

CONDOM USE AMONG EXIT CLIENTS OF FEMALE SEXUAL WORKERS FOR PREVENTION HIV/AIDS IN MAKASSAR

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INTRODUCTION

AIDS remains a public health problem of major significance in most parts of the world ^[1]. According to United AIDS Nation program on HIV/AIDS (UNAIDS) global report published for the world AIDS day 2012, about 34 (31,4-35,9) million people are living with HIV^[2]. Based on the data from Directorate General CDC & Ministry of Health, in 2014 the number of cases HIV and AIDS in Indonesia was 7.335 and 176 respectively. The most mode of transmission is heterosexual. There were 34.305 cases with the mode^[3]. Data from AIDS Commission Makassar showed that in 2013, the number of HIV cases in Makassar was 3.845 and AIDS 1.673 cases. According to the data, Makassar ranked first in the number of cases of HIV/AIDS in South Sulawesi province

Clients of female sexual workers (FSWs) have risk to be attacked by HIV. The clients (FSWs), also known as the "bridge population", act as a bridge between the high risk group of FSWs and the general population ^[4]. The higher number of clients of FSWs, the higher spread of HIV/AIDS both in high risk group and general population. Low condom use is trigger of HIV/AIDS transmission. In 2014, rapid survey result on FSWs in Makassar showed that condom use has not reached yet 100%. Makassar AIDS commission has conducted regularly socialization HIV/AIDS to FSWs and approached to them, in order to insist male clients to use condom. But, condom use in male clients has not been maximal. This survey was carried out to know characteristic exit clients and determinant factors of condom. The result of survey can be used as reference to crate planning in controlling HIV/AIDS in Makassar.

METHODS

This paper utilizes data from a survey conducted by AIDS Eradication Commission of Makassar in 2014. Sample of the survey were exit clients of female sexual workers. In this survey, exit client is male client who have just got out from room and have engaged sexual activity. Exit clients were recruited from the "hotspot" (area where female sexual workers give a sexual service for client, such as bars).

Before conducting data collection, team of Makassar AIDS Eradication Commission visited selected hotspots to get permit from the owner related to the survey. Selected hotspots were visited by enumerator at the specific time. Enumerators were visited the hotspot to collect data at the night, because the hotspots (bars) are always operated in the night. Enumerator interviewed directly exit clients when they got out from the room and have engage sexual activity. Therefore, enumerators must stand byj near from room where exit clients engage sexual activity. When exit clients got out from the room, enumerators approached the exit clients and asked for permit to interview. Exit clients who refused to be interviewed were not chosen as sample. The number of sample was 209 exit clients chosen by accidental sampling for 2 weeks.

Structured brief questionnaire was used to collect data. The questionnaire consisted of some questions such as characteristic of respondents and condom use for the last sexual activity. The participants were also asked about access to voluntary counseling test (VCT) and whether they have heard or exposed HIV/AIDS information or not. Data analysis was performed using statistical software stata 11.0. In addition, the descriptive statistic, and chi square test was employed to examine association between variable. Multivariate logistic regression was performed to determine the most dominant factor in condom use at exit client. *P* values of less than 0.05 were considered to be significant

RESULTS

Table 1 revealed that of 209 exit clients who participated, majority of respondents (43,06%) aged 17 -30 years old. Most of exit clients (62,68%) were married and the rest (37,32%) were unmarried. For education level, 63,64% exit clients graduated from high education and 36,36% had low education. Only 2,87% exit clients were unemployed. Civil servant and private employee, the number was 5,26% and 14,83% respectively. Most of exit client (77,03%) have other occupation. Exit clients who ever heard or exposed HIV/AIDS information are higher (87,08) than exit clients who have not heard information of HIV/AIDS (12,92%). Majority (66,99%) respondents

never accessed VCT. Permanent residence, most of exit clients (66,51%) live in Makassar, 27,27% exit clients live outside from Makassar and the rest live outside from South Sulawesi. Behavior of condom use, exit clients who used it was higher (66,03%) than did not used.

Table 1. Characteristic of Exit client in Makassar

Characteristic	Frequency and percentage (%)
Age	
17 – 30	90 (43,06)
31 – 40	77 (36,84)
41 – 50	42 (20,10)
Marital status	
Unmarried	78 (37,32)
Married	131 (62,68)
Education level	
Low	76 (36,36)
High	133 (63,64)
Occupation	
Unemployed	6 (2,87)
Civil servant	11 (5,26)
Private employee	31 (14,83)
Other	161 (77,03)
Ever heard information of HIV/AIDS	
No	27 (12,92)
Yes	182 (87,08)
Ever access VCT	
No	140 (66,99)
Yes	69 (33,01)
Permanent residence	
Makassar	139 (66,51)
Outside from Makassar (South Sulawesi)	57 (27,27)
Outside from South Sulawesi	13 (6,22)
Condom use for the last sexual activity	
No	71 (33,97)
Yes	138 (66,03)

Table 2 showed information about proportion of using condom of exit client. Basically, the percentage of using condom by characteristic of exit clients did not vary significantly. However, there were some variable that show significant different in using condom. The number of high education male clients who used condom was higher than low education male clients (p=0,001). More (70,33%) male clients who had ever heard information HIV/AIDS and used condom in the last sexual activity as compared to

male clients who had not ever heard HIV/AIDS (37,04%) and (p=0,001). For access VCT variable, the percentage of using condom was higher in male clients who had accessed VCT (75,36%) than those who had not accessed VCT (p=0,045). For using condom of married male clients (65,65%) almost same as unmarried male clients (p=0,881). More civil servant used condom than other occupation, although the percentage is slightly different (p=0,731). Same as age group, the rate of using condom is not significantly different among group (p=0,896). Table 2 illustrates that variables which are associated with condom use of exit clients are education lever, exposure to HIV/AIDS information and access to VCT.

Table 2. Determinants of condom use of Exit Clients in the last sexual activity in Makassar

Variables	Condom use		P value
	Yes	No	
Marital status			
Married	86 (65,65)	45 (34,35)	P=0,881
Unmarried	52 (66,67)	26 (33,33)	
Education level			
Low	39 (51,32)	37 (48,68)	P=0,001*
High	99 (74,44)	34 (25,56)	
Age			
17 – 30	61 (67,78)	29 (32,22)	P=0,896
31 – 40	50 (64,94)	27 (35,06)	
41 – 50	27 (64,29)	15 (35,71)	
Occupation			
Unemployed	3 (50,00)	3 (50,00)	P=0,731
Civil servant	8 (72,73)	3 (27,27)	
Private employee	22 (70,97)	9 (29,03)	
Other	105 (65,22)	56 (34,78)	
Ever have heard information HIV/AIDS			
Yes	128 (70,33)	54 (29,67)	P=0,001*
No	10 (37,04)	17(62,96)	
Ever access VCT			
Yes	52 (75,36)	17 (24,64)	P=0,045*
No	86 (61,43)	54 (38,57)	

*significant (p<0,05)

To recognize the most significant to condom use, multivariate analysis is conducted. This analysis was carried out by entering variable which is significant (p<0,05) based on bivariate analysis result.

Table 3. Multivariate Analysis

Variable	P	CI 95%
Test VCT	0,070	0.9494002- 3.687292
Education level	0,003	1.371198- 4.739857
Exposure HIV/AIDS information	0,012	1.284612 7.371596

High education related to ability to receive and understand information. Exit clients who have high education exactly have good knowledge on HIV/AIDS. With the knowledge, they can attitude and behave well including when they have risky sexual activity. Therefore, we found in this study that exposure to HIV/AIDS information also related to condom use. It means that, low education level can be controlled by providing HIV/AIDS information intensively. Because,

When all significant variables in bivariate analysis then were analyzed using multivariate method, the result showed that only 2 variable that related to condom use, namely education level and exposed with HIV/AIDS information. Meanwhile, test VCT variable was not associated anymore with condom use (Table 3).

Current study did not explore why exit clients did not use condom the last sexual activity. But, an HIV/AIDS behavior survey on female sexual workers in Makassar showed that there some reasons clients refuse to use condom such as: condom is not available at the time, condom decreases pleasure. The other reasons are clients looks healthy, clients pay more, and clients threat to cancel buying sex.

DISCUSSION

This study purposed to find out prevalence of condom use among exit clients in the last sexual activity. Prevalence of condom use by exit clients in Makassar was 66.03%. The prevalence was high enough, if compared to condom use in some countries. Regions that showed low condom use among male clients such as, India, (48,65%), Mexico (49,7%), China (30,5%), and Singapore (55,%).^[4,5,6,7] Meanwhile, in some countries that suggested high condom use compared with current study such as Laos, Haiti, Peru and Australia : Laos reported 97,0% condom use among male clients, Haiti (74,0%) clients reported having used condoms with a FSW the last time they had had sexual intercourse, Peru (85,8%) and Australia (76,8%).^[8,9,10,11]

CONCLUSION

Prevalence condom use on exit clients in this study has not reached 100% yet. Approximately 30,0% more exit clients engaged sexual activity without using condom. The situation will increase transmission HIV though sexual activity both in exit clients, female sexual workers and general population. Education level and exposure to HIV/AIDS exposure associated with condom use among exit clients. Therefore, socialization HIV/AIDS information and VCT need to be conducted regularly by AIDS eradication commission, especially for young aged group. Further research need to be conducted by observing the number of sexual partner in a year and frequently in using condom (consistency condom use) when engaged unprotected sexual. Besides, reasons of exit clients why they have sexual activity without using condom have to be explored.

In present study, bivariate Analyses revealed that factors associated with condom use among exit clients are education level, exposure to HIV/AIDS information and access to VCT test. When conducted multivariate analysis, only 2 variables that influenced exit clients to use condom namely education level and exposure to HIV/AIDS information. Where, education level is the most dominant factor that affected exit clients to use condom. It means, the higher education level of exit clients, the higher conscious of them to use condom. High education in this study including high school, undergraduate, and so on. Meanwhile, exit clients were categorized in low education if those only graduated from primary school and junior high school.

LIMITATION

This study merely focus on condom use among exit clients for the last sexual activity when they are interviewed, without observing their habit or frequency to use condom in several times.

The finding same as a study in India that suggested that education have positive association with consistent condom use among clients. The association happens because they are usually practice well and have high awareness to avoid unprotected sexual ^[12]. Another study in Asian, found out that education was significant predictor of condom use among clients ^[13].

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