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Sexual behavior: condom use, networking and sexual transmitted diseases risk of HIV-AIDS rural men in Gianyar, Bali

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Abstract

HIV-AIDS case in Bali each year continued to increase. Rural areas rarely got the intervention of HIV-AIDS program. Whereas cases of HIV-AIDS in Bali continues to rise and cafes in rural areas that provide female sex worker. This condition causes the spread of HIV-AIDS rapidly increased in rural areas. The study was done in a qualitative and quantitative mix in Gianyar regency. Observation participated and survey to 150 rural men and in-depth interview to 15 rural man that was risky. Respondents were selected based on snowballing sampling. Respondents were met from a place they like to hang out in the village shops, fields, village roads, banjo hall (a village meeting place). Rural men consistent use condom only 24.67%, have experience with sexual transmitted disease 46.67%, sexual contact with direct and indirect female sex worker 29.33%, get information from electronic media and mass media 72%, knowledge respondent about HIV-AIDS still low which 14% don't know and 58% less know. The Rural men usually went to the place of prostitution with his group, most of the rural man did not feel comfortable used the condoms. Some of them had been affected by sexual transmitted diseases and usually bought medicine themselves or being told by a friend. The habit bought medicine on their own without the proper dosage and not to health services increased the risk of HIV transmission. Sexual behaviors that did not use condoms and changed partners was at risk of the spread of HIV/ IDS. Health promotion interventions need to be done on rural areas so that their behavior could decrease risk for HIV.

INTRODUCTION

Since the first time being found in 1987 in Bali, incident HIV-AIDS in Indonesia continued to increased. Based on data of the Ministry of Health in Indonesia in 2010 there were 20,564 cumulative cases who died from AIDS by 3,936 cases. Totaling 73.7% cases of male sex, 25.8% case of the woman and 0.43% were not known. Based on the spread method 50,25% heterosexual, 39.34% with IDU, 3.3% went through Homo sex, 2.59% prenatal and 4.4% were not known [1].

Up to December 2009, the total number of cases of HIV-AIDS in Bali which was reported by Health Department was 3.238 cases totally and death totaling 298 cases. Data also showed that transmission through heterosexual transmission was higher than through a syringe (68%: 23%). The proportion of cases were contracted through sexual intercourse claims increased 17% within the last 4 years while claiming to be contracted through needle only increased by 5%, but had the highest case always resulting of injecting drug use [2].

All the regencies and the city in Bali had cases of the HIV-AIDS, where three large was occupied by Denpasar, Buleleng and Badung. Because of that then many of his control efforts were directed to three areas. While other districts, although the proportion of his case was still low but potential for the spreading of the HIV-AIDS were enormous, especially with expansion

cafe and karaoke until rural areas. Gianyar Regency had many places that were visited by tourists, so there was interaction between the local inhabitants was very close to the tourists.

Until this most of the community's members have not much to know the incidence of HIV infection with opportunistic infections (OIs) that accompanies it, so that often they did not realize himself was infected by the HIV and careless to take medicine. This condition caused the number of the community's members to come to the hospital in the serious situation or in the continued phase. This was supported by the VCT data in several hospitals in Bali (that tended to be waiting for the client), where 21-32% cases that came had finally died [1].

Epidemiologic transition currently occurring in the spreading of the incident of HIV-AIDS by increasing transportation access and spreading of night entertainment that continued to spread village caused the spreading of the case in rural areas. While people without condom use cause spreading that was fast to the rural community happened.

Gianyar Regency was one of the regencies that quite rapidly development where the area that previously agriculture began to change to the area of tourism. District of Gianyar, Sukawati and Blahbatuh are areas that were subjected in this study. Rural areas have been less exposed to the HIV-AIDS program because of the concentration program is more in urban areas. In fact HIV-AIDS has spread to rural areas that the control program of the HIV-AIDS so far only from one side which the lack of public awareness was raised. In fact the behaving community was risky often hide his identity.

The men who became customer female sex workers as long as was rarely got intervention from the health official because they were hidden and avoid known to exist. In fact client often became the holder of decision in the use of condoms. The HIV is mainly spread through sexual intercourse and main hope to prevent infection remains modification of sexual behaviours including correct and consistent condom use[3]. Correct use of condoms is currently the most effective protection strategy against sexual transmission of HIV and STDs between FSWs and their clients [4,5].

Condom use was lack and sex behaviour have risk could increase HIVAIDS cases in Bali. Its purpose was to answer the following research qestion : (i) how behaviour condom use rural men ? (ii) what sexual networking rural men and risk for HIV-AIDS (iii) what STDs experiance rural men and seeking health services ?.

METHODS

This research was carried out in the Gianyar, Bali-Indonesia. This research attempted to explore the risky behavior of the rural men, condom use, sexual transmitted diseases (STD) and sexual network was related to the spreading of HIV. Data collected used the method of participatory observation and survey where the respondent was followed by each activity carried out participatory observation and was recorded in the log book and survey by questioner was related understanding about the HIV-AIDS, condom use, experience with sexual transmitted diseases (STD), sexual networking to 150 risky respondents. Risky respondent is rural men have contact sexual with direct and indirect female sex worker (FSW). For Participatory observation we also gathered the data in relation to that. Involves getting close to people and making them feel comfortable enough with your presence that you can observe dan record information about their lives [6]. Also was carried out by the in-depth interview against 15 rural men and observation of the field.

Questioner tool for this survey before use conducted pre-test for check validity and reliability. After that we construct and use for this study. Guiding question was for in-depth interview construct suitable with the purpose in this study. That tool use for get information related with purpose.

Informants in this study were selected rural men who behave risky sexual intercourse with female sex worker (FSW), indirect sex and *memitra*. Direct female sex worker was the women in prostitution area have profession as female sex worker. Indirect sex was the worker's woman in the place like cafe, the salon, the massage that not directly offered the sex service. But in fact they may also provide this service. FSW was the woman who indeed worked in the place of prostitution. *Memitra* was having an affair with another woman who has had the husband or the widow but his profession not FSW. For the election of the respondents in this study were to snowball sampling technique in which the sampling of the population that does not clear the existence of its members and not sure how to find the number by one sample, then from this sample was looked for information concerning the existence of the sample other, continued thus in sequence [7,8]. In this research was chosen 3 subdistricts namely Gianyar, Sukawati and Belahbatuh. These areas chosen because have population bigger than other area and familiar with surveyor.

The selection of respondents conducted by the manner in which field workers before carried out observation participatory in Café-cafe, the location of prostitution, shop poskamling, the village hall to find out

respondents at risk in this territory. Further field worker together this informant carried out their everyday activity. This was done to know again closer the respondent's activity so as to be able to explore more objective information again. In-depth interview was carried out to 15 rural men that had the risky behaviors. They were selected based on willingness to do interviews and information from field worker. They were taken with a balanced proportion in the District of Gianyar 5 people, 5 people Sukawati, and Blahbatuh 5 people. Every respondent in this study agree about the purpose and willing participate in this study. Ethical clearance approved by health department.

The results of in-depth interviews and observations will be analyzed by the method of content analysis. Result survey analysis with computer program for get qualitative data and descriptive information. Data qualitative was analyzed to first do a transcript of data that is moving existing data into the form of writing in cassette recording, classifying data according to the studied variables, perform data interpretation and analysis of data [8]. Quantitative data is description about amount of the result and Qualitative data give explain about why respondent don't use condom, why don't seeking health service etc. the both data was integrated for get a lot of information.

FINDING

This study examines how the behavior of rural men in relation to the spread of HIV / AIDS. The study was carried out in three village namely Sukawati, Gianyar, Blahbatuh. Until now still lack of attention of governments, NGOs, community leaders about the spread of HIV / AIDS for rural areas we only focus on urban areas.

Characteristic informan

Characteristic 150 respondents in the survey and participatory observation in Sukawati District was 76 people, Gianyar district was 23 people and sub district Blahbatuh as many as 51 people. All respondents selected were already married. They apart from in observation participative also were obtained by the quantitative data that could be used to support this study.

The age group of respondents that behaving exactly the greatest risk was in the age group 30-45 years (53.3%) while under 30-year (27.3%) and over 45 years of (19.3%). This condition showed the age of 30 years - 45 years generally they had had family and had a steady income so that it has sufficient economic capacity to look for prostitutes. This habit was also encouraged by the invitation of their peers.

The informant most as laborers 40%, trader 15.3%, employee 18.7%, driver 5.3%, farmer 7.3%, did not work 6.7%, fisherman 2%, civil servants 2%, businessman 2% and student 1,3%. Gianyar region was known as the craft of art in Bali so that people living mostly as a laborers in the handicraft industry.

Tabel 1. Demographic characteristic among rural men

Charactersitic (N=150)	N	%
Location in district		
Sukawati	76	50.7
Gianyar	23	15.3
Blahbatuh	51	34
Age		
<30	41	27.3
30-45	80	53.3
46<	29	19.3
Education		
No school	22	14.67
Primary	36	24.00
Secondary	15	10.00
High school	73	48.67
College	4	2.67
Occupation		
The worker	60	40
The driver	8	5.3
The trader	23	15.3
The businessmen	3	2
The civil servants	3	2
The fishermen	3	2
The farmer	11	7.3
The employee	27	18
Did not work	10	6.7
The students	2	1.3

Knowledge about HIV-AIDS transmision

Based on the informant survey of 150 rural men found that the level of knowledge about HIV-AIDS who claimed didn't know was 14%, less know was 58%, know was 23.3% and very know was 4.67%. Most of the informants claimed to lack of knowledge about HIV-AIDS.

Sources of information about transmission of the HIV-AIDS most knew from the mass media and electronics media (72%), claimed did not know (14%), the electronic media (3.3%), health worker only (2%). This shows information from health workers directly are lacking. The role of mass and electronic media was important about HIV-AIDS information.

Information about HIV-AIDS was generally they known from television, radio and newspapers. They rarely get direct information from health workers. Their understanding about HIV-AIDS was still lacking because they did not knew the symptoms of the disease

in the community and how much harm it causes. Respondents claimed to have heard of HIV-AIDS from television but did not knew how many cases in the community and the greater its impact. They compared the health of their friends were asked to seek prostitutes who looked in good health so as not having the problem.

Tabel 2. Condom use, Sexual behaviour, STD

Item	N=150	%
Knowledge about HIV transmission		
Did not know	21	14
Less know	87	58
Know	35	23,3
Very know	7	4,6
Information source		
Mass media, electronic	108	72
Mass media, elektronic dan health worker	9	6
Electronic media	5	3,3
Electronic media, Health worker	4	2,6
Health worker	3	2
Did not know	21	14
Knowledge about condom use		
Know	117	78
Did not know	33	22
Condom use consistent		
Use	37	24.67
Did not use	113	75.33
Sexual behavior		
FSW	20	13.33
FSW and memitra	5	3.33
FSW, memitra dan indirect sex	17	11.33
FSW dan Indirect sex	44	29.33
Memitra	29	19.33
Memitra dan indirect sex	5	3.33
Indirect sex	30	20
STD experience		
Ever	70	46.67
Never	80	53.33

“HIV-AIDS I know from television and newspapers that of health workers have not. HIV-AIDS has no cure but I am also not clear who's been affected by disease how the symptoms of the disease "(Men 8).

"I get HIV-AIDS information from the newspaper could be prevented with condoms, faithful, from the syringe. I think so dangerous, but a lot of my friends there look for FSW who got well? So like a joke is disease "(Men 10).

Lack of understanding about HIV-AIDS caused them to be unsure of its effect so as to cause the feeling did not believe. Moreover, the process from HIV became AIDS takes a long time of 5-10 years. So as his impact was indirectly seen by them. Belief in the dangers of the disease was decreased.

Condom use behaviour in rural men have risk

Informant who claimed to knew the information about condoms, use and benefit was 78% and did not know was 22%. While that used condoms consistently for 24.67% and 75.32% did not use. Based on bivariate analysis was known that there correlation between condom use and education level (OR = 1,46, P = 0,00; CI 95% (1,293-1,654).

Most respondents did not use the condom when having sex with FSW. They generally did not feel comfortable using condoms the reasons given no satisfied, there was no feeling, too slippery, did not believe about transmission, young children felt more was immune to disease, felt fit.

"I was often suggested use the condom. Use condom please, so that doesn’t have STDs later. I am not satisfied, lost me pay expensive if I having sex with FSW never used a condom, why use condom there is no sense. I will not be sick why use the condom” (men 4).

“If I having sex with my girl, I did not use the condom was not glad, slippery. What's the fun if you wear a condom? I'm immune to the disease.... (Laughing). This life only once so enjoy it. Live is simple which you sick taking medicine” (men 1).

Feeling uncomfortable used condoms often said them. In fact, the impact that was caused of not using condom was very high risk. Couple’s negative Norma's, less knowledge about the HIV/STD and hepatitis, low self-efficacy for using a condom were significantly associated with negative condom beliefs (Mizuno *et al*, 2007).

Also known a male as customer FSW was generally more dominates his role. When FSW offer a condom if the man did not want to have sex so that FSW who needed money will be prepared to comply with his customer's request. Male customers also think that he was healthy and his sex couple was also healthy will not offer the condom, If FSW was sick just offered the condom. The perception like this precisely could accelerate the spreading of HIV which will affect the use of the condoms. In Fact the sufferer HIV did not show up on the stage of AIDS symptoms. Men tended to hold the decision in the use of condoms because they had the bargaining power than their sex partner.

"If the FSW asked with my use condom, I am not want to have sex because of not having the feeling. Like this, I am well why use the condom, if use condom means FSW is sick. Like that usually, if his girl is healthy might not use condom. I usually check her girlfriend from my

experience if his girl sick of fever means not to have sex....my friends tell about this theory. Now my practice ....(laugh)" (men 6).

"I use a condom with a cafe girl, it's because I'm afraid she'll get pregnant. If pregnant would be bothered, because I have had a wife could be problematic later in the household "(Men 8)

Feeling uncomfortable used a condom was frequently said by respondents. In fact by not using the condom could endanger their health where could transmitted the HIV-AIDS, Hepatitis which can be deadly. The awareness would the benefit of use condom with sex partners still was less.

Sexual networking of rural men

The community in the Gianyar Regency was the area of the transition between village and town. Most of his communities worked as laborers of art craft, shop employee, farmer and fisherman. However with the existence of the road of By Pass Denpasar-Kusamba then the area was increasingly crowded area.

Results of study showed that 150 rural men from 3 sub district in Gianyar who liked to look for FSW only (13.33%), FSW and memitra (3.33%), FSW, memitra and indirect sex (11.3%) ; FSW and indirect sex (29.33%), memitra only (19.33%); memitra and indirect sex (3.3%), indirect sex only (20%). This shows the type of respondents who had a sexual relationship at high risk for transmitted HIV. Most respondents claimed to have a relationship with the FSW and indirect sex. Their tendency liked did by both of them.

Efforts to obtain the behavior data of this community not was easy because use method of participatory observation where the field worker that followed the pattern of the activity from this rural men. Generally in rural areas are still was closed would information memitra habits, looked for FSW and the café girl, plus explore their sexual behavior.

From these data we could know their sexual networking and how the pattern of spread of HIV-AIDS. The rural men have sexual contact with FSW and then not using condoms. Further have sex to a wife without a condom. That is causing high risk of transmission to their babies. The rural men were having sex with the partner in village also without the condom and dating with a girl café. The distribution of transmission was high. However according to the iceberg theory, which apparently just the top only.

The spread of HIV-AIDS, especially in rural areas was more often because of heterosexuals, while injection by the drug users still rare was found. This was different from the urban areas where the spread of HIV-AIDS more by the injecting drug users. Behavior of rural men in Bali in particular, found had positive correlation between gambling behaviors (bebotoh) like chicken game, etc..Where too drunk and behave like free sex. Where also liked to behave drunk and free sexual relations.

Besides, there are some communities that have a habit of drinking. They usually have a drink to get drunk first half before going to the cafe in order to save costs because the price of drink in the cafe / locations are more expensive. Drinking habits are also thought to trigger the sexual libido.

".... Before going to cafe usually drink with friends in this area after that looking for girls. Because too expensive to buy a drink in that cafe, so if has half of the drunk go there...." (Men 2).

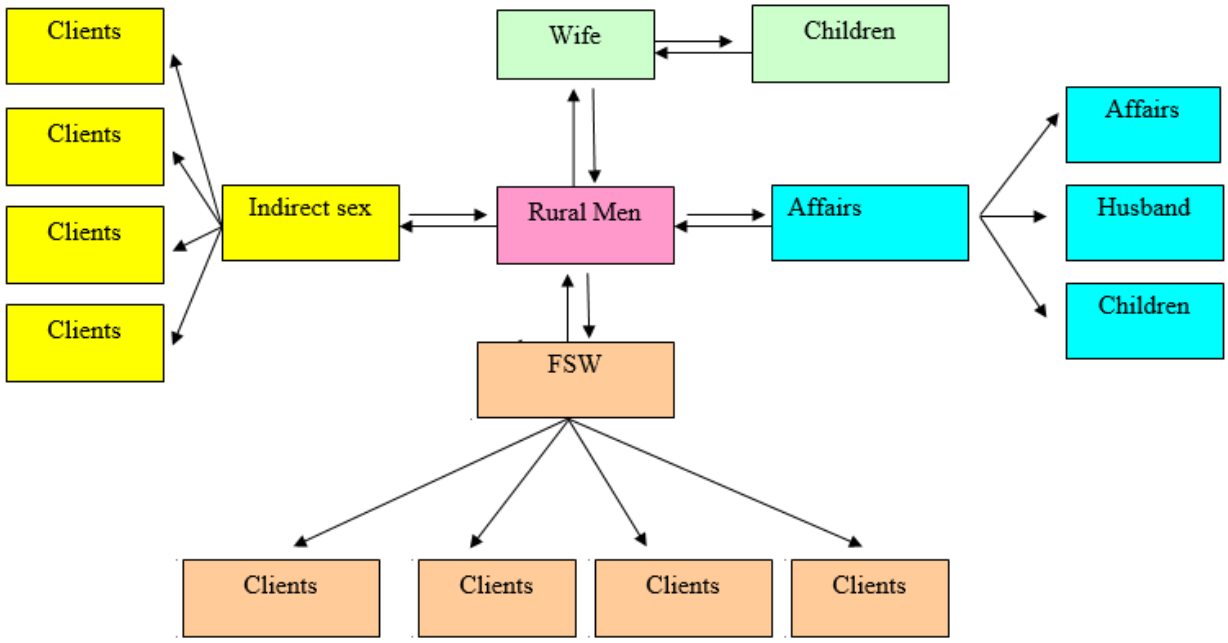
"Usually drinks previously until satisfaction with friends here. I felt shy alone go there so that I invite my friends also has known each other. There crowded moment in Saturday night because tomorrow is free time so satisfied ....(laugh). If the types of drink we usually drink arrack previously here will quickly make drunk. Drinking makes you horny you know so more the spirit" (Men 4).

This study also shows there were some people who like *memitra* (having an affair with the wife / husband and others). This habit was also vulnerable to the spread of HIV-AIDS. They were more happy *memitra* was compared looked for FSW, there were those who looked for FSW and *memitra*, there were also those who looked for FSW only.

*"*I am memitra happy if looking for FSW rarely. Memitra is pleasanter. If memitra I think it's art, becouse we need to be able to seduce his girlfriend. I have had experiance to woo the trader here about 3 months I continued to hunt for whom I can have sex (loughs). I had experience when young man, looked for the wife of fisherman, her husband went to sea 3 dailies. Recently I affair with my house painter he ... (laugh)" (Men 1).

Generally the man that liked *memitra* also looked for FSW so as to be able to transmit HIV-AIDS. Some men claim to enjoying relations *memitra* because interesting for them. He needs to woo if *memitra*-persuasion could get his woman and this process they were more liked compared with FSW who just paid it.

"I previously liked memitra but now not. If the experience memitra initially that felt first touched could not as looking for the prostitute like that. Process get girl friend is longer and cost was bigger than looked for the prostitute. Must pay to eat take a trip that takes a lot of money.... so if partners can not serve me looked prostitutes. This is for fun only. My wife did not know my activities ....(laugh) " (man 2).



Picture 1. Rural men sexual networking risk behaviour for HIV

In fact the habit *memitra* not the new matter in village but that often was covered up because still it was considered the disgrace for the community. However several perpetrators *memitra* regarded the activity *memitra* that was just very natural.

".... In my opinion memitra is natural. Here many are doing it. There is also to be found out his wife even divorced. It's actually just the ability to keep secrets " (Man 3)

Cafe girl was the sex worker indirectly. They usually board at the area close to the location of their work. The interaction between the resident and cafe girl indirectly became tight because of having several liked delivered came home this cafe girl. They felt like dating.

"I know she's in that cafe, then I like him. I went to his residence so as girlfriend. So often I picked up him. So could have free have sex if I often to cafe could bankrupt. The relationship was not serious anyway" (Man 5).

Experiences get sexual transmitted diseases (STD)

The informant who had had affected sexual transmitted diseases (STD) totaling 46.67% and that not 53.33%. The relationship between condom use and STD was significantly that the subject that did not use condom at risk of STD 2.62 times were compared that used the condom (OR = 2.62; p value = 0.00; CI 95% = 2.077-3.325).

Several respondents claimed had experienced STD such as gonorrhea. However this experience did not make them wary after recovering they did again. This condition was influenced by their perception towards the danger that will be caused to himself and the sex couple that was resulted in by their behavior.

Most of the communities at risk, perceived ignoring would the occurrence of the STD. The perception that did not care about the health showed behavior that was strong to carry out activities that harm health. This in accordance with the theory health belief model that the healthy behavior someone was affected by his perception towards the health threat caused. The perception of the community that was not heeded with impact from that was caused from this action to be able to be affected so to lack information on the disease (Glanz, 2008).

"Once, I be hit by was STD." At that time I felt I was sick and pain during urine until went out pus. Than to be treated by me to the doctor but now has recovered, once I have sex again. I'm not afraid to get STD because have had medicine (Men 5).

" I often get STD, but we're looking for fun you know. It is common STD's. STD do not worry about it, if it thinks there will not be looking for girls. Treated was three days recovering. Usually picky healthy girls if she had a fever should not have sex, normally exposed to STD ... "(Man 8)

Generally, respondents who had experienced STD, the first time seek information from friends who had

experienced STD and then asked for medicine information, there are to doctor and there are also a direct bought to the pharmacy. Knowledge about how to get the treatment is still diverse. Respondents generally asked to the friend who has been experienced, if information from this friends was wrong could actually misleading.

Several patients who experienced STD also there are those that bought medicine personally after knowing his medicine without having the doctors prescribe. This was also risky because it could cause antibiotic drug resistance that could make the process of following recuperation more difficult.

“I usually buy in the pharmacy. I already know the medicine before I had a doctor can prescribe. That was medicine package. I keep so later if I get sick do not need to see a doctor again. So now I just take his package to the pharmacy" (Man 7).

“That time I had a fever, swollen there is a viscous fluid on my penis. Then my friend who is also this kind of experience told me about the medicine. Then I buy the drug at the pharmacy. That sick get well, if I sick I will bought it" (Man 9).

Based on the data from the 2008 provincial health department in the province of Bali known there were 5,139 cases of sexually transmitted diseases (STDs), where the data from Denpasar were 3,081 cases, Badung regency were 934 cases, Gianyar regency were 511 cases, and Buleleng were 456 cases. The data was sourced from the public health centres, hospitals and the Private practices. (Report of the Bali provincial Dinkes, 2009)

However, conditions in the field only small patients with STDs (sexually transmitted deseases) went to the health center and hospital. Most of seeing a doctor in private practice both general practitioners and specialists. While in doctor private practices are rarely reported to the health departments if there are suffered from STDs. This is what causes the data to be largely lost. So that the management of the data we need to be addressed for the field conditions showed a lot of risky sexual behaviour and the disease continues repeatedly.

DISCUSSION

Public understanding about HIV-AIDS is still perceived less due to lack of complete information from health workers. They know about HIV-AIDS, but how big the problem is, how signs are affected remains unclear. Communities need more concrete information for example; there are cases of HIV-AIDS in her village as an example so they know the risks. So far they have not been so clear about the incidence of this disease. Someone who has been exposed to death. Because of their experience his friends who had the risky behavior of the status of his health were good.

Often respondents received information only from newspapers, television, and rarely any information from health care workers directly. This is similar to research conducted on 801 respondents in Russia and the USA of participants obtained HIV-AIDS-related information from various sources, including newspapers and magazines, television, radio, friends and family, and teachers. Both groups were likely to report reading a newspaper or magazine article about AIDS and to have heard AIDS-related information through radio and television. Fewer individuals reported talking to friends or family about AIDS, or receiving HIV-related information from a school teacher [9]. The media and television in particular were the primary source of information on HIV for FSWs. This finding counters an earlier study that revealed the media was not an important source of information on HIV/STIs for FSWs [10].

Understanding of the risk of getting HIV-AIDS is essential in changing AIDS risk behavior. The study in Bali, Indonesia, 614 women from four groups of commercial sex workers were interviewed about their knowledge of AIDS, risk behaviours, and condom use. These women had many misconceptions about AIDS and almost half in the largest group (n = 407) had never heard of AIDS [11]. Known also men with stronger AIDS and STD knowledge and condom beliefs were more likely to use condoms. Men whose friends knew that they visited sex workers were less likely to use condoms [12].

This similar like study in Bali about to 375 subjects (aged 16-25 years) from 12 youth groups representing four main resort areas in Bali. Only 10% of sexually active males and no females reported consistent condom use. The mean age of first sexual intercourse was highly correlated with first alcohol consumption [13].

Study in Africa find that among HIV positive persons awareness of a place nearby where one could be tested for HIV and impact of HIV on the household were associated knowledge of HIV status, and among HIV negative persons HIV risk behavior (multiple partners, no condom use), awareness of a place nearby where one could be tested for HIV, higher knowledge score on HIV and knowledge of sero discordance were associated knowledge of HIV status [14].

This study found the low awareness condom use was among men who have a risk because they do not feel comfortable to use condoms. This is because they are not used to be so impressed slippery, tasteless and unpleasant. Condom use is very beneficial in preventing sexually transmitted diseases. They may not

understand the dangers that can result if you do not use condoms. HIV-AIDS which don't get treatment that is very risky to spread.

Study in Thailand also find use condom during sexual intercourse 72%. Know three ways of preventing HIV transmission 57%. Consistent condom use during week always use condom all partner (46%), sometimes used condom (30%) and never used condom (24%). were also asked why they had made that decision. The following reasons were given, ranked from most to least frequently mentioned: less sensation (mentioned by 97 women), hassle/arousal is interrupted (40), didn't think it was necessary (20), used other contraceptives (14), expensive (10), didn't think of it at all (7), painful (6), ashamed to purchase one (2), and not always available (1) [15].

Study in India in also find knowledge about the use of condoms is very poor in this community. Around 40% of men and 38% of women have no knowledge of condoms. The remaining respondents knew that the use of condoms is to avoid pregnancy (33% men and 47% women) and to avoid AIDS and STIs (29% of men and 16% of women) [16].

Qualitative study in Nepal find FSWs used condoms only if their clients demanded that they use them, the clients generally did not demand that condoms to be used. In cases of client refusal, FSWs did not disagree or try to force clients because they feared that they would lose the client if they disagreed to have sex [17].

Study in Thailand find consistent condom use with male partners was higher among men sex with both men and women (MSMW) (77.6%) than men sex with men only (MSM-only) (62.9%), and lower with female partners (44.4%). Lack of family confidant, migration, concern about acquiring HIV infection, and self-reported STD were associated with HIV prevalence among MSMW [18].

Other study in Vietnam finds consistent condom use with irregular clients (62%), regular clients (41%), and love mates (5%). The reason don't use condom to irregular clients is partner objection was the most commonly cited reason (68%). About one third (32%) reported that a condom was not available. In regular clients the major reason (86%) was that FSWs felt they knew their regular clients and believed them to be disease-free. with their husbands and/or boyfriends 91% of participants believed that their partners were uninfected. Almost one-fourth (22%) mentioned condom use was not necessary, and 19% said they did not like using condoms with their love mates [19].

The role of clients decides to use a condom very high. Clients often felt uncomfortable ask in FSW for not use condoms. FSW who did not want to lose clients and need the money often do what the customer wants. The same statement almost all FSWs reported the reason behind non-use of condoms was a financial problem and low self-efficacy to convince clients [20]. The main risk factor identified for the non-use of condoms with intimate partners and regular clients was low self-efficacy. Non-use of condoms with husband and boyfriends placed them at risk of STIs including HIV. In addition to intimidation and violence from the police, clients and intimate partners, clients' resistance and lack of negotiation capacity were identified as barriers in using condoms by the FSWs [17].

Study examines social and behavioural factors associated with condom use among female commercial sex workers (CSWs) in Tarlac, the Philippines. More than 80% of the respondents had experience of using condoms with clients. However, only 48% of them used consistently. Six factors, level of education, knowledge of condom application, knowledge of condom effectiveness for preventing AIDS, knowledge of AIDS, use of other contraceptives, and sex premise managers' advice about using condoms, were significantly associated with their condom use [21].

Study conducted in Bali [11] found among women in the low-price and bungalow groups, condom use was significantly associated with beliefs about condoms' ability to prevent sexually transmitted disease (STD) and pregnancy, the belief condoms enhance sexual pleasure, perceived susceptibility to STDs (but not HIV), self-efficacy, number of clients in the past week, and pregnancy history.

Also found the risk behaviours of male sex networks. Those at risk in transmitting HIV-AIDS in heterosexual through the relationship between a man with a FSW, then a man with a wife who was also transmitted to her baby at risk, and men with their mistresses. Types of sexual risk of transmitting HIV-AIDS found that the FSW (13.33%), FSW and indirect sex (29.33%), Indirect sex (20%) and mistresses (19.33%).

Based on this study was known 46.7% the respondent had been affected STD precisely did not look for the good health service. They most bought medicine personally to the pharmacy without knew as a result. Drank medicine antibiotic was without the exact dose precisely caused medicine resistance. This will make more difficult in the process of his recuperation. Some of them knew the drug from friends who had experienced the STD. The role of peer in this case was important because they generally share the experience with the friend of their group.

Peer experiences and opinions about health services were found to exert a strong influence on FSWs' decisions in selecting a particular health or STI service.

For women who worked on the streets, their decision to seek care depended on whether they had a symptom severe enough to interfere with their health and ability to work. The majority of street-walkers did not seek treatment as soon as the symptoms present [22] . Also reported in Bali Human papillomavirus infection (HPV) was initially high in these women (38.3%), HPV infection was associated with a number of STD symptoms [23].

Clients often do not report that he was exposed to STD. They rarely go for treatment to a hospital or doctor. This is affected due to lack of curiosity about the disease and just buy the drugs to pharmacies based on prescription information from friends or earlier. So that the data reported on STD are less accurate. As study in Vietnam to FSW found consistent success with condom negotiation occurred most often in sex workers who had relatively few clients, had a clear understanding of how HIV was "not" transmitted, and did not report ever having had any STI symptoms [24]. Increased knowledge of HIV infection/STDs and condom use and had reduced levels of syphilis, gonorrhoea, and trichomonas infection [25].

Study in Bali with FSW clients of low-price sex workers were conducted to examine knowledge, beliefs, and practices related to sexually transmitted diseases (STDs) and AIDS. They rarely used condoms (8%). The level of a history of STDs among the clients was high (50%). Over 25% had experienced an STD symptom in the previous 6 months, with self-treatment with antibiotics reported by a third [26].

Sexual behavior of rural men in condom use depends on knowledge about HIV and feeling comfortable use condom. Sexually transmitted diseases in rural men mostly due to risky sexual behavior that have multiple sexual partners. Men who like to have multiple sexual partners has been spreading STD's to his wife, children and other sex partners. Men who have had experience of getting STD also affect their behavior in getting sex. Behavior men buy antibiotics alone without prescription is very risky causing drug resistance.

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