama saya kerja ibu rumah tangga karena bos saya sering marah-marah dan bentak-bentak saya akirnya. Saya lari dan tolong sama orang sama orang perumpuan terus saya di ajak di diskotik dia bilang kerja di diskotik enak untuk bantu orang tua.*

[53] *Karena eknomi dan ingin menyenangkan orang tua.*

> Yes [I will return] at *Hari Raya*… if I don't return the thing is my parents need to have the electricity bill paid. I pay for all of that… I am the first child. All my brothers and sisters are my responsibility.[54]

Fatimah feels an especially strong responsibility to help her parents as she is the eldest child, a daughter, and a migrant working in the city. It is her social obligation to provide for her family. All but one of the participants expressed a sense of obligation to provide for their parents. Many of the young women articulated the importance of returning home with money and gifts, especially during the holiday period. They said that they would not return if they did not have money and gifts to give as they would feel ashamed.[55] Social and moral codes in Indonesia require that children, particularly female children, provide economic support for their families (Sanie et. al., 2003; Surtees, 2004). Fatimah has described the impact of poverty on her life; it has limited her education and limited her employment options. Poverty along with moral obligations led to her involvement in the sex trade.

Fatimah has been doing sex work for about two years. She has had many traumatic encounters with clients working at discos and street locations. She has experienced physical and sexual violence. When asked about her negative experiences with clients she stated,

> Sometimes [when I am with clients] I have problems with rough sex… we [her and other sex workers] want to cry out, but it's too late we've already been paid. So he asks for service… he wants to do it again. Even though I don't want to, I do it anyway. At times we are hit or kicked out [of the hotel room].[56]

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[54] *Iya Hari Raya, kalau saya nggak pulang soalnya orang tua butuh bayar listrik, seuma saya yang bayar…Saya number satu adik-adik semua jadi tanggung jawab saya.*

[55] When I went with my research assistant, Anis to her home village we brought with us large nearly unmanageable boxes of noodles and cookies. Monetarily these goods were only worth a few dollars, but they had important social significance.

[56] *Kadang masalah sek itu keras… kita mau nangis itu terlanjur di bayar, terus dia minta di latyani… satu kali lagi aku nggak mau. Kita di pukul atua dia mendorong saya keluar.*

In this quotation she is referring to an issue that many of the other participants noted as well: clients who pay for one sex act, but then want to do it more then once. Clients are supposed to pay for each sex act, but some try and take advantage of the situation. So she will, for example, have sex with them a second time in order to make sure that she receives payment for the first time because sometimes if they are dissatisfied they will not pay or they will ask for their money back. She said that she feels "forced, because those people are mean so I think, I need money … I just let them be mean and I service them."[57]

Another issue that the young women face is being required to service more than one client and being taken to remote unknown locations. Fatimah states,

> Normally if there are two guys they will get two girls to go with them. One time we were brought far away, like to Gresik [a town outside of Surabaya]… we were taken there, then there were six customers waiting for us, so me and my friend ran away to the woods.[58]

She says that these events are not unusual. Sometimes she does not manage to run away, and when she is unable to run away the result is group rape. Other women noted that that they too have had similar experiences of rape and that sexual violence is a risk they face when they go off with clients.

As Fatimah's stories show, she often has a limited influence in negotiating the terms of sex. She rarely uses condoms as she finds that customers do not like to use them. She says that,

> We say that it will prevent illness, but he says he will find another girl…He says it is not nice to have sex with a condom … he has already paid money and if he

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[57] *Terpaksa, karena orang itu kasar jadi saya fikir, saya butuh uang… biarpun kasar saya layani.*

[58] *Biasnya ada yang laki dua bawah perumpuan dua. Akirnya di bawah pergi jauh misalnya ke Gresik… itu di turunkan di sana ada yang menunggu enam orang, aku sama kawanku lari, itu tempat alas-alas.*

> uses a condom he will not get his money's worth. If I am with foreigners they always use condoms but Javanese and Chinese they don't want to use them.[59]

While discussing this issue again, during a subsequent interview, Fatimah expressed her concerns about condom use: "Foreigners want to use condoms and people from Eastern Indonesia sometimes. But Javanese don't want to and I feel forced to have sex without a condom… How will I eat tomorrow [if I say 'no']?"[60] Fatimah feels she does not really have a choice in using condoms with the Javanese men who are the majority of her clients, and she relates this to the challenge of meeting her basic needs.

The impact of marginalization is affecting Fatimah's health. She is concerned that her lack of condom use may have an impact on her life in the future. During an interview when she was given information about sexual health and sexual health services in Surabaya, she read through the information and then began to discuss her health concerns with me. She told me how she had gone to the doctor a few months ago with STI symptoms. She did not have a vaginal examination done or blood tests and she was simply treated with an injection of antibiotics. She went on to tell me that she thinks she has an STI again as she is experiencing symptoms and is very concerned that she will not be able to get pregnant in the future as a result of having an untreated STI. For the last six months she has not been using any form of birth control and has been sexually active, but has not become pregnant. She became distressed and went on to say, "What about with a husband? I am scared that I can't get pregnant and, if I can't get pregnant, a husband

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[59] *Kita bisa mencegah nggak sakit, terus dia bilang cari lain…Dia bilang nggak enak… terlanjur bayar tapi pakai kondom itu rugi, kalau orang asing selalu pakai tapi orang Jawa, Cina itu tidak mau.*

[60] *Orang asing mau pakai kondom, dan orang NTT kadang-kadang. Tapi orang Jawa tidak mau dan aku rasa terpaksa main sek tanpa kondom… Gaimana bisa makan besok?*

would definitely leave me if I could not have a child."[61] She wants to get married and she feels that her role as a wife is to have children. If she is unable to do so, she will not be fulfilling her duties as a wife and woman. During the beginning of my first interview with her I asked her what her hopes and dreams were for the future; she said: "I want to stop [sex work]… I want to be a good housewife."[62] Yet Fatimah also articulated her reliance on sex work for her own subsistence and to help her family. Fatimah's case shows that not only is she marginalized as a sex worker, but the effect of her untreated STI may well prevent her realizing her dreams of being able to achieve the idealized role of mother and wife in the future.

Siti and Fatimah's stories both show the way in which multiple forms of marginalization are interrelated. Both of these young women became involved in sex work for economic reasons: to support themselves and to fulfill their social obligation of providing support for their families. Social marginalization in the form of police threats and harassment led to increasingly downward mobility in work locations. Siti is further economically marginalized and remains socially marginalized. Fatimah experiences physical violence, sexual violence, and threats. Her sense of sadness and the anxieties that she experiences are largely linked to her experiences as a sex worker and the negative consequences of those experiences.

Marginalization: Poverty, Moral Exclusion, and "Bad Women"

These cases show that marginalization occurs in many ways, I will discuss how marginalization occurs in economic, moral, and gender realms. Poverty, moral exclusion,

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[61] *Gaimana degan suami? Aku takut nggak bisa menjadi hamil, dan kalau nggak bisa hamil suami pasti pergi kalau aku tidak bisa punya anak.*

[62] *Pingin berhenti, pingin kerja baik-baik dalam rumah tangga.*

and gender oppression are particularly important. In many cases the participants named the economy as the reason why they became involved in sex work. Both Siti and Fatimah noted economic reasons and family obligations as reasons for becoming involved in sex work. All of the other participants noted economic factors as well. A study on "The Social and Economic Correlations of Women Entering into Sex Work and its Reproductive Health Implications" funded by UNFPA (United Nations Population Fund) and conducted by Indonesian researchers noted that the "financial contribution is reportedly considered as an expression of love to their parents" irrespective of how it is earned (Sanie et. al., 2003, p. 39).[63] This study also noted the contradiction that poor parents are unable to support the development of their children's educational capabilities yet their children, especially daughters, are still expected to be dutiful and contribute to supporting their parents.

When I asked one participant "why did you get involved in sex work?" she quickly answered "the economy, Miss"[64] and looked at me as if I should be well aware of that fact. The way in which they refer to the economy and not just their need for money indicates that they understand that jobs are limited and -- in general -- low-paying. Siti noted the importance of financial need: it was the school fees that caused her to drop out of school, the difficulty of finding decent paying work, and the need to get money for her and her family that caused her to take up sex work. Fatimah also specifically noted that she became involved in sex work due to poverty and her social obligations. Siti and

[63] Muecke's (1992) study of the sex work in Thailand similarly describes how sex work allows young women to fulfill the moral obligation of remitting funds to their families and villages of origin.

[64] *Karena ekonomi Mbak.*

Fatimah experience poverty as capability deprivation as they are denied the freedom of education and decent employment opportunities.

Poverty also affects young sex workers' access to health services. General practitioners offer limited sexual and reproductive health services and lack equipment and facilities for STI and HIV testing and treatment. When issues of sexual health are discussed with patients it is usually from a judgemental perspective. So, when young women complain of symptoms of STIs by using the term for vaginal discharge (*keputihan*) they are, in most cases, simply treated with an antibiotic injection (personal communication Esthi Susanti,[65] personal communication Elly Yuliandari[66]). To be able to access the sexual and reproductive health services that are sufficient to diagnose and treat sexual and reproductive health problems they have go to a specialist which costs approximately 20-30 times the cost of a visit to a public clinic. Adequate health services are simply financially inaccessible. Inadequate health services contribute to structural violence because they deny proper treatment to those who are already marginalized through poverty.

Second, marginalization also occurs through moral realms. In Indonesia, public moralities stress that sexual conduct is viewed as a measure of one's "moral integrity and, to some extent, the legitimacy of the state" (Suryakusuma, 1996, p. 92). Sex workers are seen as lacking in moral integrity and as social deviants; hence, the state actively seeks to control and discipline them. The police target sex workers outside of *lokalisasi*. Street police officers are granted significant authority by the state and are assigned the role of

[65] Executive Director of Surabaya Hotline.

[66] Expert on reproductive health formerly associated with Centre for Studies on Gender and Health, University of Surabaya . She is now a Phd student and lecturer at Gajah Mada University.

keeping the streets clean.[67] Keeping the streets clean involves removal of deviants such as street sex workers, as they are seen as polluting public places and representing immorality, sinful behaviour, and societal problems. As Beazley notes, the Indonesian state and society disapprove of street children, who are also viewed as deviants, because they are seen as a "defilement of the city landscape" and "they do not conform to the image of a modern progressive nation that the state wishes to portray" (p. 1666). Similarly, Esthi Susanti, the director of Surabaya Hotline, explained that the purpose of police operations (*operasi*) is to find and remove street sex workers because "they break the rule of the beautification of the city." Hence, the social norms and attitudes are ideologies that function as the "social machinery" which stigmatize Indonesian sex workers as "women without morals" and causes them to be morally excluded and viewed as expendable non-persons. The presence of sex workers in the streets causes moral anxiety within society. The police are a tool to enforce ideologies that are used to marginalize and remove street sex workers and the immorality, economic deficiency, and lack of development that they represent.

Lastly, marginalization also occurs in the gender realm as young sex workers fall short of gender expectations. State and religious ideologies permeate Indonesian society and are embedded in the national psyche. People who are considered marginal in society may live in defiance of these ideals yet they internalize these roles. The young women that participated in this research are well aware of societal norms of being a "good"

[67] When I visited the methadone clinic at Doctor Soetomo Hospital (the same hospital that has the main HIV/AIDS clinic in Surabaya), I witnessed police in the clinic go into an examination room to question a drug user receiving treatment. It is common practice in many parts of Indonesia for police to enter methadone treatment clinics to arrest drug users. It is also common for them to wait outside clinics to arrest or inflict physical violence on IDUs. Among IDUs fear of the police is so great that they are afraid to carry clean needles as this can led to them being arrested. Consequently it is common for needles to be shared by hiding and storing them in public places such as washrooms. Until mid 2007 this was occurring at Dr Soetomo hospital and continues at many other locations.

woman by being a wife who meets societal social and religious expectations. Many of the young women describe these ideals as their future hopes and dreams. Siti refers to her sins (*dosa*) and desire to find work that is acceptable according to religious ideals (*halal*). Fatimah refers to the strong sense of obligation that she feels and her wish to stop sex work, become a good housewife, and have children. They want to stop sex work and find work that is *halal*. Despite their awareness of these ideals, the sex workers I interviewed do not meet many of these expectations. They all go out at night to work, they often go where they please without permission, most of them wear sexy clothes, and some of them smoke and drink. Yet they also describe how they strive to be good and helpful to their families.

These young women are aware that they are committing acts that go against social and religious norms yet they generally justify their actions by economic need to support themselves and their families. They simultaneously defy and in some cases reject gender norms but at the same time they long to conform. Their defiance means that they suffer the consequences of being classed as immoral people, and thus the violence and exploitation they experience is normalized.

Gender norms not only impact the way in which these women perceive themselves and go about their lives, they also impact their interactions with clients and boyfriends. For example, the issue of negotiating condom use with their clients and boyfriends is likely not only influenced by gender inequality that limits women's power, but also by state and religious ideologies that encourage women to be submissive. The influence of gender inequality and state and religious ideologies are not separate but interrelated factors that serve to reinforce the marginalization of sex workers. In other

words, gender inequality is embedded in state, cultural, and religious ideologies. Because gender inequality is embedded within state ideology, women are not seen as people in their own right. Gender inequality promoted through social norms and state ideology is re-enacted between sex workers and their clients and they experience the negative consequences of being deemed "immoral women" such as violence, abuse, and unsafe sex because they are viewed as lesser women who do not matter.

This chapter has shown how young women sex workers are marginalized through poverty and moral exclusion based on state ideologies, religious ideals, and gender expectations that deem sex workers as "women without morals." Their status of being marginalized in multiple ways causes them to experience a lack of access to privilege, power, and resources which reinforces social inequality. They also lack basic rights and freedoms such as the right to be protected from police harassment, from violent men, and the right to education and adequate health services. This exclusion further marginalizes them and embeds them more deeply in structural violence. The consequences of structural violence are made visible through the ways in which they consistently experience physical violence, sexual violence, and poor sexual and reproductive health outcomes.

The next chapter will examine how marginalization leads to vulnerabilities that affect the mind and soul and show up as trauma, fear, depression, and apathy. It will also examine how young sex workers experience agency in their daily lives, in sexual decision-making, and in relation to their sexual and reproductive health. Vulnerabilities and restricted agency are expressions of structural violence that are more subtle yet equally insidious as other facets of structural violence.

Chapter 6

Vulnerabilities and Restricted Agency

This chapter examines the lived experiences of the research participants in the context of the structural constraints that have been described throughout this thesis. This chapter aims to further explore how young sex workers experience marginalization and the impact that it has on their daily lives. I suggest that conditions of structural violence create vulnerabilities. By vulnerabilities I mean the lived consequences of being marginalized: that is, how violence normalized through social exclusion affects their lives. I have previously described physical violence, sexual violence, and poor health. Now I will discuss the vulnerabilities that affect the mind and spirit which are results of structural violence. As Galtung (1990) has noted "A violent structure leaves marks not only on the human body but also on the mind and the spirit." The most prominent vulnerabilities are trauma, fear, stigma, depression, apathy, withdrawal, a sense of hopelessness, and feelings of entrapment. Experiencing violence can lead actors to perpetuate violence or it can also lead to "a feeling of hopelessness, a deprivation/frustration syndrome that shows up on the inside as self-directed aggression and on the outside as apathy and withdrawal" (Galtung, 1990, p. 295).

Even though sex workers are highly vulnerable this does not mean they are always passive or withdraw and are full of apathy. I argue that structural violence constricts personal agency but that it does not deny agency altogether. By agency, I mean the "action of the individual who seeks to escape the constraints of society, and is often taken as 'free will'" (Parker, 2005, p. 4). Wardlow (2006) describes agency as the "capacity to act." However, the degree to which actors are able to act depends on their

social position (Farmer, 2004). In other words, the less a person is able to resist oppression, the more the person's agency is restricted (Farmer, 2004). Wojcicki and Malala's (2001) study of low-class female sex workers in Hillbrow/Joubert Park in South Africa argues that where there is power there is also resistance.[68] These researchers argue "that this type of re-thinking of power does not mask structural inequality and disempowerment. Rather, it accords agency in places where agency has been assumed to be absent while providing a context for the various inequalities and difficulties that sex-workers struggle with" (p. 103). Wardlow (2006) uses the term "encompassed agency" to describe the ways in which women's agency in Huli society is encompassed within the larger social structure. I have developed the term "restricted agency" which signifies the capacity of young sex workers have to act as individuals, albeit limited by structural constraints. Wardlow says agency is encompassed by the Huli social structure which limits women's authority (2006, p. 67). I posit that the agency of young women like Rena and Shinta is restricted by poverty, gender inequality, marginalization, stigma, and discrimination.

The first case study of Rena shows how she is vulnerable to police threat, apathy, risky sexual practices, and powerlessness. Yet, Rena also asserts that she has agency in determining the terms in which interactions with her clients take place, but her agency has limits. The second case study of Shinta shows how she is vulnerable to poor health, direct violence, apathy, and stigma. Shinta's case also shows how she exercises agency, yet her resistance is constrained.

[68] Wojcicki and Malala's conception of power is based on the Foucaultian approach to power which argues "that there are no relations of power without resistances" (Foucault, 1972, p. 142).

Rena

Works and Lives by the Railway Tracks at Wonokromo Station

Rena is 18 years old and from a rural village that is about five hours away from Surabaya. Rena was shy at first. When she met me for her first interview she wore her best blouse. Other sex workers that live close to her call her dumb (*bodoh*). Her parents are impoverished farmers. They did not have enough money to send her to school and she is illiterate. She was 14 when she arrived in Surabaya: "Before I did not do work like this [sex work] when I was in Lumajang. I was married off to a man much older than me, but he was not suitable for me. I left and I became a maid."[69] She worked as a maid in Surabaya for eight months and was then let go. She did not know what to do but had heard of young women earning money by selling sex at Wonokromo station, so she decided to go there. She says that "I had no choice,"[70] and "I was forced, forced by my circumstances"[71] to become involved in sex work.

The first time I met Rena was during a police raid at Wonokromo train station. After first meeting me at Wonokromo during the police raid, Rena was afraid to meet me again as she thought I was a journalist and might reveal her identity. Once I was able to explain to Rena that my study was for my university project and that I would assure her confidentiality, she was willing to speak with me. The first interview took place in a different part of town, not far from Wonokromo, but she had never been to this area as it was far from the confined area where she conducts her daily activities. When asked about

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[69] *Aku dulu kerja nggak kayak gini waktu itu di Lumajang. Saya di nikahkan dengan orang yang tua, nggak pantes dengan saya itu terus saya pergi, jadi pembantu.*

[70] *Aku tidak ada pilihan.*

[71] *Aku terpaksa, terpaksa karena keadaan ku.*

her daily activities she said, "Everyday I sleep, I sleep in the morning and the afternoon and then, at night, I work."[72] When I asked her about her hopes and dreams when she came to Surabaya she responded, "I don't know, I didn't have any."[73] The second interview with her took place in her rented room which contained a mat that she slept on, a mirror, and around a half-dozen items of clothing. It was very tidy, but sparse. During this interview, I asked her what she wanted for the future and she replied, "I live each day thinking about where I will get food next… I don't think that far into the future."[74] The statements that Rena made about her future have an apathetic tone and demonstrate how living in such an unstable and at times dangerous environment constricts her choices so that she concentrates on day-to-day existence.

Typically, Rena meets clients just outside the door of her rented room, by the trees along the rail tracks. She has very specific terms for sexual intercourse and interactions with clients. She describes a typical meeting with a client:

> The client arrives … he says 'how much to play? I answer Rp. 25.000- [$2.50 USD] then if he wants to, we play [have sex] under the trees … we do it on top of newspaper. When we are done, I go down by the river, wash myself, and then go back and wait for the next customer.[75]

Rena follows a routine with customers. First, she sets the price at Rp. 25.000- ($2.50 USD) and she generally takes only three or four clients per day. She says that sometimes

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[72] *Setiap hari tidur aja, tidur pagi, tidur siang, kerja malam.*

[73] *Tidak tau, nggak ada.*

[74] *Setiap hari aku memikir tetang cari makan aja… aku tidak memikir tentang masa depan.*

[75] *Tamu dating… dia bilang 'Bermain berapa?' Aku balas 25.000 Rp. kalau maunya, kita main-main dekat pohon… di atas koran. Sudah selesai, aku pergi ke kalinya, mandi, kembali dan tunggu tamu lagi.*

men complain that her price is too expensive. But, she insists that she is not willing to do it for less. I asked her if she has had bad experiences[76] with clients and she responded:

> The client will often become harsh. Sometimes, the client asks like this [motions implying anal sex] but I'm not into that… Once they enter [are having sexual intercourse], they will ask me to open my blouse. They will ask to play like this [motions touching all over].[77]

Although clients ask to have sex in ways that she does not want, she does not allow this. She says that when she goes with clients, "Normally it's like this, if we are just fooling around [having sexual intercourse] like normal, I just take my pants off, but if they want to do weird things, I'm not into that."[78] When I asked her if she ever has sex with them in her room, she said, "Never. The area around the trees is my place of work."[79] Rena describes these incidents in a firm tone. She notes that clients want to do strange things with her -- to take her blouse off, go to her room -- but these are things that she simply will not allow.

Rena is able to insist on certain terms with her clients but there are risks associated with her work. When asked about her condom use and frequency of use, she stated, "Never, I have never had a client use a condom."[80] She consistently engages in unprotected sex. It was evident from her discussion with me about sexual and

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[76] When I first asked the participants if they had violent experiences with customers, many of them said "no." When I asked them if they had experiences that were bad or not nice they told me the stories of slapping, punching, hitting, etc. This can be attributed to the fact that the participants do not classify slapping, punching, or hitting as violence, and it can also be attributed to a linguistic and cultural tendency in Java to not speak directly.

[77] *Tamu sering keras, kadang itu tamu minta gini-gini (motion toward her bum, implying anal sex) saya nggak mau… Cuma kalau masuk minta bajunya di buka. Minta mainnya gini-gini kayak di tempat saya kan nggak mau.*

[78] *Biasa, gitu, kalau main cuma biasa, kalau saya buka celana itu aja, tapi kalau minta aneh-aneh saya nggak mau.*

[79] *Nggak pernah. Pokoknya di tempat kerja*

[80] *Nggak pernah, tidak ada yang pernah pakai kondom.*

reproductive health that Rena does not fully understand the implications of unprotected sex. She does go to a clinic to get injection birth control every three months as this is accessible and affordable and she wants to avoid pregnancy. Yet, she does not understand what STIs are, nor does she fully understand the function of condoms. Part of the interview process involved providing information on sexual and reproductive health. I explained to her the risks posed by unprotected sex and how condoms aid in preventing STIs. After demonstrating how to use a condom (on a wooden penis) and trying it out herself, she said "Oh, that is how it works."[81] I had a box of around 250 condoms and I asked her how many she wanted. She responded that she would like five. I asked her why she did not want more and she responded, "Nobody will want to use them anyway."[82] Her reasoning that no one will want to use them suggests she did not really consider the idea that perhaps using condoms could provide some benefit to her. Rena has been having consistent unprotected sex for three years now, but has never sought out health services other than birth control. A part of my research also included an offer to accompany her to an affordable sexual health clinic with Anis, my research assistant. Although she complained of symptoms of STI during the interview and she claimed that she wanted to go, she still refused Anis's offer to accompany her to the clinic. Yet, not all of the participants refused the offer to go to the clinic. Siti, for example, who also works at Wonokromo, chose to go. Siti's decision to go to the clinic can be viewed as an act of agency.

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[81] O*h begitu.*

[82] *Tidak ada orang yang mau.*

Rena's refusal to go to the clinic could also be viewed as an act of agency as she prefers to limit her movements to the area of Wonokromo. Perhaps her refusal to go to the clinic could also be viewed as a coping strategy to minimize the potential stress of this outing. Rena asserts a form of agency in how she deals with her clients. Although other sex workers may view Rena as powerless, she does not view herself that way. Yet, she also acknowledges the limits of her agency in stating that none of her clients will want to use condoms and that sometimes clients get away without paying her. The next case study tells the story of Shinta, a young women who suffers in similar ways from the consequences of structural violence and who also struggles to assert her agency.

Shinta

A Young Woman Suffering from Stigma

Shinta is 23 years old and comes from a city in Sumatra. She is extremely thin and frail looking. She ran away to Surabaya three years ago. Her biological mother was a sex worker and she grew up with foster parents. Her adopted father died when she was young and her foster mother was abusive toward her. She says of her foster mother, "She was so mean; she tortured me until my lips bleed. She poured hot water on me and hit me. Even so I didn't want to make a police report!"[83] She sums up why she ran away to Surabaya:

> I arrived in Surabaya… ya I ran away from there so that I could be far away from my step-mother and get away from her violence. In the end I already ran away from home and I had to find a way to live alone and I had to be independent … I had to find work for myself. And no matter what happens, I don't want to return home again.[84]

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[83] *Dia keras, di menyiksa aku samapi bibr luka, di siram air panas, dan mukul dan itupun aku nggak mau lapor polisi!*

[84] *Aku datang di Surabaya… ya aku minggat dari rumah itu untuk jauh dari ibu diri. Dan aku ninggalin dari kekerasannya. Akirnya aku udah minggat dari rumah itu aku harus bisa hidup sendiri dan aku harus mandiri… aku harus kerja sendiri dan aku kalau ada apa-apa aku nggak mau balik lagi ke rumah.*

Once Shinta arrived in Surabaya she stayed with a friend that she knew from home.[85] After spending her savings she needed to be able to find a way to support herself. She describes what was happening in her life during the period when she became involved in sex work:

> I had to fend for myself because I had spent my savings and I didn't want to be just sitting around … I was very sad. In the end I asked for help from my friend [from Palembang] to find work, instead I got this … I plunged into misery … that's how it is. I started using drugs, and later I had the offer to sell my virginity. Yes, I was very depressed then … ya what was I to do? Yes, in the end I wanted to do it, it was for a lot of money. So I plunged into the night world, and after becoming involved in the night world, I began working at the disco [selling sex].[86]

Once she became involved in sex work, Shinta worked at both the disco and street locations. She describes herself as a freelancer but she still gives a cut of her earnings to a pimp. She normally works from 10 pm to 3 am or later: she finds customers, goes to a hotel to have sex, and then goes back to the street. She has encountered violence with her clients and also experiences violence in her personal relationships. She spoke of one of her boyfriends and said, "When I didn't have clients he would hit me. [He would say] 'why don't you get money?' And he was always threatening to kill me. 'If you get another boyfriend, I will kill you.'"[87] In her relationship with that boyfriend she faced violence and jealousy. Shinta speaks of violence in a matter-of-fact tone, as if it is just a fact of life.

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[85] Shinta is the only respondent that is estranged from her family.

[86] *Ini itu dari aku sendiri karena duitku udah habis dan aku nggak mau diam… aku sedih sekali. Akirnya aku minta tolong sama dia untuk cari kerja… tapi sama dia malah aku di jerumusin… yang kayak gitu. Aku mulai pakai narkoba terus habis itu baru perawanku di jual sama dia. Ya itupun aku sedih sekali… ya gaimana untuk uang besar dan akirnya aku mau, dan akirnya akupun terjun ke dunia malam, dan di dunia malam itu aku kerja pertama di diskotik.*

[87] *Ketika tidak ada tamu dia pukul saya, 'kenapa nggak dapat uang?' Dan dia selalu ngancam bunuh saya. Kalau kamu punya cowok lain saya bunuh kamu.*

Shinta's health has suffered as a result of having unprotected sex. She has been pregnant six times and she has had five abortions. She cried as she told me about the baby that she gave up for adoption. Although abortion is officially illegal in Indonesia, she has been able to find doctors to help her terminate her pregnancies. She says that the cost of an abortion varies: if you are one month pregnant it is around two million Rp. ($200 USD); if you are five months pregnant it is around seven million Rp.($700 USD). In Indonesia these are very substantial sums of money.[88] It would take Shinta several weeks and many customers to pay for an abortion.

Shinta is also HIV-positive. Her body is covered in spots that are a side-effect of the medication she takes for her condition. Six months after her ex-boyfriend died in November 2006, she went to the doctor as rumours were circulating that he had died of AIDS. This was the first time that she had gone to the doctor to get tested for HIV and STIs. When the test came out positive, she made them do it again two more times. Since learning of her status she has received help from various NGOs. They provided her with information on sexual health and on how to prevent transmission of HIV. She also had the opportunity to go on a retreat outside Surabaya for a meeting of HIV-positive youth. After going to the retreat she said she did not feel so bad about her positive status because she learned that there are other people like her. She also joined the private, women's only, positive support group at the AIDS clinic at Dr. Soetomo hospital. After she was diagnosed, Shinta began living at an NGO shelter for young women where they provided her with basic shelter and food. She did not like living there and decided to leave. They

[88] The monthly wage for a domestic helper is Rp. 400.000- ($40 USD) plus room and board, a restaurant server Rp. 600.000- ($60 USD), a low level security guard Rp. 600.00 – 900.000- ($60-90 USD), and an NGO outreach worker Rp. 500.00 – 850.00- ($50-85 USD), while street sex workers would generally earn between Rp. 500.000-900.000- ($50-90) per month.

told her that she could not continue doing sex work but, in an act of economic and personal independence, she went back to work. She now works at street locations and sometimes at discos. She moved from the NGO shelter to a boarding house in an area called Kebang Kuning. Many of the girls living there were young freelance sex workers like her.

While living at this dormitory (*kost*) she experienced discrimination. She says she was "driven away because she has HIV." She tells her story of discrimination:

> I looked for a place to stay … when I had a place to stay, later I met with someone from the organization [Genta] at Kebang Kuning … he told people [that she had HIV], and I started to hear rumours that they were saying that I have a terrible disease. They said I was kicked out of the organization because I have a terrible disease that made me run away. Secondly, there were rumours that I have HIV/AIDS so I was forced to leave by the dorm matron … I was driven away because I have HIV/AIDS. So my friend there was blamed for not saying that I have HIV/AIDS … [she did not know] she asked them what is HIV/AIDS? …. After that already I moved to another place … I don't want to go there again. I stay in Perak now … They [the people that she used to live with] don't even know how it [HIV] is transmitted.[89]

Shinta asserted agency when she decided that she did not want to live under the constraints imposed on her at the NGO shelter. Yet, when she moved out, she found that she faced discrimination and was forced to move from the place where her peers stay to a more isolated location. Hence, her agency is restricted by the impact of being stigmatized. She has adopted much of the human rights discourse that is promoted amongst NGO workers. For example, she uses the English terms stigma and

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[89] *Aku cari tempat tinggal… di saat aku dapat tempat tinggal, abis itu salah satu dari yayasan ketemu aku di Kebang Kuning… seltelah itu dia dari sana, dia bilang dan aku mulai dengar cerita katanya aku punya penyakit ganas. Katanya aku keluar dari yayasan punya penyakit ganas, terus aku lari. Yang kedua aku penderita penyakit HIV/AIDS terus aku di usir oleh ibu kos… oleh warga situ aku di usir karena aku punya penyakit HIV/AIDS… terus temen aku di salahin juga kenapa dia nggak ngomong kalau aku punya HIV/AIDS temenku itu nggak tau kalau aku punya penyakit HIV/AIDS… dia bilang pada semuanya HIV/AIDS itu apa? Kalian semua belum memahami HIV/AIDS itu apa? Ya abis itu, ya udah aku pindah kos-kosan, aku nggak disitu lagi aku ada di perak sekarang… Mereka nular melalu apa, tidak menular apa?*

discrimination to describe her experience of being forced to leave her *kost*. She emphasizes that what she experienced was wrong and they did not have the right to do that to her.

As a research participant, Shinta was difficult to contact. I first met her through a mutual friend at the weekly AIDS clinic. After our first interview we agreed to meet again at the clinic two weeks later as she goes there to receive treatment. I went to the clinic for five consecutive weeks hoping to meet her there to arrange another meeting. Unlike the other HIV-positive people that go to the clinic for treatment, support, and socializing, Shinta did not attend the clinic or support group very often. Furthermore, she did not have a cell phone, which is very unusual for a young Indonesian woman. Interviews with her were held at the main Surabaya Hotline office, as she said she did not want a foreigner going to her place because she said that would make people ask questions. During the interviews I asked her what her daily activities were, she said:

> All I do is work constantly. If I am not working, I am at home. In terms of going out and about, I am disinclined. Before I used to like going out, but now I am lazy. Most of the time I just sleep.[90]

Her limited daily activities show apathy, as she says her two main activities are working and sleeping. Yet they could also be the result of her deteriorating health or the drugs that she takes for her condition. Fatigue is a symptom commonly experienced by people who are HIV-positive. Her not wanting to be found also demonstrates withdrawal. That is perhaps a result of her fear of being exposed and the trauma from her experience of being driven away from where she lived previously.

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[90] *Aku cuma kerja terus kalau nggak kerja ya di rumah, aku kalau jalan-jalan malas. Dulu aku suka, sekarang malas, paling tidur.*

Ramadhan is a particularly difficult period for Shinta as it is difficult for her to work and she has no family. When I asked her what she has been doing during Ramadhan to get money she said,

> Before I was upset about what to do about working at night when there is constant police raids. Ya, for a while I just stayed at home, I have just been staying at my dorm for one month… Ya, I am depressed about not having a permanent job. My friend has been providing for me, and says "it will be OK." Obviously she is also upset, she says "if I go back to my village [at the end of Ramadhan for the holiday], what will you do?" I say don't worry, later I will receive God's blessing.[91]

As noted previously, discos close during Ramadhan and the police are constantly patrolling the streets. This makes it extremely difficult for young women like Shinta to work. This quotation shows the stress and anxiety that she feels as a result of the uncertainty about her future.

As Shinta told me her story it was obvious that the lived consequences of being marginalized have deeply affected her. She describes herself as depressed, limits her movement and contact with people, displays a sense of apathy, and is clearly traumatized from the abuse and most recent experience of discrimination. It is clear that Shinta's experience of being marginalized is deeply intensified by the fact that she is HIV-positive, as her most intense experience of marginalization resulted in discrimination was imposed on her by her peers. It appears that Shinta is so severely marginalized (as an HIV-positive sex worker who is trying to live independently) that she is largely controlled by the forces around her. Shinta's case is an example of someone who is severely marginalized as a young woman who experiences poverty and is highly

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[91] *Dulunya aku bingung soalnya kerja malam di razia terus. Ya, untuk sementara ini di rumah, di kos-kosan satu bulan…Ya, bingung istilanya aku belum dapat kerjaan tetep. Temanku kasihan sama aku, dia bilang kamu 'nggak apa-apa'. Ternyata di juga bingung, terus 'aku pulang kampung gimana?' Aku bilang nggak apa-apa rezeki ada nantinya.*

stigmatized and as a sex worker and person living with HIV/AIDS, yet she is not powerless. Shinta displays some agency, for example, by leaving the NGO program and going back to sex work, even if she also notes that she does not actually like doing sex work. She uses the language of human rights to assert the injustice of what she has experienced.[92]

Vulnerabilities and expressions of restricted agency were also described by other research participants. Tuti, who was introduced in Chapter 4, asserted her agency in convincing her client to use a condom and telling him it was not possible to have sex a second time as she did not have any more condoms. Yuli, a young women who is a victim of trafficking, was forced to serve large numbers of clients and often faced conditions of sexual and physical violence. Yuli also described feeling depressed; she contemplated suicide and articulated a sense of stress and powerlessness. Yet she still was able to find ways to exercise her agency. She described to me how she and the other girls she worked with were clever. They would convince the clients to give them tips or have sex with them twice in the allotted time and then tell them they had to pay twice, but would avoid giving the management their cut from the second time they had sex with a client.

Young sex workers find ways to assert some agency, yet the vulnerabilities and stigma of doing sex work have a lasting impact. Anis, my research assistant, friend, and former sex worker also described a sense of hopelessness to me. She told me that she still feels the stigma that is associated with sex work and is not able to let it go. She described to me the utter embarrassment she felt one day when she was in Yogyakarta and a man, a

[92] Yet the impact of endorsing and using this language is limited as few people in her life are willing to also endorse this view.

former client, recognized her in a shopping mall and went up and spoke to her. She said she was so embarrassed she wanted to die. She told me how, when she was still working, she convinced one of her clients to pay for her to get plastic surgery done so that she could have a different face, a face that people would not recognize as a sex worker. She also told me that she would do anything to get rid of her past as a sex worker. She said, "I would eat a pile of my own shit, if it would erase my past."[93] Anis is a prominent and outspoken member of the Working Group for Empowerment, and an activist that speaks out and tells her experiences, yet she still feels the stigma and shame that is associated with her past. Anis embodies the dual experiences of structural violence: that of the vulnerability and sense of hopelessness, but also of possessing agency and asserting entitlement, including speaking for, and working with, other young sex workers.

Dual Experiences of Vulnerability and Agency

The cases of the young women that have been discussed within this chapter expose the way in which these young women's lives are fraught with vulnerabilities. These cases have shown conditions under which these young women live limit their ability to assert their agency to insist safer sex. Furthermore, they show how their lives are determined by economic circumstances and how they experience marginalization. These conditions lead them to experience many different types of vulnerabilities which affect their psychological and emotional well-being.

Shinta's HIV-positive status makes obvious the reality of marginalization. Being HIV-positive affects her quality of life and has a severe impact on her physical and

[93] *Makan tumpukan tahi diri sendiri, kalau menghapuskan masa lalu aku.*

emotional well-being. Since being diagnosed as HIV-positive, Shinta has received information and health services, including anti-retro viral therapy. Yet, these resources would have been more useful for Shinta if they had been provided to her at an earlier point in her life, for example, in the form of education on sexual and reproductive health, as she only learnt about STIs and HIV after she was diagnosed as positive. On the other hand, perhaps knowledge may not have been enough to prevent her from engaging in risky practices. As I discussed in Chapter 4 and 5, because young sex workers are marginalized they have limited agency in the arena of sexual decision-making. However, the knowledge and resources that she has received come to her at a time when, in many senses, it is too late.

Young sex workers in Surabaya experience vulnerabilities yet still have agency, albeit restricted agency. This idea is supported by Wojcicki and Malala (2001) who have also conducted research on sex work in conditions of acute poverty in South Africa and they argue where there is power there is resistance. Rena is able to exercise agency in that she dictates some of the terms in which interactions with her clients take place. She is adamant that she will not have sex for less than Rp. 25.000- ($2.50 USD) and insists that she will not fulfill her clients request to take her blouse off or engage in “strange” acts such as anal or oral sex. Yet, when agency is limited to not removing your blouse while having unprotected sex outdoors, on top of sheets of newspaper, three or four times a night, night after night, from the age of 15 onwards, Rena’s actual agency can be said to be very restricted. As she herself says, she did not want to do this work, and she feels forced to do this work.

Rena's lack of interest in the condoms that I presented to her and her refusal of the offer of health care services and potential treatment could also be described as acts of agency. Yet, similar to sex workers' refusal of HIV testing in Wojcicki and Malala's (2001) study, her refusal could also be viewed as just a coping strategy. Wojcicki and Malala argue that "women choose not to get tested (and if they do, to not return for the results) as a coping strategy to better handle the stressors in their lives: poverty, violence, and discrimination" (2001, p. 103). Rena could be refusing condoms as she knows that they will only be another issue that will cause conflict between her and her clients. Her refusal of healthcare services could mean that she does not want to face the challenge of leaving her living area, encountering potentially judgmental healthcare workers, and experiencing the potential shame and stigma associated with having an STI or being diagnosed as HIV-positive. Her acts of refusal can be viewed as acts of agency, but they are acts of restricted agency because these acts are clearly impacted by her structurally determined social position.

The issue of agency has permeated scholarship on sex work. "There is conflict between those [scholars] who privilege the free will of women to enter prostitution (agency) versus those who privilege the more deterministic constraints (structure)" (Law, 2000, p. 97).[94] I agree with other scholars who assert that the experiences of sex workers cannot be dichotomized as strictly oppressed or empowered, as they themselves do not view their lives this way (Law, 2000; Surtees, 2004; Ford & Lyons, 2007). When women are labelled as victims, they are denied agency. Furthermore, labelling all sex workers as

[94] Among feminists there are two distinct views on sex work: the radical perspective views all sex work as exploitation, while the liberal perspective[94] views sex work as a legitimate form of work. These two perspectives differ in that the radical approach emphasizes the impact of structure while the liberal approach emphasizes agency.

victims contributes to negative stereotyping of sex workers and perpetuates the marginalization and stigmatization they face (Wojcicki & Malala, 2001). Labelling sex workers as victims upholds the idea that no "good" woman could ever possibly choose sex work, hence she must have been duped. In other words, the victim label perpetuates the vulnerabilities that sex workers face. The victim label reinforces notions of "good" and "bad" women and perpetuates marginalization of sex workers.

In contrast with this position, Murray accords a significant amount of agency to freelance sex workers in Jakarta. In discussing these women she notes that they are not victims:

> Prostitutes are treated as commodities and belittled as immoral or pathological deviants, but from my experience with these women they are actually making a rational choice in response to the economic prospects of the city, and in selling their bodies as commodities are exploiting the capitalist system for their own purposes. (p.125)

Evidence found within the case studies of this thesis supports the notion that these women are making a choice that they see as rational considering the economic prospects, especially when the research participants noted their social obligation of supporting their families. Yet, many of the young sex workers that I interviewed articulated that they felt they were essentially forced by their circumstances and by the economy to become involved in sex work. Therefore, it is important to recognize the presence of both structural constraints and agency.

This research has shown the ways in which young women street sex workers are able to exercise agency. Other researchers have also described ways that agency is asserted even in the context of survival sex. For example, Beazley's study of street kids in Yogyakarta focuses on how street kids are doubly marginalized, yet also shows how

street kids display resistance. Beazley looks for resistance, but in fact finds street girls who have sex with older men for money, food, alcohol, or drugs. I argue that this is barely agency and perhaps merely survival, as these young women appear to be unable to escape the constraints of oppression. Furthermore, the lack of attention paid to the harm that these children face denies the ways in which they are indeed oppressed. Therefore, the lives of sex workers should not be viewed as being strictly defined by either structure or agency. It is important to recognize that both structural constraints and personal agency have an impact on the lives of young sex workers.

There are multiple forms of agency imbued with different meanings. These acts of agency signal resistance. The ways in which Rena and Shinta speak of their ability to assert agency show how deeply restricted their agency is. Yet to deny their agency altogether is to deny their personhood. Rena's agency grants her little power in changing the circumstances of her life yet the meaning behind Rena's agency is deeply important to her. Rena does not allow clients to remove her blouse nor does she allow them to enter her home; these are ways in which she attempts to maintain her pride and dignity. Hence the scope of Rena's agency shows the limited ways in which she has the ability to act as an independent actor and change the circumstances of her life. Yet, these acts are anything but meaningless to Rena. The distinction made between agency and restricted agency demonstrates that their agency takes different forms.

The concluding chapter of this thesis will include a summary of the main findings which will broadly discuss how young street sex workers in Surabaya are affected by structural violence. In addition, it will include a series of recommendations based on the participants' concerns.

Chapter 7

Conclusions on Researching the Lives of Young Sex Workers

Street sex workers are at the bottom of the hierarchy of sex work in Surabaya - they work under dangerous conditions, where the risk of experiencing to violence and poor sexual and reproductive health is high. In this thesis I have argued that poor young women street sex workers are deeply marginalized through poverty and public moralities, and as a consequence of being deeply marginalized they experience multiple forms of structural violence. I have further argued that the consequences of structural violence show up as poor health outcomes, exposure to violence, vulnerabilities, and restricted agency. The young women who I came to know through this study are denied dignity in their daily lives, and the condition of their lives is a form of social injustice.

Summary of Findings

This study found that, similar to other Indonesian youth, young sex workers' knowledge of sexual and reproductive health is generally minimal except for those who have been involved in NGO outreach programs. Furthermore, it also found that risky practices are common and persist even when sex workers possess knowledge of the risks of unsafe sex. Tuti is one of many young sex workers who has minimal knowledge and consistently engages in risky sexual practices. Yuli has knowledge of how to protect her sexual and reproductive health, yet the potential power of this knowledge is limited by her social position. Knowledge-based NGO intervention programs may reduce risk by increasing safer sex practices, yet structural forces continue to influence young sex workers' social position, which grants them limited power in sexual decision-making. Poor health that

results from the risky practices that young women like Tuti and Yuli engage in is a consequence of structural violence. Structural violence is enabled through marginalization.

Young women street sex workers are deeply marginalized because they do not adhere to ideals of what embodies a "good" woman. Siti's downward mobility within the sex industry is result of her fear of the police. She now lives in a context where she faces the risks associated with unsafe sex and "bad clients" on a daily basis. Fatimah is consistently exposed to violence and abuse and feels compelled to engage in risky practices so that she can avoid violence and make ends meet. She is traumatized by her experiences with clients and her possible infertility. Siti and Fatimah's stories also show how they struggle to meet these ideals, yet they fall painfully short and hence suffer the consequences of being marginalized. Poverty, moral exclusion, and gender oppression all play a role in their marginalization. Poverty leads these young women to sex work and is a factor in perpetuating risky practices. Moral exclusion makes these women subject to the control of the police and plays a role in normalizing the unjust condition of their lives. Gender oppression limits their ability to respond to the violence, abuse, and risky practices. Marginalization is the "social machinery" of structural violence because marginalization perpetuates structural violence through, among other things, limiting their access to health services, worsening their health status, increasing their risky sexual practices, and exposing them to violence.

Vulnerabilities and restricted agency are also consequences of being deeply marginalized. I have argued that structural violence produces psychological vulnerabilities and restricts personal agency, but it does not deny agency completely.

Rena describes how she struggles to meet her daily needs working and living at Wonokromo. But she also describes how she asserts personal boundaries with clients. Yet there are limits to her agency. Shinta also struggles to get by day-to-day as a young sex worker living with HIV. She has been stigmatized and severely marginalized by her community and peers, but she too struggles to assert agency. Her actions are severely limited by the impact of marginalization and stigma that she experiences. The impact of being marginalized, especially the psychological impact and the structurally determined social position of these young women, create a context in which their personal agency is highly restricted.

Contribution to Knowledge

This study is the only in-depth study of young sex workers in Surabaya. In addition, it is the only study to focus on the relationship between poverty and street sex work in current economic conditions in Indonesia by focusing on the experiences of marginalization that illustrate the extent of structural constraints on sex workers lives. In a broader sense it has contributed to insights into the relationship between structural violence and sexual and reproductive health.

Limitations of the Study

There are a number of limitations to this study. First, the sample size was small, which may limit the extent to which the results of this study can be generalized. Second, only young women sex workers were included. I did not include the experiences of young women sex workers below the age of 18, men, or *waria* sex workers. Third, this study took short-term "snapshot" profiles of the research participants. Therefore, insights on mobility and changing circumstances are limited to the participants' recollection of their

past. Fourth, research activities took place during a period of heightened police harassment and detainment, and this may have influenced the participants' psychological and economic state as well as my own observations and interpretations.

Recommendations for Future Research

There are several aspects of street sex work in Indonesia that can be further explored in future research. First, this study has described how NGO outreach programs achieve some success in increasing condom use rates amongst targeted sex workers. Future research could be conducted to explore which interventions are most effective and how they could be made more effective. Furthermore, research needs to be conducted on the scope of street sex workers being reached and why some of them are not being reached.

Second, future research projects should aim to compare the experiences of street sex workers. How do the experiences of older women, men, children, and trans-gendered street sex workers differ from those of younger women? Research might also compare experiences of sex workers in different jurisdictions in Indonesia. It is crucial to conduct more studies that explore street sex work rather than *lokalisasi* studies, as the current body of research is almost completely limited to examining sex work in the l*okalisasi* setting in Java. This research emphasis provides a skewed picture of actual conditions. Third, the case study of Shinta within this study has shown that stigma and marginalization of HIV-positive sex workers is severe. Research on the experiences of HIV-positive sex workers is an important area for future research.

Recommendations to Improve the Lives of Young Women Street Sex Workers

These women's stories show that street sex work, poverty, and structural violence are inextricably linked. Structural violence is difficult to identify and even more difficult to eliminate. Structural violence is a form of social injustice. Social injustice is not easily remedied. However, the negative consequences of social injustice can be eased. On the basis of the women's stories in this thesis, I make the following recommendations.

1. Oppose negative stereotyping of sex workers and treat them with dignity and respect.
2. Reduce police harassment of street sex workers.
3. Improve access to knowledge on sexual and reproductive health and access to health services for street sex workers.

The first recommendation can begin to be addressed by encouraging more co-operative and collaborative relationships between outreach workers and sex workers. To facilitate this outreach, workers need to spend more time at the women's work places, visit their home villages, and listen to the sex worker's views and perspectives more than they currently do.

The second recommendation acknowledges the prevalence and impact of police harassment, which pushes young women to the margins of the sex industry. NGOs could work in partnership with sex workers to change the working relationship between the police and sex workers. NGOs could hold workshops with police that aim to reduce negative stigma and judgments and to increase understanding. Advocacy efforts focused on tolerating sex work in certain areas and decreasing "rehabilitation" sentences could have a positive impact on the conditions of sex work and the lives of sex workers.

The third recommendation can begin to be addressed by increasing outreach services that provide information to street sex workers. Sexual health clinic services need

to be economically, geographically, and socially accessible. There needs to be more clinics offering similar services to the Surabaya Hotline's clinic in the Tambak Asri *lokalisasi*. These recommendations are only some of the many interventions which might begin to transform the lives of young sex workers.

Personal Reflection

Witnessing the impact of poverty, marginalization, and stigma in Surabaya transformed my understanding of the possibility of social change. Because I lived for four months in Bangunsari, I feel that I gained an understanding of the situation that young sex workers face, such as the hardship of daily life in a context of grinding poverty. Living in Bangunsari granted me the opportunity to better understand the unrelenting stigma that is associated with sex work. Working and living with my research assistant Anis showed me how pervasive poverty and stigma are. Although she now works for an NGO, Anis continues to struggle with the severe constraints poverty imposes on her life. Furthermore, although Anis stopped doing sex work three years ago she is still affected on a daily basis by the stigma of her past.

The knowledge and awareness that I gained through this research project has lead me to abandon the blind optimism that believes that development projects can truly achieve the lofty goals they set out. I have not given up on the possibility of social change completely, nor do I plan to abandon my personal goals of somehow contributing to social change, but my perspective on what is important will be much more informed by the constraints of the lives of young sex workers and other people who are similarly oppressed.

When I began this project, I strongly believed in the conviction that sexual and reproductive health was the most important research agenda for young sex workers. This was based on the belief that women, youth, sex workers, and the poor -- like all people -- are entitled to a basic standard of sexual and reproductive health. Through using qualitative research methods in conducting fieldwork in Surabaya, I was able to gain significant insights into the degrading impact of structural violence on the sexual and reproductive health of young sex workers. By listening to their voices, I was able to move beyond a focus solely on sexual and reproductive health and gain a better understanding of the structural forces that permeate many aspects of their lives. Their stories have shown how the possibility of realizing these abstract notions is constantly impeded by the structural conditions of their lives. Furthermore, these abstract notions seem to function more as mere rhetoric used by politicians, development organizations, and NGOs than as concrete practices that have a positive impact on the lives of young sex workers. I have not given up completely on the abstract development ideals of equitable sexual and reproductive health for all. It is an ideal that offers hope. But I have come to understand, through witnessing, that such abstract notions have limited relevance in the lives of young women like Tuti, Yuli, Siti, Fatimah, Rena, and Shinta. Perhaps by continuing to listen the voices of these young women we can move closer towards the realization of lessening the oppression and injustice that invades the lives of young sex workers.

Glossary of Indonesian Terms

Ayam Kampus	Campus chicken (university students who have sex for money or goods)
Becak	Rickshaw taxi
Bule	Foreigner
Dunia Malam	Night world
Jalan-jalan	Going around
Jamu	Traditional herbal mixture
Karaoke	Oral sex
KB (keluarga rencana)	Family planning (contraceptives)
Kelompok Kerja Berdaya	Working Group for Empowerment
Keputihan	Vaginal discharge
Kost	Boarding house
Krismon (Krisis monetary)	Monetary crisis
Lokalisasi	State sanctioned brothel zone
Mi-ras (minuman keras)	Alcoholic drinks
Nafsu	Desire or passion
Operasi	Police operations
Perek (perumpuan eksperimentil)	Experimental girls
Priyayi	Aristocratic-bureaucratic elite
Rezia	Police raids
Rp. (rupiah)	Indonesian currency
Senang-senang aja	Just have fun
Tidak enak	Not nice
Tidak ada rasa	Lacks feeling
Waria	Male to female transvestite
Warung	Street side food/drink stall
Wanita Tuna Susila	Women without morals (name commonly used to refer to sex workers)
Zina	Sex acts that are forbidden by Islam

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Appendix 1: Interview Theme List

1. *Latar belakang* (Background)
2. *Alasan datang ke Surabaya* (Reasons for coming to Surabaya)
3. *Keterlibagtan dalam kerja seks* (Involvement in sex work)
4. *Pengetahuan, ide dan kebiasaan hubungan kesehatan reproduksi* (Knowledge, ideas and practices relating to sexual and reproductive health)

Interview Introduction

* *Tujuan dari wawancara ini adalah untuk mengatahui kehidupan dan panagalaman dari wanita muda dalam hubunganya dengan kesehatan seksuil/reproduksi.*

(The purpose of this interview is to understand the lives and experiences of young women in relation to reproductive health. I want to hear you speak about your life and I want to understand your life.)

* *Saya mau wawancara sama Anda untuk informasi scripsi saya. Tapi saya akan menulis nama Anda tidak aslinya.*

(I am doing this interview with you to obtain information for my thesis. I will not ever use your real name or reveal your identity.)

1. **Background**

* *Tolong ceritakan tentang dirimu, tentang kehidupan kamu, misalnya tentang keluarga dan tempat kamu dewasa atau masih kecil.*

(Please tell me about yourself, and about your life, for example about your family and where you grew up.)

Nama (Name):
Umur (Age):
Asal (Hometown):
Agama (Religion):
Sekolah selesai kelas berapa (Education level):
Keuluarga berapa orang (Number of people in your family):
Anak ke berapa (Which number of child are you):
Pernah menikah atau pacar (Married or with boyfriend):
Punya anak (Children):
Sudah punya anak berapa (Number of children):
Pekerjaan orang tua (Parent's jobs):

* *Ketika Anda lulus sekolah bekerja di mana?*
(When you finished school what did you do?)

2. *Alasan datang ke Surabaya* (Reasons for coming to Surabaya)

* *Saya ngobrol sebentar. Kenapa kamu datang di Surabaya?/Kenapa kamu pergi ke luar Surabaya? Tolong ceritakan tentang cita-cita atau harapan datang di sini?*

(Why did you come to Surabaya? Please tell me about your dreams and hopes in coming here.)

** Respondent Surabaya - Saya ngobrol sebentar. Kenapa kamu pergi ke luar Surabaya? Tolong ceritakan tentang cita-cita atau harapan datang di sini?*
(Why did you come to Surabaya? Please tell me about your dreams and hopes in coming here.)

** Tolong ceritakan kondisi kamu saat ini, misal; dimana kamu bekerja, dimana anda tinggal, dan apa kegiatan sehari-hari?*
(Please tell me about the conditions of your life now, for example where you work, how much you earn, where do you stay, and what are your daily activities?)

3. *Keterlibagtan dalam kerja seks* (Involvement in sex work)

**Kenapa kamu menjadi PS? Mulai kapan?*
(When and why did you start to do sex work?)

**Bagaimana kamu menjadi PS?*
(How did you become a sex worker?)

** Apa dan siapa yang mendorong menjadi PS?*
(What and who prompoted you to become a sex worker?)

** Maaf, di mana saja kamu bekerja menjadi PS?*
(What different places have you worked as a sex worker?)

4. *Pengetahuan, ide dan kebiasaan hubungan kesehatan reproduksi* (Knowledge, ideas and practices relating to sexual and reproductive health)

** Dari mana tertular penyakit kelamin dan HIV/AIDS?*
(How do you get STIs and HIV/AIDS?)

**Bagaimana mencegah kehamilan? Supaya tidak hamil.*
(How do you prevent pregnancy?)

**Bagaimana mencegah penyakit kelamin dan HIV/AIDS? Supaya tidak sakit.*
(How do you prevent pregnancy, STIs and HIV/AIDS? So that you do not become sick.)

**Kamu dapat informasi dari mana tentang kehamilan, penyakit kelamin dan HIV/AIDS?*
(Where did you get information about pregnancy, STI and HIV/AIDS?)

** Kamu dapat itu informasi, kapan? Sudah datang di Surabaya? Sudah menjadi PS?*
(You got this information, when? Were you already living in Surabaya? Were you already doing sex work?)

**Apa yang kamu lakukan untuk mencagah kehamilaan?*
(What do you do to prevent pregnancy?)

**Apa yang kamu lakukan untuk mencagah penyakit kelamin dan HIV/AIDS?*
(What do you do to prevent STIs and HIV/AIDS?)

** Maaf, kamu pernah sakit seperti penyakit kelamin? Misal keputihan bau, luka di vagina, kencing sakit atau yang lain.*
Bagimana kamu mengobatin?
(Have you had health problems before? For example vaginal infections, STIs or other things.)

**Maaf, pernah hamil? Pernah mengugurkan?*
Di mana, di dukun atau di dokter?
(Have you ever become pregnant or had an abortion?)

**Kamu bisa nggak merayu tamu memakai kondom?*
(Are you able to convince clients to use a condom?)

**Apakah, tamu tidak mau?*
(What if the client does not want to use a condom?)

**Yang terakhir, mungkin kamu bisa tambahkan ceritakan kepada saya tentang sasuatu yang pangalman yang paling berharga. Selama bekerja di Surbaya atau menjadi PS.*
(Lastly, is there anything you want to add or are there important details about your life that have not been discussed that you would like to tell me or that you feel are important?)

Appendix 2: Questionnaire

Tanya Jawab - Kesehatan Seksual (in Indonesian)

1. Pada umur berapakah anda pertama kali melakukan hubungan seks?
…… tahun

2. Bagaimana pemakaian kondom dengan pacar atau suami?
   a. Selalu
   b. Hampir selalu
   c. Kadang-kadang
   d. Jarang
   e. Tidak pernah
   f. Tidak punya pacar atau suami

3. Bagaimana pemakaian kondom dengan tamu?
   a. Selalu
   b. Hampir semua dengan tamu
   c. Kadang-kadang
   d. Jarang
   e. Tidak pernah

4. Anda pernah punya pangalamn tamu pakai kekerasan? Bagimana dia pakai kekerasan? (bisa lebih dari 1 jawaban)
   a. Di pukul
   b. Tamparan
   c. Di cekik
   d. Di tarik rambutnya
   e. Lain-lain, sebutkan ……

5. Anda pernah punya panagalaman kekerasan dalam melakukan hunbungan seksual? (bisa lebih dari 1 jawaban)
   a. Di suruh karaoke
   b. Nunging
   c. Lewat dubur
   d. Terpaksa hubungan seks
   e. Lain, lain sebutkan……..

6. Apa yang pernah anda lakukan untuk mencegah Penyakit Menular Seksual (PMS) atau HIV/AIDS? (bisa lebih dari 1 jawaban)
   a. Menerima suntikan antibiotik
   b. Pergi ke dukun
   c. Pergi ke dokter
   d. Pergi ke PUSKESMAS
   e. Pergi ke Rumah Sakit

f. Minum obat antibiotik
g. Minum jamu
h. Mencuci alat kelamin sesudah berhubungan seks
i. Memeriksa/membersihkan alat kelamin pasangan
j. Hati-hati memilih pasangan yang bersih
k. Memakai kondom
l. Lain-lain, sebutkan ……

7. Seandainya anda terkena Penyakit Menular Seksual (PMS) atau HIV/AIDS, apakah yang pertama kali anda lakukan?
   a. Dibiarkan saja
   b. Minum jamu
   c. Pergi ke dukun
   d. Pergi ke PUSKESMAS
   e. Pergi ke dokter
   f. Pergi ke Rumah Sakit
   g. Konsultasi ke LSM, nama LSM ……..
   h. Lain-lain, sebutkan ……

8. Penyakit Menular Seksual (PMS) apakah yang pernah anda derita? (bisa lebih dari jawaban)
   a. Sipilis
   b. GO/Kencing nanah
   c. Klamedia/Jengger Ayam
   d. Herpes
   e. Keputihan
   f. Hepatitis
   g. HIV/AIDS
   h. Lain-lain sebutkan ……

9. Orang bisa kena HIV/AIDS melalui apa? (bisa lebih dari 1 jawaban)
   a. Cabat tanggan
   b. Makan bersama
   c. Darah – transfusi
   d. Darah – suntik
   e. Hubungan seks – vagina
   f. Hubungan seks – dubur
   g. Minum dari gelas sama
   h. Berbagain pakaian
   i. Ibu hamil ke bayinya
   j. Tempat umum

10. Anda pernah tes HIV?
   a. Pernah
   b. Tidak

Terima kasih sudah mengisi tanya-jawab ini!

Questionnaire – Sexual Health (in English)

1. How old were you the first time you had sex?
…… years

2. How often do you wear a condom when you have sex with your boyfriend or husband?
   g. Always
   h. Almost always
   i. Sometimes
   j. Rarely
   k. Never
   l. Do not have boyfriend or husband

3. How often do you wear a condom with your clients?
   f. Always
   g. Almost always
   h. Sometimes
   i. Rarely
   j. Never

4. Have you experienced violence from clients? How did they become violent? (you can choose more than one answer)
   f. Being hit
   g. Slapped
   h. Punched
   i. Pulled your hair
   j. Other, for example ……

5. Have you experienced sexual violence from your client? (you can choose more than one answer)
   f. Oral sex
   g. Strange position
   h. Anal sex
   i. Forced to have sex
   j. Other, for example……..

6. What do you do to prevent STIs or HIV/AIDS? (you can choose more than one answer)
   m. Get an antibiotic shot
   n. Go to the traditional healer
   o. Go to the doctor
   p. Go to the Public Health Clinic
   q. Go to the hospital
   r. Take antibiotics
   s. Take a herbal mixture
   t. Wash your genitals after sex

u. Go for a vaginal check-up
v. Be careful with choosing clients that are clean
w. Use a condom
x. Other, for example ……

7. Hypothetically if you found out that you had an STI or HIV/AIDS what is the first thing that you would do?
i. Nothing
j. Take traditional herb mixture
k. Go to the traditional healer
l. Go to the public health clinic
m. Go to the doctor
n. Go to the hospital
o. Consult an NGO, which NGO ……..
p. Other, for example ……

8. Have you ever experienced the following STI or symptoms? (you can choose more than one answer)
i. Syphilis
j. Gonorrhea
k. Chlamydia
l. Herpes
m. Vaginal discharge
n. Hepatitis
o. HIV/AIDS
p. Other, for example ……

9. How can you get HIV/AIDS? (you can choose more than one answer)
k. Touching someone
l. Sharing food
m. Blood – transfusion
n. Blood – injection
o. Sexual relations – vaginal
p. Sexual relations – anal
q. Sharing a glass
r. Sharing clothes
s. Pregnant woman to baby
t. Public place

10. Have you ever had an HIV test?
c. Yes
d. No

Thank you, you are finished the questionnaire.