BERDAYA: A Study on Empowerment of Sex Worker Community in Indonesia

AIDS Research Center - Atma Jaya Catholic University - Jakarta Indonesia

OPSI (Indonesia National Network of Sex Workers)

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List of Acronyms

AIDS	:	Acquired Immune Deficiency Syndrome
ARV	:	Anti Retroviral
ART	:	Anti Retroviral Therapy
BPJS	:	*Badan Penyelenggara Jaminan Sosial* (Social Security Administrator Agency)
CBO	:	Community-based Organization
CES-D	:	Center for Epidemiologic Studies Depression Scale
CLS	:	Community Legal Services
CSO	:	Civil Society Organization
HAM	:	*Hak Asasi Manusia* (Human Rights)
HCT	:	HIV Counseling and Testing
HIV	:	Human Immunodeficiency Virus
HKSR	:	*Hak Kesehatan Seksual dan Reproduksi* (Sexual and Reproductive Health and Rights – SRHR)
IMS	:	*Infeksi Menular Seksual* (Sexually-transmitted Infection – STI)
Jamkesda	:	*Jaminan Kesehatan Daerah* (Regional Health Insurance)
JKN	:	*Jaminan Kesehatan Nasional* (National Health Insurance)
KIE	:	*Komunikasi Informasi dan Edukasi* (Information Education and Communication – IEC)
KPA	:	*Komisi Penanggulangan AIDS* (National AIDS Commission - NAC)
LBH	:	*Lembaga Bantuan Hukum* (Legal Aid Institute)
LGBT	:	Lesbian, Gay, Bisexual and Transgender
LSL	:	*Lelaki Seks dengan Lelaki* (Men who Have Sex with Men – MSM)
LSM	:	*Lembaga Swadaya Masyarakat* (Non-Governmental Organization – NGO)
MOH	:	Ministry of Health
ODHA	:	*Orang Dengan HIV dan AIDS* (People who Live with HIV/AIDS – PLHIV)
OR	:	Odds Ratio
PE	:	Peer Educator
PMKS	:	*Penyandang Masalah Kesejahteraan Sosial* (People with Social Welfare Problem)
STBP	:	*Surveilans Terpadu Biologis dan Perilaku* (Integrated Bio-Behavioral Survey-IBBS)
SWIT	:	Sex Worker Implementation Tool
UEP	:	*Usaha Ekonomi Produktif* (Productive Economic Venture)
UNGASS	:	The United Nations General Assembly Special Session on Drugs
VCT	:	Voluntary Counseling and Testing
WPS	:	*Wanita Pekerja Seks* (Female Sex Workers-FSW)

Executive Summary

Previous systematic reviews on the effectiveness of empowerment programs for sex workers in HIV response suggests that there is an urgency to document more evidence in different setting and geographic variation due to the existing evidence and publications still focus on few geographic areas, female sex workers and using less variation of conceptual frameworks. In the light of this recommendation, this study aims to assess the impact of community empowerment on meaningful participation of sex worker communities in policies, programming and services and on access and utilization of sexual and reproductive health and rights (SRHR) and HIV in Indonesia. Even though empowerment programs of sex worker communities have been done in decades and spread across Indonesia's archipelago, few studies have documented this initiative. Therefore, this study can be considered as the first documentation of this intervention.

Since the focus of the study is to look at the mechanism by which community mobilization and community empowerment can improve participation of sex workers in the decision making and strengthen their access to SRHR and HIV services in the community, this study uses a conceptual framework of community mobilization that focuses on understanding on how social mobilization and community empowerment reduces/addresses power imbalances that challenge sex workers to fulfill their rights. By focusing on three domains of community empowerment (power within, power with and power over resources), the study can identify processes at individual, group and community levels that enable or hamper sex worker's community change. Using this conceptual framework, the study also can explain relationships/associations between community empowerment and accessibility and utilization of social and health services, participation in policy development related to their work environment and pursuing their rights to protect themselves, their family and sexual partners from the impact of HIV.

The study is conducted in five cities where OPSI as the Indonesian sex worker organization is implementing their capacity building program for their members across Indonesia's archipelago. A mixed method study consisting of a literature review, survey, qualitative assessment and policy modeling were used to collect and analyze different types of data. As a community based-research, this study actively engaged sex workers as members of the research team either as researchers or enumerators for data collection in the field. This form of engagement is intended to strengthen research capacity of the sex worker led organization and as a reflective method to learn about the process of the empowerment at the empirical level. It is expected that the result of the study can be used as evidence to support their advocacy works for policy changes at national or local level that benefit for sex workers as individuals and communities.

The study shows that empowerment programs for sex workers in Indonesia have been implemented by community-based organizations, NGOs and government agencies. However, the types of the community empowerment and the engagement of sex workers engaged in the program are varied.

1. A variety of empowerment programs that focus on increasing access or improvement to social, economic and health services for sex workers have been implemented, but the coverage is still relatively small while female sex worker is the group with the least exposure to empowerment program. Empowerment programs do not exclusively target female and transgender sex workers, but also focus on male sex workers. However, the community empowerment for male sex workers tends to focus on awareness of sexual health instead of social and economic empowerment. Community empowerment related to health services, particularly HIV services, has an expanded coverage compared to other programs that focus on rights awareness or skill building.
2. Stigma and violence continue to challenge program implementation in optimizing utilization of the services and sex workers' participation in program development. However, sex workers who have

higher exposure to program has opened a path for sex workers to anticipate the violence/abuse that they experience.
3. National and sub-national levels of HIV programs have already accommodated the voice of sex workers through local CBOs and national network of sex workers. However, it is recognized that the current process has not fully recognized the mechanism for articulating and aggregating inputs from the field.

Community empowerment has shown positive association with sex workers' participation in decision making of policy and program development and access and utilization of SRHR services. This positive association can be seen in anticipation to violence, inform their mental health problem, to participate in the community activities. Perception about sex workers, perception about empowerment, social support, health status, access to health service, and sex workers' mobility did not vary based on the level of utilization of empowerment program. Empowerment programming is perceived by sex workers and stakeholders as effective programming due to the positive changes in sex worker's knowledge, view of themselves, behavior change and an increased social support network. However, in terms of coverage, the program is not that effective as designed at the planning stage due to some structural barriers.

The study has identified factors associated with good practices conducted by CSOs, CBOs or government agencies that lead to successful empowerment program for sex workers. These factors are:

1. To participate and gain benefit from the program sex workers need to have the awareness and motivation to be involved in the program, driven by the desire to gain benefit for themselves and their community.
2. Empowerment program needs accurate information to provide knowledge about health, economy, law and human rights. The information is important so sex workers can address their problems and work toward change in mindset and behavior.
3. Support from fellow sex workers and organizing the sex workers is critical to instill in them the motivation to participate in a program and utilize service.
4. Program implementers have to be able to build a relationship with sex workers as program beneficiaries, and to do that, they need an approach that is continuous, intensive and consistent. Outreach workers have to devise a good strategy to reach out and maintain contact with sex workers, and build a relationship that is based on mutual trust. This encourages sex workers to utilize the service that is provided. Stakeholders also acknowledge that an in-depth approach is one factor that contributes to the success of a program.
5. Stakeholders also mentioned that service, coordination and collaboration are another factor that supports an empowerment program. Good service that results in an increased number of sex workers who access service is one indicator of program success.

Other factors that are identified as barriers in implementing empowerment program for sex workers are as follows:

1. Stigma that is prevalent among the general population is not directed toward sex workers alone but toward PLHIV as well. This causes sex workers to be less open as they are worried their status will be discovered. They also tend to stigmatize themselves. Others still have the mindset of trying to earn as much income as possible without discovering about the risk. All these make sex workers difficult to reach out to, particularly indirect, and male sex workers.
2. The entertainment venue or sex establishment where sex workers work often enforces regulations or contracts that make it difficult for sex workers to participate in activities or programs.
3. Time availability is also another barrier. Most sex workers concentrate on earning money to make ends meet. They typically work at night and rest during the day, which makes them unavailable for

activities that are held from morning to afternoon. Getting a sex worker to be committed to continually attend an activity is a challenge. This is echoed by stakeholders who stated that one challenge in implementing empowerment activities is the low commitment of sex workers.

4. A mismatch between the program and sex workers' need and interest makes the program less interesting for sex workers. Quite often empowerment programs implement the same repetitive activity, resulting in boredom and reluctance. The program is then seen as not meeting sex workers' needs. A training program is also typically provided as a stand-alone activity without follow-up such that sex workers feel the training as less beneficial for them.
5. Distrust and indifference among sex workers is another factor that inhibits sex workers' participation in empowerment programs.
6. The main barrier for program implementation and sustainability is funding to support the program. Financing schemes that continually change is also a barrier toward program sustainability and long-term budget availability. As result activities are implemented only when there is an ongoing program.

In order to address some barriers in term of coverage, access, and quality of empowerment program for sex workers in Indonesia, this study recommends a model of empowerment program. The model is described as follows:

1. *The following principles should be observed in empowering sex workers:*
    a. Sex workers determine the service that they need.
    b. The basic need is for sex workers to have a collective identity in order to organize themselves.
    c. Empowerment efforts are based on fulfilment of human rights.
    d. Empowerment has to be accompanied with individual and collective capacity building in order for sex workers to voice their concern.
    e. Empowerment is expected to reduce the barriers that sex workers face in utilizing public services, and decrease their social vulnerability including that for HIV transmission.
2. *Components of the empowerment program that should be considered by government and other parties to develop empowerment programs are as follows:*
    a. Implementation of empowerment requires meaningful involvement of sex workers as the program target to align program strategy and priorities with the sex workers' needs.
    b. Empowerment activities need support in the form of government policy that can accommodate the need of the program as well as provide funding.
    c. In implementing empowerment activities, sex workers organization needs to build strong alliances with NGOs and others to advocate on policy and public service issues.
    d. It is also critical for sex workers organization to work with the local government and authorities as the institution who will be in direct contact with sex workers, either during raids or follow-up empowerment activities.
    e. Empowerment activities for sex workers are not focused on economic empowerment alone but should include capacity building activities so sex workers can better organize and manage their organization.
    f. Empowerment activities for sex workers need to pay specific attention to issues of violence, physical, emotional, sexual, and economic abuse in a personal or structural manner.
3. *The activities should be based on the activities that have been shown their effectiveness. These activities can be grouped into 4 main activities:*
        a. Capacity strengthening of sex worker organizations and members (organizing sex workers from the lower level to the national level; capacity building in organizational development, networking and advocacy; funding provision for organizing activities; sex worker organizations as direct implementers of HIV/AIDS intervention activities; skill training by sex worker organizations for their members; and education and outreach to sex worker community by peer leaders);
        b. Social empowerment in the form of activities that facilitate fulfilment of basic need, and the need for education and legal protection (ID card assistance for sex workers who do not

yet have one; Alternative formal education for young sex workers; Provision of a safe space for sex workers to engage in activities and organize themselves; Community legal service for sex workers who experience violence);

a. Health empowerment that includes Promotion and provision of condom; Promotion and provision of HIV testing; Promotion and provision of STI testing and treatment, and reproductive health service; HIV care and treatment; Service network strengthening for sex workers who experience violence; Provision of mental health service;
b. Economic empowerment in the form of skill building to start a small business or also provision of alternative employment (establishment of micro credit, alternative employment and internship do not have consensus while business startup, financial literacy and small production and marketing of the product are prioritized in the empowerment program for sex workers).

In order for the model to be implemented, some recommendations are developed to govern the model at national or local level. These are as follows:

1. *Ministry of Social Affairs or District/Provincial Office of Social Affairs should consider:*

    a. Stop campaigning the closure of brothel/sexual transaction venues as the evidence show that the closure cannot solve security, health or social issues. The policy only make the sex worker move to other cities or venues in the cities. This policy has put sex workers into more risky conditions in terms of health seeking behaviors and safety in working.
    b. Adjusting the empowerment program by adopting the principles of empowerment as recommended. This could be achieved by engaging sex worker organization such as OPSI in developing curriculum of the capacity building/empowerment program for sex workers or transgender people.
    c. About half of the sex workers do not have National Health Insurance so far. MoSA is the agency that responsible to recommend marginalized group to be eligible to obtain NHI. In order to achieve universal health access in Indonesia, MoSA should develop a policy at local level that enables sex workers or marginalized groups to receive formal assistance for obtaining the NHI.

2. *Ministry of Health, District Health Office and Public Health Centers (PHC) as health regulators and providers at national and local level should revisit their approach in providing service to sex workers by adopting some issues as follows:*

    a. In collaboration with NGOs or CBOs, the DHO or PHC can develop strategies to increase the availability of mobile clinics for sex workers to respond the brothel or sexual transaction venues considering the fact that sex worker have limited access directly to the health facilities due to the increased stigma and discrimination to sex workers after the closures.
    b. Access to condoms and lubricants currently are very difficult for sex workers because condoms and lubricants are determined as evidence for sex work and therefore ownership these materials is subject to be prosecuted. MoH as the responsible ministry for HIV programming should develop a national guideline for utilization of prevention materials (condoms, lubricants and syringes) as part of the national AIDS Program in order to be used as reference by NGOs, CBOs and CHC.
    c. Referral services for the victims of gender-based violence should be strengthened by coordinating with available social services at the districts. Transgender sex workers should be prioritized to access this service due to the high incidence of violence against them either from individual, groups or state perpetrators.

3. *The Global Fund through their principle recipients (PRs) as the main donor for sex workers intervention in prevention and treatment should considere:*

d. Deliberately incorporating the empowerment program into HIV prevention and treatment targeting sex workers.
e. Broadening the opportunity for sex workers organizations being the implementing partner at local level to manage and run sex worker's intervention as a strategy to strengthening the capacity of sex worker organizations.
f. Combining community mobilization as an integral part of the HIV outreach targeting sex workers, not only focusing on referral to HIV testing.

4. *CSOs or CBOs working for sex workers should improve their approach to sex workers by considering issues as follows:*
    a. The coverage of empowerment programs can be optimized through a more systematic approach such as increasing frequency of outreach, promoting community education in their neighbourhood – not only in their work venues, provide informational materials continuously, and secure the referral system to government agencies or other CSOs in other sectors.
    b. An outreach program should ideally be enriched with messages on critical awareness of the rights of sex workers. Considering the relatively high coverage of an outreach program, the information provided during outreach should not be limited to HIV/STI alone.
    c. Female sex workers' low exposure to programs can be addressed by strengthening and expanding their social network that tends to be relatively small.

INTRODUCTION

A. Background

A sex worker is defined as an individual, male or female, who works by selling sex. This definition can be interpreted positively, i.e. a job where the worker is skilled at sex that he/she provides sexual services (Banurea, 2013). Similarly, Harcourt & Donovan (2005) define sex workers as individuals who provide sexual service in exchange for payment. Despite the notion that sex work is work, in the field, sex workers are not as simply defined, and tend to be perceived negatively, due to the inherent meaning of sex (Banurea, 2013). In Indonesia, female sex worker generally carries a negative connotation and is equated with prostitution, or letting oneself commit fornication (Wulandari, 2015). According to the Great Dictionary of the Indonesian Language (*KBBI*) states that prostitutes are immoral women due to sell themselves and commit fornication. The term immoral is also used by the Ministry of Social Affairs for sex workers. The Regulation of Minister of Social Affairs Number 8/2012 states that female sex workers or immoral individuals are a group with social welfare problem in Indonesia. Sex workers now are no longer limited to male and female, but have also included transgender (Harcourt & Donovan, 2005) wrote. The location of sex transactions also varies, from local entertainment venues, to the street, massage parlor, hotspot, karaoke bars and other entertainment venues.

Regulations of sex work has been around in Indonesia for a long time, starting in the 19th century during the Dutch Occupation to the early 20th century (Ingleson, 1986; Hull, Jones, & Sulistyaningsih, 1998). It continued during the Japanese occupation in 1942-1945 (Hindra & Kimura, 2007), to the initial stage of Indonesian government 1945-1960 (Sciortino, 2000), the political reformation era in 1997-2000 (Surtees, 2004; Sciortino, 2000) until the current time (Praptoraharjo et al, 2016). Throughout history, the Government has been employing various approaches to regulate sex work and its related issues and while the approaches used have varied from time to time, all the activities are carried out with the same perspective that sex work is linked with social and health issues and should therefore be properly managed. In the post-independence era there is a shift in the procedure for regulating sex work. For example, in the 1970s, several local government established and run social rehabilitation centers for sex workers. The goal was to institutionalize sex work (a brothel/localization, e.g. Kramat Tunggak in Jakarta, Dolly in Surabaya and Tanjung Elmo in Jayapura) to reduce the social and health impact that sex work may bring to the community.

However, around the 1990s and year 2000, following pressures from the public and religious movement, the government decided to close these social rehabilitation centers (Sciortino, 2000). Despite these closures, sex work continues in various forms throughout the country, and the only change that occurs is in the sex workers' profile. Brothel closure has been shown as ineffective in reducing the number of sex workers (ICMC 2006, Julianto, 2010, Jones *et al.*, 1998, Praptoraharjo *et al.*, 2016, Rao, 2015). The 2008-2009 UNGASS and National AIDS Commission report estimates that there were 95,000-157,000 direct sex workers and 85,000-107,000 indirect sex workers in 2009 in which the number of female sex workers was around 157,000 people and transgender sex workers about 100,000 people. Number of male sex workers has not been estimated. The clients of female and transgender sex workers were estimated more than 3,500,000 people. In 2017 there was a sharp increase in the number of female sex workers, and the UNAIDS 2017 Report on the Global AIDS Epidemic estimates the population of female sex workers in Indonesia to be 226,791.

Indonesia is considered as a concentrated epidemic country therefore HIV transmission are more likely happened among key affected population including sex workers. A routine Integrated Behavioral and Biological Survey (IBBS) in Indonesia reported that the prevalence of HIV among sex workers including direct and indirect female sex workers and male to female transgender were considerably high and have variation over time even though the differences is not significant (see graph 1). No specific male sex workers were surveyed but HIV prevalence of this population might be approached from HIV prevalence of MSM which increased sharply between 2013 to 2015 from 5,33% to 25,8%. Considering the number of sex workers and their clients as previously described, great attention in HIV prevention

and care program should be placed on these key affected populations. The vulnerability of sex workers in Indonesia, exacerbated by public's negative perspective on sex workers in practice will be challenging to bring effective HIV program to reduce HIV transmission and SRHR problems.

Figure 1 HIV Prevalence among selected KAPs

However, there is ambiguity between the government policy and AIDS and sexual and reproductive health and rights (SRHR) program policy. While there is a need to reduce the HIV prevalence among sex workers, efforts to do so conflict with the district or provincial government policy that prohibits sex work in their area. Even though the structural intervention has been developed nowadays and promoted to develop enabling environment for AIDS response, but this effort is limited only to support the local policy which encourage the use of condom, STI screening and HIV testing whereas this policy is frequently violated the human rights of the sex workers. The social exclusion which put sex workers at risk to get HIV has never been touched in the national HIV programs such as violation, economic problems, stigma and discrimination of sex workers status. The 2012 UNGASS Report states that efforts to control the spread of HIV in Indonesia seem to be dominated by repressive methods compared to promotion of health services. As a consequence, HIV intervention programs in Indonesia face barrier in promoting the rights of sex workers as part of human rights.

In response to this situation, several civil society organizations (CSOs) or sex worker activists took the initiative to organize sex workers into a community that can facilitate their access to HIV services in their area. These efforts were culminated when in 2008 the National AIDS Commission facilitated establishment of national networks of sex workers to increase meaningful participation of the key populations in the AIDS response in Indonesia. OPSI (Indonesia Social Change Organization) formally was established in 2009 by conducting the first national meeting. OPSI aims to achieve the fullfilment of the rights of sex workers as citizen, to mitigate stigma and discrimination to sex workers, and support the meaningful participation of sex workers in the HIV & AIDS decision making. Even though community organizing of sex workers is still in the context of HIV response, this initiative has provided space for sex worker communities to represent their own realities and fully participate in dialogues and decision making around HIV policies and programs that affect them. It is expected that community empowerment could be an effective strategy to achieve improved SRHR & HIV services and the rights of sex workers.

B. Empowerment of Sex Workers in Indonesia: What Literatures Say

In general, sex worker empowerment programs that have been implemented in Indonesia already have a number of focus areas from health intervention, human rights and legal issues, to economic empowerment, and violence management. Health intervention programs mostly focus on dissemination of information regarding HIV and SRHR to sex workers as well as to the surrounding community. Inclusion of the community as the target for information dissemination has only started in 2016 (Khairunnisa, D. A., 2016). Before year 2007, HIV programs were exclusively dedicated to provide treatment to sex workers (Yusuf, 2015). SRHR is seen as having a link with HIV, and is critical information for sex workers, a highly mobile population (Fidiawati & Sofian, 2016) with high-risk behavior (Fitriani, 2017) who are vulnerable to HIV and STI including cervical cancer (Ade, W., Oktaviani, S., & Sofian, A, 2017). Intervention program that targets SRHR issues in Indonesia has been successful largely due to peer educators who provide critical support to sex workers, primarily to the young adolescents. In addition, health facilities have also started to provide reproductive health service, which contributes to the success (Yusuf, 2015).

Overall, better knowledge about HIV has positively influenced the behavior of sex workers, who become better at negotiating condom use with clients, and hence use condom consistently. Sex workers with more HIV information also have the initiative to participate in routine voluntary counseling and testing (VCT) and adhere to antiretroviral therapy (ART) (Khairunnisa, Saraswati, Adi, & Udiyono, 2017). While

the initiative to organize sex workers into communities started within the context of HIV program, it has provided sex workers with an opportunity to represent themselves and be fully engaged in dialogues and decision-making around HIV policy and program that have a direct impact on them. Through their community, sex workers are able to receive health support in the form of health promotion and free HIV test (Astuti, 2017). They are also moving to fight discrimination so that they can access health service at Puskesmas and hospital (Rasyid, 2018).

Another sex worker empowerment program focuses on human rights intervention/paralegal assistance, and provision of information regarding an invididual's right to receive education, to be healthy, to lead a decent life, and the right of religious freedom. In the past most empowerment programs on human rights/legal aspect tend to focus on religion, the relationship between an individual and God, and the right to practice his/her religion (Wahidin, W. 2016; Riyanto, S. 2015; Yusuf, M. 2015). Religious teaching does influence health service access, primarily VCT and reproductive health screening (Riyanto, S. 2015; Yusuf, M. 2015), but aside from religious activities, sex worker community also attempt to do some mediation with relevant parties. They initiated a campaign on the street and distributed IEC materials demanding fulfillment of sex workers' right for education, a decent life and other rights (Saleha, E. 2017).

After health and legal interventions, other programs strive to empower sex workers address violence and abuse. Sex workers frequently experience not just physical abuse, but also sexual, psychological, verbal and economic abuse. Exploitation is one example, which impacts a sex worker's right to obtain proper education, to meet his/her basic needs, and to be healthy physically and spiritually (Saleha,2017). Sex workers also commonly face economic abuse when their insistence to use condom causes a client to cancel a transaction. This situation implies that to reduce the incidence of STIs, it will be critical to enforce regulations on consistent condom use among sex workers and their clients (Fitriani, 2017).

A number of studies have looked into economic empowerment programs that target sex workers. Most interventions provide skills building training such as cooking and sewing that will give sex workers income to help offset the impact of brothel closure. It is hoped that as welfare improves, sex workers will not return to their former profession (Jefri, 2017; Sahyana, 2017). In addition to skills training the Government also provides training on enterpreneurship (Aminah, 2018) and establishment of creative small medium enterprise (*UKM*) (Asterina, G., Karnadi, H., & Renaningtyas, L., 2017). Other parties have also provided assistance in the form of cash and equipment to start a business (Saleha, 2017).

Over time, Indonesia's empowerment programs continue to evolve to adapt to the needs of sex workers, and help them fight for their rights. Programs are no longer limited to information dissemination, but have started to provide skills building on peer mentorship and community organization to be the voice for sex workers' rights. These programs receive an enthusiastic welcome and successfully reach out to sex workers, who are actively engaged in HIV prevention and intervention program, and learn to make decision for themselves.

Various studies have discussed in detail the different empowerment programs that target sex workers. However, studies on the exact empowerment mechanism that can increase sex workers' access and their utilization of SRHR or HIV service are still very limited. In reality, fulfillment of sex workers' rights is still a challenge, due to structural constraints, service or individual issues (Boli A.O., 2017, Orta, N., Waluyohadi, W., & Dwitasari, P. 2018). The most recent study about sex workers focus on the negative impact of brothel closure (Ririanty, M., Thohirun., Nafikadini, I. 2016, Kardinal 2016, Praptoraharjo *et al.*, 2016, Artaria, MD, & Kinasih, SE 2017, Handayani, TD (2014)) as well as the positive and negative impact of sex work (Demartoto, A. (2013). Data from HIV programs only list the number of sex worker meetings that each NGO manages, and the number of sex workers who attend each meeting (Progress Updates/Disbursement Request – Global Fund (PU/DR-GF), 2017).

This study reviewed a total of 62 articles on the issue, and summarize the challenges encountered by sex workers into 3 categories, i.e. structural challenges, service challenges and individual challenges.

Structural challenges relate to the brothel closure that affects sex workers' economic condition and mobility. Structural challenges also relate to legal barriers that change the sex work condition in Indonesia. Service challenges include access to social and health service, while individual challenges consist of risky behavior and sex worker's consistency in condom use. These challenges apply to female, male, transgender sex workers and the general public and, as reported by studies, occur in various locations like the Island of Java, Sumatra, Kalimantan, Sulawesi and Papua.

Closure of brothels that is linked with structural challenges is based on a Regulation from the Local Government, which is set by the Regional House of Representatives (*DPRD*) with agreement of the District Head/Mayor. Closures have a negative impact on outreach as sex workers disperse to various locations, and move frequently in an attempt to avoid raids, arrests or social policing (Boli A.O., 2017). As a consequence, sex workers can no longer be reached with reproductive health information, and HIV-positive sex workers drop out of ARV treatment.

Brothel closure also does not stop the sex trade. Some sex workers still continue to secretly provide sexual service in the location, some even involving underage and teenage sex workers who operate in the former localization area of *Pantai Harapan Panjang* (Saleha, E. 2017). Moreover, brothel closure does not just change sex workers' lives, but also the life of the community in the surrounding area such as food sellers, shop owner, and parking attendant who earn income from the brothel (Orta, N., Waluyohadi, W., & Dwitasari, P. 2018).

Aside from structural challenges, empowerment efforts are also hampered by lack of access to health service. This is caused by several reasons such as availability of ARVs that is limited to certain Puskesmas, poor inter-sectoral coordination, inadequate resources from the government as well as local regulations (Puadi, A. R. A., & Qomaruddin, M. B. 2018). Raids and hotspot shutdown only serve to create new hotspots as sex workers move around swiftly to escape the raids. Outreach and health workers are facing difficulty to gather data and provide health information and service to sex workers, who therefore remain at a disadvantage in their access to information and services. Sex work puts sex workers at high risk of sexually-transmitted infections, which can be minimized through routine health examination at a clinic/puskesmas/hospital. Health service that is usually provided consists of counseling, treatment, examination and HIV test such as what was provided at Malanu localization (Pangaribuan, 2017).

The last category of challenges are those that each individual sex worker faces in relation to their high risk behavior and consistency in condom use. Overall sex workers find it difficult to change their behavior out of habit, limited knowledge and economic pressures that bring them to the sex trade in the first place (Kiswanti, A., & Azinar, M. 2017). Limited access to information, compounded with inaccurate information and low availability of condom continue to contribute to the low condom use among female sex workers, aside from economic factors and low bargaining power out of fear of losing customers. As a result, female sex workers are at a high risk of developing cervical cancer (Ade, W., Oktaviani, S., & Sofian, A. 2017). Sex workers are a highly-mobile population that face a variety of social, and economic pressures, also criminalization, and these pose some unique challenges to empowerment programs.

Recent studies and programs as described above on empowerment of sex workers focused more on addressing the negative impacts of sex work instead of promoting and protecting human rights of sex workers. Global and regional evidence have showed that community empowerment is a strategy to encourage inclusiveness of marginalized group into decision making around HIV and SRHR policy and programs and utilization of those services (Kerrigan et al, 2014; Mohan et al, 2012; Blanchard et al, 2013, NSWP, 2012). However in Indonesia, little is known about the impact of community empowerment on sex worker's participation in decision making and utilization of HIV and SRHR services. Therefore the main objective of this study is to document the impact of community empowerment on participation and utilization of SRHR and HIV services. Also the study looks at the mechanisms by which community empowerment influence the accessibility and utilization of SRHR or

HIV services of sex workers. Finally, the study is expected to provide evidence of effective community empowerment of sex workers that could be learned, applied or adapted in other cities of Indonesia or other countries.

C. Study Questions

Based on the literatures on empowerment programs for sex workers in Indonesia, the main research question is what extent has community empowerment program effectively increased sex workers' participation in policy and program development, as well as increased their access to sexual and reproductive health and HIV services?

Specific questions that were formulated to operationalize the main question are:

1. What extent sex workers are engaged in the community empowerment?
2. Does community empowerment influence sex workers' participation in decision making of policy and program development and access and utilization of SRHR services?
3. What best practices are available on effective community empowerment for sex workers in Indonesia?
4. What recommendations can be provided to improve empowerment program for sex worker communities in Indonesia?

D. Study Objectives

The main goal of the study is to document the impact of community empowerment program on sex workers' participation in policy and program development, as well as increased their access to sexual and reproductive health and HIV services.

The study also has the following specific objectives:

1. To describe sex worker's engagement in community empowerment program.
2. To assess the mechanism of community empowerment influence sex workers' participation in decision making of policy and program development and access and utilization of SRHR services
3. To identify best practices that are available on effective community empowerment for sex workers in Indonesia
4. To recommend a model of empowerment program for sex worker communities in Indonesia to improve participation in decision making and utilization of HIV and SRHR services.

E. Conceptual Framework

Sex workers all over the world still face significant barriers in accessing prevention service and HIV care. Lack of conducive environment, lack of supportive social and health policy, discrimination in health care and social service, violence, stigma and discrimination against sex workers all create obstacles for sex workers to protect themselves and achieve a better health status. Yet evidence has shown that comprehensive services that include biomedical, behavioral and structural interventions that are tailored to the local context can effectively reduce sex workers' vulnerability and risk for HIV infection (D. Kerrigan *et al.*, 2015). Evidence also emphasizes that effective HIV management among sex workers require a combination of efforts that include community participation and empowerment, political will, structural and policy reformation as well as innovative program (Beyrer *et al.*, 2015). Intervention efforts will be effective if sex worker communities can actively participate and be involved in a meaningful way in the intervention, leading and implementing activities (Bekker *et al.*, 2015).

A number of reviews and systematic studies demonstrate that empowerment is an effective strategy to increase sex workers' participation in such a way so as to change the social context and improve access and utilization of HIV program intervention (Blanchard et al., 2013; D. Kerrigan et al., 2015, 2017; D. Kerrigan, Telles, Torres, Overs, & Castle, 2008; Wirtz et al., 2014). At individual level, empowerment

has positively strengthened the result of HIV prevention interventions such as condom use, prevention of STI and safe sex negotiation (Beattie et al., 2014; DL Kerrigan, Fonner, Stromdahl, & Kennedy, 2013; Moore et al., 2014) Moore; Beatti). Empowerment also correlates positively with knowledge about health, information sharing and rapport building for accessing service and disseminating information (Benoit et al., 2017).

At community level, empowerment has been shown to make sex work safer and help sex workers build community solidarity as they take up their role as supporters of safe sex and negotiate with business owners and the local government on health policy issues (Bates & Berg, 2014; Moore et al., 2014). Community empowerment has also significantly impacted the HIV epidemic among sex workers and adult population in various interventions (Wirtz et al., 2014). Programmatically, as sex worker community build their capacity to address the various vulnerable areas in their community, the community positively strengthen HIV prevention efforts (Blanchard et al., 2013).

Despite all the positive contribution of empowerment at individual and community level in increasing sex workers' participation in the decision-making process of AIDS response, some criticisms on community empowerment program were raised. One criticisms showed that empowerment activities cannot be bigger than the actual prevention intervention like condom use and availability, also access to STI/HIV service because the ultimate goal of the empowerment program is to reduce HIV or STI transmission (McMillan & Worth, 2016). At conceptual level, there has also been some uncertainty regarding the impact of community empowerment on risk of HIV (Blanchard et al, 2013). Additionally, an empowerment model has limited theoretical foundation as no agreement is reached regarding its definition, meaning, measurement and strategic intervention component (Beeker, Guenther-Gray, & Raj, 1998; Israel, Checkoway , Schulz, & Zimmerman, 1994; Laverack & Wallerstein, 2001).

In general, empowerment is a way to support an individual, group and community to be able to make effective decisions and control their situation or life (Alsop & Heinsohn, 2005; Israel et al., 1994). Choices that an individual or group or community make will be influenced by various social context. Sociologically, the extent an individual or group is empowered will be influenced by their agency (capacity to make purposive choices) and opportunity structure (the institutional context where the choice is made) (Alsop & Heinsohn, 2005). An opportunity structure arises as a result of physical, social factors, and work environment policy that shapes risks for HIV and interacts with macrostructure barriers (e.g. criminalization, stigma) and determinants in the community (Goldenberg, Duff, & Krusi, 2015). In short, community empowerment model is a process to gain leverage over a certain condition by people who share the same living environment, workplace or life experience (Fawcett et al., 1995).

Empowerment is achieved when a disadvantaged or marginalized individual or group is able to harness their resources for a joined act of solidarity that is capable of influencing other actors in the society (Biradavolu, Burris, George, Jena, & Blankenship, 2009). Therefore an indicator that is used to measure empowerment includes the existence, use and achievement of choice (Alsop & Heinsohn, 2005). Essentially, empowerment is a process to understand the situation that is occurring in the sex worker community, and in order to measure empowerment, one needs to look at the boundary, consciousness and negotiation aspects of sex workers, all of which are involved in empowerment (Ghose, Swendeman, George, & Chowdhury, 2008).

A specific conceptual framework on community empowerment for sex workers was developed by Mohan et al (2012) to address power imbalance that puts sex workers in a vulnerable position where they are exposed to high risks of HIV transmission and poor health (see Figure 1 below). This conceptual framework is an approach used to understand power imbalances, social exclusion and vulnerability toward HIV (Mohan et al., 2012; Beattie et al., 2014; Blanchard et al., 2013). As an outcome of community mobilization, this conceptual framework applies three empowerment domains at the individual level to identify the community mobilization mechanism that is associated with empowerment. The three domains are: a) "Power within" namely self esteem, self confidence, and self assurance; b) "Power with others" or collective power, defined as a collective identity that leads to a

collective agency; c) "Power over resources" namely access to work, finance and other social entitlements. How extent empowerment program can build power among sex workers will depend on the available program and structural intervention, characteristics of sex workers and the existence of sex worker organization.

Figure 2 Conceptual Framework of Community Empowerment

Source: Mohan, *et al.* (2012*), Evaluation of Community Mobilization and Empowerment in Relation with HIV Prevention Programming among Female Sex Workers in the State of Karnataka, South India*)

Mechanisms in community empowerment to increase participation in decision making and utilization of SRHR and HIV include consistent community meeting, open communication, focused community leadership, community network and organizational collaboration (Yoo et al., 2004); strengthened sense of community (Speer & Hughey, 1995), social cohesion and mutual assistance (D. Kerrigan et al., 2008). Other suggests that these mechanisms in community empowerment should be viewed as a stepwise process that starts with (1) initial involvement with the sex worker community, moving on to (2) community involvement in target activities, (3) ownership and finally (4) sustained action beyond the community (Moore et al., 2014). Another intervention conceptualizes mechanism of empowerment as (1) participation in accessing project services; (2) participation in providing project services; (3) participation in developing project activities; (4) participation in defining project objectives (Cornish, 2006).

A Consortium of WHO, UNFPA, UNAIDS, NSWP (Global Network of Sex Work Projects), The World Bank, and UNDP defines sex worker empowerment as a process where sex workers are empowered and supported to fight for their rights in health, human rights, welfare and improved access to service to reduce the risk of HIV transmission (WHO et al, 2013). This definition is similar to empowerment concept introduced Mohan et al (2012) that empowerment should be focused to address power imbalance between sex worker and other components of a society. The Sex Worker Implementation Tool (SWIT), an intervention manual for sex workers, is focusing on community empowerment as a critical basis for all program components and interventions targeting sex workers to increase utilization and HIV and SRHR services (WHO et al., 2013). Key elements or mechanisms of community empowerment as listed in the SWIT tool are: [1] sex workers join together in a mutually-beneficial relationship; [2] removal of barriers to fully participate in programs; [3] strengthened collaboration between sex worker community, the government, CSOs and local institutions; [4] the community's collective needs are met in a supportive environment; [5] the process is led by sex workers: they know which needs are of the highest priority, and which strategy is most suitable to meet the needs; [6] sex workers are involved in all aspects of a program including the design, implementation, management and evaluation; [7] funding and resources are directly provided to organization and community that is responsible for priority setting, activities implementation, human resources management and service provision.

Based on the available conceptual framework as listed above, this study employed the basic conceptual framework introduced by Mohan et al (2012) at individual level, but at the community level, this study adopted SWIT mechanisms to describe the empowerment process and its impact on participation in decision making and utilization of HIV and SRHR services among sex workers.

F. Study Relevance

In line with the goal and objectives, the study is hoped to gather evidence that demonstrates how empowerment of sex workers can effectively reduce their vulnerability and risk for HIV transmission, as well as increase their access to HIV treatment and care in Indonesia and their participation in decision making that affect their life. From the perspective of program, the study is expected to provide strong evidence to the Ministry of Health as the primary actor who is responsible for the AIDS response in

Indonesia, to incorporate sex workers empowerment intervention in HIV prevention and care program. This initiative will strengthen the evidence-based recommendation that a combined prevention method is more effective, primarily when viewed from the structural aspect. Civil society and sex worker community will also be able to use the result from this study as evidence as they advocate to the government for a review on sex establishment policies that have been issued in various regions throughout Indonesia. For the sex workers themselves, the process and result of this study is hoped to strengthen their capacity in influencing policies that have an impact on their life while simultaneously support their internal capacity building so they can make effective choices as an individual, and collectively as a community in Indonesia.

METHODOLOGY

2.1 Approach

This study is a community-based participatory research (CBPR) where sex worker communities through the National Network of Sex Workers, i.e. the Organization for Social Transformation in Indonesia (OPSI), were directly involved as part of the study team and play a critical role in the study. OPSI representatives were fully involved in the whole process of the study from formulating the study proposal including developing method of the study, identifying themes and topics that should be covered in the study and determining sites of the study, implementing data collection and data analysis to writing the report. Two OPSI's researchers were trained in methodology and research ethics in addition to the protocol of the study. The researchers also were placed at ARC-AJCU office in two or three days during a week for further mentoring and to ease coordination for the study. OPSI members at selected sites were recruited as enumerators for survey data collection. Prior to their involvement in data collection, a training for enumerators/facilitators were conducted in each site and they compensated their time and effort by ARC-AJCU.

In the initial phase of study, a Research Advisory Board (RAB) were established at the National level to provide input and feedback to the study team throughout the study. The RAB consists of 8 members from various stakeholders with close ties to sex worker communities and the HIV program. They represent sex worker communities, national network of key population, local CSOs and government institution (Ministry of Health/ AIDS Commission), as well as development partners. The RAB was involved in each result validation meeting at each stage of the study.

2.2 Methods

To get an answer to the study questions, the study employed a mix of methods that include literature review, survey, qualitative assessment and policy modeling. The methods were applied in stages to collect and analyze different types of data during the study duration of 12 months. Summary of the study methods can be seen in the table 2. Study stages are illustrated in the graph below with a detailed description afterwards:

Figure 3 Study Methodology and Stages

2.2.1 Literature Review

This first stage is used to set the context of the study by reviewing the current practice of empowerment, also any increased participation of sex workers in any SRHR policy and program in Indonesia. To determine the context of study, a literature review was conducted and the result is then used as a basis in developing the survey instruments for the next stage. The literature review serves to gather information about knowledge and good practices on sex worker empowerment that exist in Indonesia, map the types of sex worker empowerment programs, as well as identify barriers and challenges that programs face. A systematic search using Google Scholar and Mendely revealed quite varying characteristics of articles. Among the 62 selected articles, 45 of them specifically talked about empowerment of sex workers, and hence are truly relevant with the study objectives. In the other 17 articles empowerment was indirectly discussed but the studies did focus on sex workers and therefore were still selected for review. Half, or 32 of the 62 articles came from peer-reviewed journals while the remaining 30 articles were grey literature. The study design varied, with the majority (51 articles) being a qualitative study. The remaining 11 articles were studies that used quantitative (8 articles), and mixed-method approaches (3 articles). Out of the 32 peer-reviewed articles, 27 were from qualitative studies, and the remaining 5 were quantitative (4 articles) and mixed-method (1 article) studies. For the grey literature, the majority (24 articles) were qualitative studies, and only 4 studies used a quantitative

design and 2 studies used the mixed-method design. Part of the result of the literature review was presented in the introduction section related to sex worker empowerment. Additionally, the result was used to develop instrument for survey and qualitative assessment.

2.2.2 Survey

The survey was designed with a non-probability method based on the consideration that no sampling frame can be utilized to select sex workers in each survey site. Nomination sampling technique was therefore employed to recruit respondents in each city. This is a cross-sectional survey with venue-based and chain-referral sampling method. Since sex workers are a population that frequently experiences stigma, and therefore are hard to reach, this method enabled the team to track the sex workers' population more easily. The number of sex workers recruited (male, female and transgender) was determined together with the Provincial OPSI based on the estimated number of sex workers and site mapping in each city.

The inclusion criteria for survey respondents were: (a) aged 18 years or older, (b) male, female, or transgender who identify as sex workers, (c) have lived in the survey location for at least 6 months, and (d) consent to participate in the survey. In each of the five cities, 100 sex workers (65 FSW, 25 TSW, 10 MSW) were selected to be respondents. Mapping activities that were done before data collection however had indicated that the quota for transgender and male sex workers in some cities may not be achieved.

A total of 500 sex workers from three gender groups (male, female, and transgender) in five cities in Indonesia participated in the survey. The survey used a non-probability technique with a sampling frame that consists of all sex workers' location / sex trade hot spots that provincial OPSI had mapped in each of the five cities. Sex workers' location varies from sex workers' home, places they hang out, street/alley, rental room, to entertainment venues in the area, brothel, massage parlor, salon, spa, etc. The list of hotspots was used as a basis for selecting sampling units to be survey respondents.

Based on literature review results, this survey collected specific topics on participation in empowerment programs and utilization of HIV and SRHR services. The questionnaire was then developed to get information issues below:

1. Brothel closure and sex workers' mobility
2. Criminalization of sex workers
3. Violence against sex workers
4. Type of empowerment activities
5. Health status and experience during accessing health services (health-seeking behaviour)
6. Exposure to empowerment program (programmatic exposure)

The structure and scope of survey questionnaire include the following items:

Table 1 Survey Questionnaire's Structure

Variables	Number of questions
1. Demography, socio-economy and mobility	33
2. Experience in sex work	20
3. Perception of sex work (scale)	8
4. Health status	12
5. Mental health status-depression level (scale)	20
6. Experience with violence	28
7. Social support	13
8. Access to health and social services (including SRHR and HIV)	13
9. Exposure to community empowerment program	26

10. Perception of being empowered (scale)	24

The questionnaire was uploaded into the "KoBo Toolbox" application that was installed in the tablet. Actual interview to collect data was done at a location that the enumerator and respondent agreed on. The questionnaire was developed in Indonesian language, which was read by the enumerator for the respondent to answer. Respondents had to answer each question before continuing to the next question. To avoid technical errors, questionnaire completion at the tablet was done by the enumerator, who upon completion of the interview, uploaded completed questionnaires to the server. Once uploaded to the server, the completed questionnaire would be automatically erased from the tablet as a way to minimize risk of loss or damage to the data. Supervision and quality assurance was performed jointly by the researchers and provincial OP

OPSI staffs at the province/district/municipality performed the data collection. In each city, 4 OPSI staffs were selected to be survey enumerators, and they received a 3-day training (16-18 July 2018) from the team of AIDS Research Center, Atma Jaya Catholic University researchers and community researchers from the National OPSI. Training materials consist of a brief description of the study, specifically the survey stages, questionnaires' details, data collection procedure and method, use of tablet for completing the questionnaires, and research ethics.

Data collection started immediately after completion of training, and facilitators supervised the first day of data collection, which was considered as a trial round. Supervision served to assess whether there would be any barriers and how to overcome them. Afterwards data collection continued simultaneously in five cities for 2 weeks from 18 to 31 July 2018. All eligible participants who have been selected through the sampling methodology were contacted for interviews for data collection.

Data analysis was performed in stages. The initial stage was an examination of data completion and consistency. The frequency of each question was tabulated to get a range of responses. The second stage involved creation of new variables as a result of combining several questions in order to reflect the main variable that the survey is after. Dataset from the survey was then statistically processed using STATA Version 14 (StataCorp LP, Texas). Data analysis focused on descriptive analysis of the main variable that can describe the survey objective. Homogeneity test was also performed to know any inter-group differences in the measured variables, and Chi-Square ($\chi 2$) method was used to detect any significant differences among the variables. Afterwards, in order to to estimate the association between empowerment and access and utilization of SRHR and HIV services, logistics and linear regression analyses were uses to assess these association. Analysis results and program/intervention components that were identified were presented at a national workshop where agreement and support from experts was obtained using the Delphi method.

2.2.3 Qualitative Assessment

The third stage of the study was a qualitative assessment which is intended to describe the mechanism in community empowerment that is able to increase access and utilization of SRHR and HIV services, both from the perspective of program implementers as well as program beneficiaries. In addition, the qualitative assessment also tried to identify and map the various sex worker community-focused intervention programs that local and national organizations implement. The specific objectives are:

1. Map the ongoing programs at the district/province and national level that focus on sex workers or are accessible for sex workers.
2. Explore strategies that local and national organizations employ to empower and facilitate increased engagement of the sex worker community.
3. Observe the mechanism in which empowerment efforts can increase sex workers' access and utilization of SRHR and HIV services.
4. Develop case studies that illustrate examples of sex workers' empowerment process.

Data collection was done using qualitative method with focus group discussion (FGD) and in-depth interview. FGD was done once at each assessment site with participants from local stakeholders such as the District/Municipality District Health Office, the District/Municipality District Social Affairs Office, the Provincial/District AIDS Commission, Puskesmas, local CSOs, OPSI and other sex worker communities. In-depth interview was also performed at each assessment site with ten sex workers from the three genders (female, male and transgender) as resource persons.

The qualitative assessment used a purposive sampling technique. Participants were determined based on a mapping that the study team and local OPSI team performed in each city. FGD was done with participants from local non-governmental organizations/government agencies that implement sex worker empowerment activities or provide services to sex workers. In-depth interview was performed with respondents who are: a) 18 years or older; b) female, male and transgender; c) identify him/herself as a sex worker; and d) has been in the location for at least 6 months. To the extent possible the assessment tried to recruit not just sex workers who actively participate in empowerment programs, but those who are not active as well to obtain the desired variation.

Data collection was performed by a team of researchers from the community (OPSI) and ARC Atma Jaya University. Before data collection commenced, training for enumerators was performed in Jakarta where the researchers were equipped with techniques to do interview and facilitate a FGD, also the procedure and ethics of qualitative data collection. The local OPSI team in each city provided assistance in organizing the FGD with local stakeholders, recruiting sex workers that fulfill the inclusion criteria for in-depth interview and coordinating the interview. Consent to participate in the assessment, including consent to have the interview and FGD recorded, was obtained from all participants before intiating data collection.

An FGD and interview guide was developed based on the assessment objectives. The guide consists of four domains as follows: (1) Empowerment of sex workers, (2) Involvement of sex workers in an intervention program, (3) Benefits to the sex workers, (4) The mechanism of sex workers' empowerment and involvement in an intervention program

Recordings from the FGDs and interviews were submitted to the data manager and the recordings were transcribed and coded using Nvivo qualitative data analysis software. Analysis was performed using a thematic analysis method by grouping the responses based on certain category/theme to answer the assessment objective. Data from the qualitative assessment are used to develop some case studies that describe the journey of sex worker empowerment program at the local and national level. The case studies illustrate the context, process, barriers and result of sex worker empowerment programs that are considered successful and have had positive impact on sex workers in Indonesia.

2.2.4 Delphi Method for Developing Empowerment Model

After data have been collected through literature review, survey and qualitative assessment, the next stage was the use of Delphi Procedure to formulate recommendations to respond to the third objective of the study. A Delphi Procedure is used to obtain consensus in strengthening program/intervention that focuses on community empowerment and improved participation of sex workers in Indonesia. It is also intended to identify good practices that are effective in increasing service accessibility and service for sex workers.

A total of 19 practitioners who represent civil society organization, international agency, academics and sex worker organization were invited to a Delphi meeting to respond and discuss questionnaires that researchers have developed. As part of Delphi instruments researchers developed questionnaires that contain statements about the principle and component of an empowerment program for male, female and transgender sex workers. The questionnaire is divided into 3 sets; the first set focuses on reliability and contains 27 statements about principles of sex workers empowerment. Participants of the Delphi method meeting were asked to rate each statement on a scale of 1 to 4 based on how reliable they believe the statement is; 1 means the statement is considered *unreliable*, and 4 means the statement

is considered *completely reliable*. The second set of questionnaire consists of 25 questions that relate to the feasibility for implementing those components or activities as part of a sex worker empowerment program. Participants were again asked to rate each statement using a 4-point scale, with 1 being *highly unfeasible* and 4 being *highly feasible*. Lastly the third set of questionnaire consists of the same questions as the second set but participants were asked to focus on the desirability or how much of a priority the activity should be in a sex worker empowerment program. The same 4-point scale is used with responses ranging from *not a priority at all* to *a very high priority*.

2.3 Study Sites

The study was conducted in five selected cities (Jambi, Malang, Banjarmasin, Kupang and Makassar) using a purposive sampling method. Cities were selected based on: (1) availability of reproductive health or HIV program that focuses on sex workers; (2) varying HIV prevalence among the sex worker population; (3) location of the city in different islands to assess possible geographic variation in Indonesia. These varied sites are hoped to be able to capture social, political and cultural variation that may characterize the sex workers and their empowerment and participation in the decision-making process in their area. In addition, site selection was also based on mapping results and recommendation from OPSI.

2.4 Study Ethics

To ensure ethical procedures are upheld throughout the study process, the study secured two approvals. First, an approval from the Ethical Committee of Atma Jaya Catholic University Number 0544/III.LPPM-PM.1005/05/2018. Secondly, an approval from the Ministry of Home Affairs as permit for the study at the national level, and approval from Jakarta Investment and One-Stop Integrated Service Agency (*Badan Penanaman Modal dan Pelayanan Terpadu Satu Pintu DKI Jakarta*) as a permit at the local level. All data were collected after respondents have received an explanation about their involvement in the study, its risk and benefit including data confidentiality, and have given their consent to be involved in the study.

RESULT

3.1. Socio-Demographic Characteristics

This chapter will describe the demographic characteristics of respondents that include their gender, age, educational level, housing ownership, marital status and presence/absence of children. Overall there is relatively a large variation in respondents' demographic characteristics which is mostly due to the different number of sex workers who were recruited as study respondents at each data collection site. In total, 500 female, male and transgender sex workers participated in the study at a proportion of 65% (324 individuals), 10% (50 individuals) and 25% (126 individuals) respectively.

As detailed in Table 3, Malang is the city with the largest number of respondents, while the smallest number was found in the city of Kupang. This reflects the situation in Kupang where self-identified transgender sex workers, one of the inclusion criteria to be a respondent, are not easily encountered. As a result, few transgender sex workers were recruited from Kupang and to meet the minimum transgender sample size, the study team decided to increase the number of transgender participants in the cities of Malang, Banjarmasin and Makassar. The largest number was however found in Malang compared with the number found in the other cities.

Table 2 Respondents Distribution by City and Gender (n=500)

City	Gender						Total
	Male	%	Female	%	Transgender	%	
Jambi	10	10	65	65	25	25	100
Malang	11	9.57	64	55.65	40	34.78	115
Banjarmasin	9	8.57	65	61.9	31	29.52	105
Makassar	10	9.52	65	61.9	30	28.57	105
Kupang	10	13.33	65	86.67	0	0	75
Total	50	10	324	64.8	126	25.2	500

The average age of respondents is 32 years old, ranging from as young as 18 to 62 years. Respondents are divided into 5 age groups, i.e. 18-24 years, 25-29 years, 30-34 years, 35-39 years, and older than 39 years. The two youngest age groups (18-24 years and 25-29 years) represent the highest percentage of respondents (44.6%) relative to the other age groups (see Table 4). The majority of male and female sex workers is between 25 to 29 years old, while most transgender sex workers (30.16%) are slightly younger, ranging from 18 to 24 years of age.

Table 3 Respondents' Distribution (%) by age and gender

Age Group	*Gender*			Total
	Male (n=50)	Female (n=324)	Transgender (n=126)	
18-24	28	17.9	30.16	22
25-29	36	20.99	21.43	22.6
30-34	20	20.37	13.49	18.6
35-39	14	19.75	12.7	17.4
>39 years	2	20.99	22.22	19.4

In general, the highest level of education that respondents obtain is high school or its equivalent. The majority of respondents (61.60%) do not go to school or at the most finish junior high school, and only 38.40% complete high school or even obtain a university degree. As seen in Table 5, most male sex workers were educated up to high school or its equivalent, while a lesser number (14%) did attain higher education at a university. Female sex workers however have relatively lower education, and the percentage who receive college education is the lowest among the three genders (0.62%), followed by transgenders (1.59%). Most transgender sex workers receive at least a high school education (39.68%).

Table 4 Distribution of Respondents (%) based on Level of Education and Gender

Educational Level	Male (n=50)	Female (n=324)	Transgender (n=126)	Total
No Schooling	0	2.16	1.59	1.8
Elementary	4	29.63	19.05	24.4
Junior High School	6	38.89	38.1	35.4
High School	76	28.7	39.68	36.2
University	14	0.62	1.59	2.2

Table 6 lists the home ownership status of respondents. A quarter (25.60%) of them live with their parents/relative or live alone in a rental room. A slightly lower proportion (21.20%) of respondents live in a rental home, and only 11.60% respondents have their own house.

Table 5 Home Ownership of Respondents

Living Arrangement	%
Own house (n=58)	11.60
Live with parents/relative (n=128)	25.60
Live with pimps (n=23)	4.60
Rent a house (n=106)	21.20
Rent a room (n=128)	25.60
Stay at friend's place (n=4)	0.80
Temporary housing/dorm at work (n=52)	10.40
Other (n=1)	0.20

Figure 3 illustrates the marital status of respondents. Most of them have married previously, but then divorced (31%), separated (6%), or were widowed (6.6%). As much as 46.4% of respondents are not currently married, and only 10% are. Figure 3 also shows that the majority of male sex workers are single, and only 4% are married. Transgenders show a similar pattern. In contrast, most female sex workers are divorced (45.68%) and only 21.91% are single/unmarried.

Figure 4 Distribution of Respondents (%) based on Marital Status and Gender (n=500)

Some respondents have children and as Figure 6 shows, the children are generally respondents' biological children (46.4%), though there are some adopted ones as well (2.2%). Some unmarried respondents also have children, 3.02% are their biological children, while 2.16% are adopted children.

Figure 5 Proportion of Respondent (%) with Children Categorized by Marital Status (n=500)

The study also looks at the length of time sex workers stay in the city where they currently live. The results suggest that a lot of respondents do stay in their hometown. From the 275 respondents who said they were born in the town they are currently living in, the majority (84.73%) admitted that they had never left their hometown. In other words, 84.73% of the 275 respondents were born in that town and have never moved out. The rest of the respondents stay in their hometown for more than 5 years (9.82%) or for 6 months to 5 years (5.46%).

Table 6 Length of Stay in the Town where Interview was performed

Length of Stay in the Town where Interview was Performed	Freq	%
6 months - 1 year	7	2.55%
1 year - 5 years	8	2.91%
5 years or longer	27	9.82%
From birth until current	233	84.73%
Total	275	100%

The remaining 225 respondents had moved away from the town where they were born, and as illustrated in Figure 10, their reason varies. The most common reason cited is the need to earn more income (28.44%), while the least common reason is the desire to find a place with a cheaper living cost (2.75%). Other reasons range from the desire to find a place closer to their workplace, the need to earn more income, and to provide for the family, to family's request, higher safety and comfort.

Genderwise, transgender sex workers relocate mostly based on their family's request/in order to provide for their family (57.14%), while female sex workers would move town because they would like to earn more income (32.04%). Male sex workers however cited higher safety and comfort as the main reason for relocating to a different town (31.25%).

Figure 6 Respondents' Reason for Relocating vs Gender (n=225)

A great majority of respondents have experienced some transfer in their life, either moving to a different town, to a different sub-district or changing jobs, and the study first measures mobility based on either one of these transfers. To look at variation in respondent's mobility, the study categorizes transfers based on its timing: (1) transfer within the last 6 months (current mobility) and (2) transfer sometime in life (life-time mobility). Respondent's answer to questions about their hometown, length of stay at a sub-district, and any job transfer within the last 6 months is recorded under current mobility, and the percentages are listed in Table 9. Respondents who are categorized as currently mobile is 30.40%, and the rest (69.60%) is considered not currently mobile.

Table 7 Differences in Current Mobility based on Gender, Age and Educational Level

Variable	Not Currently Mobile	Currently Mobile
Male (n=50)	(56.00%)	(44.00%)
Female (n=324)	(70.99%)	(29.01%)
Transgender/Waria (n=126)	(71.43%)	(28.57%)

While only about a third of respondents (30.40%) are considered currently mobile, with respect to lifetime mobility, the data shows the reverse situation. As high as 78.20% of respondents fall into the category of lifetime mobility. This indicates that most sex workers have moved town, or sub-district or changed jobs at some point in their life. Overall, sex workers, whether male, female or transgender,

have more lifetime mobility than current mobility. Female sex workers also have higher lifetime mobility than the other two genders.

Table 8 Differences in Lifetime Mobility based on Gender

Variable	No Lifetime Mobility	Has Lifetime Mobility
Male (n=50)	26.00%	74.00%
Female (n=324)	16.36%	83.64%
Transgender/Waria (n=126)	34.13%	65.87%

3.2. Experience in Sex Work

3.2.1. Initiation to Sex Work

This section discusses several aspects of sex work, i.e. the age respondents first became sex workers, the person(s) who influence their decision to become sex workers, the first sex work location, the total income and the frequency of sex work relocation. On average respondents started their sex work at the age of 24, while the actual age ranges from as young as 11 to as old as 55 years. Table 13 details the age categories when respondents first became sex workers. Most of them (47%) started between the age of 18 and 24, followed by the 25-29-year age group, and the 11-17-year age group. As a whole, it can be said that the majority of respondents became sex workers as young adolescents.

Table 9 Age when Respondents First Became Sex Workers

Age Category	Freq	%
11 – 17 years	72	14.40
18 – 24 years	235	47.00
25 – 29 years	83	16.60
30 – 34 years	53	10.60
35 – 39 years	35	7.00
> 39 years	22	4.40
Total	500	100

Genderwise, all three genders start as sex workers when they were between 18 to 24 years old. More than half (58%) of male sex workers started when they were around that age, and a somewhat similar situation is seen with transgender (50%) and female sex workers (44%). Even though most start sex work quite young, there is actually quite a lot of age variation between different genders. As detailed in Table 14, no male sex workers start their work after the age of 35, while for female sex workers the age is more variable. Chi-Square test shows significant relationship between the age of first becoming a sex worker and gender (p value < 0.01).

Table 10 Age when Respondents First Became Sex Worker vs Gender

Age Category	*Gender*			Total
	Male	Female	Transgender	
11 – 17 years (n=72)	12.00%	7.72%	32.54%	14.40
18 – 24 years (n=235)	58.00%	44.14%	50.00%	47.00
25 – 29 years (n=83)	22.00%	18.21%	10.32%	16.60
30 – 34 years (n=53)	8.00%	13.27%	4.76%	10.60
35 – 39 years (n=35)	0.00%	10.49%	0.79%	7.00
> 39 years (n=22)	0.00%	6.17%	1.59%	4.40

Figure 12 illustrates the different factors that play a role in respondents' decision to become sex workers. Overall, respondents made the decision on their own (44%) or through a friend's invitation (48.2%). Only a small percentage become sex workers because they were following a close friend or a

stranger (3.8% and 4% respectively). Genderwise, most of the men reported that becoming a sex worker is their own decision (64%). In fact, none of them made that decision as a result of following a close friend. For the women, friends have a larger influence (52.47%), but more than a third of them (38.27%) also decided to be sex workers on their own. Transgenders show a similar pattern of behavior, for 48.2% of them friends were the deciding factor.

Figure 7 Respondents' Decision to be Involved in Sex Work (n=500)

These trends were confirmed in the qualitative assessment where there were some reasons and explanations why they involved in the sex work. The most common scenario was receiving an offer or persuasion to be involved in sex work from friends who already work as a sex worker. Friendship can be quite influential, particularly if a person is relatively new to the area, and need to find ways to earn a living. Others may be enticed by the large income their friends seem to get, and decide to try the work.

> *"A friend first introduced me to this. He was going with a client. So I observe here and there, basically we're really far from that cool world in Denpasar Bali, but finally, there…. That was in 2002, right before the fasting month" – male sex worker 2, Malang*

> *"Yeah, just from my buddies, 'this one, that one, here, this, that' we take a look at the guy, he's okey. So we deal first, the fee is this, that's all" - female sex worker 1, Jambi*

> *"At first I worked at a hair salon, then when I returned to Banjarmasin I found out that a lot of my friends were working as sex workers, and the income wasn't bad. So I tagged along. No one forced me, I basically decided I want to do it" – transgender sex worker 1, Banjarmasin*

Most female and transgender sex workers cite financial pressure as the primary reason for their involvement in the sex industry. Lack of or inadequate income, family responsibility and low level of education are some of the common situation. When an acquaintance who has worked as a sex worker extends an invitation to join his/her line of work, then there is a strong push to accept the invitation out of simple curiosity or due to a desire to earn more income.

> *"Well, economically, the money from my parents is just enough, while we don't just go to school. If we want to have nice clothes, we need money, so where's the money from? We take on a side job as a pros… …" – female sex worker 2, Makassar*

> *"I have no motivation, since my thinking is how can I get a job when I have nothing. I don't have a high school diploma. People usually have a high school diploma, I only have one from elementary school" – transgender sex worker 1, Makassar*

Female sex workers specifically, are often led into the sex trade by a third party who promises them a good job. In the face of a difficult economic situation, women tend to trust promises of a better life. They may not enter the sex trade voluntarily, but in the absence of any other options, they then stay for quite some time.

> *"A friend of my husband told me. He knows we're separated already, so he approached me and asked if I wanted a job. He said I'd be working at a restaurant, but that wasn't true" – female sex worker 2, Jambi*

> *"There is work. I asked her, what kind of work, but he wouldn't tell me. He said, if you want to work, I'll take you. Just go with me. Then what made me confused, and kind of sad, and scared, at night maybe around 9, a friend put make up on me, and made me put on sexy clothes …" – female sex worker 2, Kupang*

The promise for a job from a third party often coincides with the economic situation of the individuals. Some may recently separate from their husband, experience some misfortune, and are struggling with economic responsibility to provide for the family and children. All these encourage some female informants to opt for sex work.

> *"No one invited me actually, it's just … I'm a widow, so I need …. [3 words were unclear]. I tried working as a domestic helper, but the income wasn't enough … not enough … and I thought about my parents … but my income wasn't enough. So, I was kind of … I looked around … what should I do … I … just made the decision" – female sex worker 4, Jambi*

> *"well back then I was in need of money, he said okey, if you want to do it, I'll introduce you later, I already know those people he told me," – male sex worker 4, Kupang*

Male and transgender sex workers who admitted that their involvement in sex work was voluntary mentioned that they received confirmation for their decision through social media. This seems to be particularly true for those who are anxious and confused about their sexual orientation. They found out about the world of sex work through social media, and were intrigued about it. Social media becomes something of critical importance for individuals who are experiencing sexual identity confusion.

> *"I grew up and at around 19-20 years old I started having doubts if I should be a girl or a guy. I tried to be a girl, but the situation and condition, and social media, especially Facebook. A lot of people gave me support" – male sex worker 2, Makassar*

> *"I'd felt that since junior high school actually. So …. I was curious, I wanted to try … that …" – transgender sex worker 1, Jambi*

Even though a lot of male sex workers would like to improve their financial situation, some are more motivated by their sexual urges. Sex work is seen as a form of sexual expression, a way to find pleasure and to have their sexual needs met.

> *"It's actually not easy to be a sex worker with a certain sexual orientation. Before doing sex work, I'd also been having my own sex life, but back then it was simply for fun, so it's basically because we like each other" – male sex worker 2, Jambi*

> *"At night I went out again. Then, without realizing it, I've, uuummm, been having sex with friends who are sex workers, with FSWs. I started having a girlfriend. I have a girlfriend. You know how it is with nightlife, we like this girl, we like that girl. Then I've been hanging in there, it's been about 4 years and I haven't had any sexual contact with anyone" male sex worker 3, Kupang*

3.2.2. Perception about Sex Work

This section describes how the study measures respondents' perception about their work as sex worker based on the Planned Behavior Theory. Respondents were requested to respond to 13 questions about decision-making, economic source, and value of sex workers. They were asked to rate their response from a scale of 1 – 6 with 6 being the most positive, and 1 being the least positive. The total number was converted into dichotomous variables based on the mean value (minimum value is 22, maximum 77, mean 53). A response between the scale of 1-3 is considered as less positive perception, while a response between the scale of 4-6 means the respondent has a positive perception toward that particular question. Cronbach's Alpha score as a measure of reliability is 0.8365.

Almost two-thirds of respondents (60.20%) perceive sex work positively. More than half of the female sex workers (57.72%) have a positive perception about their work, while the number of transgenders who perceive their work positively is almost twice (74.60%) the number of male sex workers with a

similar perception. Chi-Square test demonstrates gender-based significant difference in perception toward sex work.

Figure 8 Proportion of Respondents (%) with Positive Perception toward Sex Work vs Gender (n=500)

The negative self-perception that sex workers hold is a reflection of society's negative view about sex workers. Sex work is seen as a deviant act that violates moral standards such that sex workers are considered as low, worthless individuals. As a result, sex workers tend to hide their profession from their community or family, and will instead say they work as domestic helpers, sellers at the market, etc. Despite the negativity and shame, sex workers have remained in the sex trade. They may even find it difficult to leave as financially sex work has enabled them to provide for their family.

> *"If you say it's shameful yes it is … but then why do we have to be ashamed, it is a reality" – male sex worker 1, Jambi*
>
> *"Yes we have to bear the pain, it is sinful to lie, and we put food at the table with this kind of money. But this is a 'halal' job. I'm not a smart person, so what can I do, if I work just as a domestic helper I cannot make ends meet." – female sex worker 3, Kupang*
>
> *"As a transgender, I personally also feel ashamed to be a sex worker […] but to open a business I need capital, so I have work at night to find capital." – transgender sex worker 2, Malang*

At the same time, some male and transgender informants consider their profession as fun and positive. For them providing sexual service helps fulfill their sexual need, in addition to earning income. Most importantly, sex work allows them to get the attention and affection they have been craving for at home. They feel accepted and receive better treatment from the sex worker community than from their own family and community.

> *"What I like about it … it's what I said earlier... my need for love and affection is met. I get to know people who are more mature, people I've been searching for all this time … it's like getting love from a parent, from a brother. I got all those from there..." – male sex worker 1, Banjarmasin*
>
> *"It's for my sex need. And I get paid, so why not. Now with this online system we can choose the client, so we don't just take anyone" – transgender sex worker 3 , Jambi*

3.2.3. Sex Work Characteristics

The next section will describe the location where sexual solicitation takes place. It can be the place where respondents first sell sex, as well as previous and current places they have used to do their work. From all the different sexual solicitation approaches, hotel and entertainment venue are still the two most common places sex workers use to solicit client.

Figure 9 Sexual Solicitation Methods and Location (n=500)

The study also looks at the frequency respondents changed job location within a town, and more than half stated that they have never done so. Only 3.2% respondents admitted to constantly be on the move, while those who change the location of their job 2-4 times or only once are 13.8% and 9.4% respectively. Male sex workers are the ones who change job location most frequently (18%) as depicted in Figure 14.

Figure 10 Frequency (%) of Changing Job Locations (n=500)

For most respondents, sex work is their main job for making a living. Half of the respondents (50%) do not hold any other jobs. The rest hold various other jobs, from working at a hair salon/spa/massage parlor (14%), karaoke bar (11%), or café (3%), to having their own business (8%), or working as an employee at a private company (7%).

Figure 11 Respondents' Other Jobs Besides Sex Work (n=500)

The timing respondents obtain client varies, and sex workers typically use one week as their time reference. On the day the interview for the study was conducted, 19.84% of respondents also obtained a client, while 42.33% had a client the day before. Figure 16 illustrates that male sex workers do not get client frequently, as only 20.83% of them served a client the day before the interview, while for transgender and female sex workers, the percentage is close to half (41.27% and 46.03% respectively).

Figure 12 Timing of Last Client (%) vs Gender (n=489)

On average, in a one-week period, sex workers, irrespective of gender, get more than 3-6 clients, but genderwise, there is more variation. Male sex workers get at least 3 client per week, while for female and transgender sex workers, the number of clients in one week could be 6. The result is detailed in Table 16.

Table 11 Number of Clients in the Last Week vs Respondents' Gender (n=500)

Gender	Median	Average	Minimum	Maximum
Male	2	2.7	1	8
Female	4	5.9	0	35
Transgender/Waria	5	5.8	0	21

In general, respondents' combined monthly income from sex work, other employment and money from other sources (boy/girlfriend, spouse, partner) is higher than Rp. 1 million.

Figure 13 Income Received in the Last Month (n=479)

There is some gender variation with respect to income. In terms of minimum take-home pay, male sex workers earn at least Rp. 500,000 per month, which is twice the minimum amount the other two genders bring home each month (Rp. 250,000). For total monthly income however, the situation is reversed. Female sex workers bring home the largest amount, which is up to Rp.25 million per month, while male and transgender sex workers at the most earn Rp. 20 million per month.

3.3. Condom Use

This section describes respondents' experience in offering and using condom with their sex partner, as condom use is considered as an indicator of sexual behavior. A higher-risk sexual behavior is associated with inconsistent use of condom, and the study looks at condom use with three types of sexual partners: client, boy/girlfriend, and steady partner/spouse.

In general, more than half of respondents stated that they offer condom and also use condom with their client. In their last sexual act with a client, as many as 84.80% of respondents offered condom, only 14.40% did not, and 0.8% did not remember. Actual condom use is slightly lower; 76.27% said they used condom with their last client, while 23.73% said they did not, and the rest chose not to respond to the question.

Figure 14 Condom Use (%) in the Last Sex Act with a Client (n=493)

Genderwise, there is a difference in respondents' condom behavior. Even though in Table 17 it is clear that a greater percentage of all three genders use condom with their client, but within each gender, the proportion differs. Male sex workers have the highest percentage of condom use in their last sex act (96%), followed by transgenders (80.16%) and lastly the female sex workers.

Table 12 Condom Use with Client based on Respondents' Gender and Age

Condom Use with the Last Client		
Gender	No	Yes
Male (n=50)	4.00%	96.00%
Female (n=317)	28.39%	71.61%
Transgender/Waria (n=126)	19.84%	80.16%

In contrast, while most respondents stated that they used condom with their last client, most also admitted that they do not use condom for every sex act. Inconsistent condom use is actually higher during sex with clients (59%) as can be seen in Figure 19. In this study, inconsistent is defined as occasionally, seldom, or often, but not always.

Figure 15 Consistent Condom Use with Client (n=500)

The study also looks at condom use consistency with respect to gender. As detailed in Table 18, inconsistent use of condom seems to be more among female and transgender sex workers. Only 39.55% of the female sex workers reported using condom consistently, while the percentage among transgenders is not much different (35.20%). In contrast more than half of male sex workers stated that they always use condom with their client (62%).

Table 13 Consistent Condom Use with Client based on Respondents' Gender

Variable	Inconsistent	Consistent
Male (n=50)	38.00%	62.00%
Female (n=311)	60.45%	39.55%
Transgender/Waria (n=125)	64.80%	35.20%

If condom use with client is close to 80%, when it comes to sex with a boy/girlfriend, the respondents' attitude toward condom is quite different. Only 42.96% of them use condom with their boy/girlfriend, while the remaining 57.04% do not use condom (Figure 20). This risky sexual behavior also seems to be more common among the female sex workers (66.13%), while condom use with the boy/girlfriend among male and transgender sex workers seems more consistent (68% and 61.02% respectively). This difference between the different gender is statistically significant (p-value < 0.01)

Table 14 Condom Use with Boy/Girlfriend based on Respondents' Gender and Age

Variable	No	Yes
Male (n=25)	32.00%	68.00%
Female (n=186)	66.13%	33.87%
Transgender/Waria (n=59)	38.98%	61.02%

Sex behavior with spouse/steady partner is even riskier. Only slightly more than a third (37.44%) of respondents use condom with their steady partner. Male sex workers tend to use condom with their steady partner (65.22%), followed by the transgenders. Female sex workers remain the most vulnerable

group as the majority of them (72.59%) reported not using condom in their last sex with their husband/steady partner.

Table 15 Condom Use with Husband/Wife/Steady Partner vs Respondents' Gender

Variable	No	Yes
Male (n=23)	34.78%	65.22%
Female (n=135)	72.59%	27.41%
Transgender/Waria (n=37)	43.24%	56.76%

3.4. Health Status

This study evaluates respondents' health status based on whether or not in the past 12 months they have had any sexually-transmitted infection (STI) as a result of their high-risk sexual behavior. The occurrence of STIs is measured on respondent's report of symptoms such as pain, itch, burning sensation or presence of pus around the genital and anal area, or around the mouth, throat and eyes. The other health status is measured was mental health status.

Overall the majority of respondents (95.2%) did not experience STI symptoms around the mouth and throat in the last 12 months, while the rest (4.8%) did. These symptoms did not seem to gender-specific (p-value >0.05).

Table 16 Respondents with STI Symptoms based on Gender and Age (n=500)

Variables	Symptoms in Genital	Symptoms in Mouth/Throat/Eye
Gender		
Male	6%	6%
Female	2.78%	4.94%
Transgender/Waria	6.35%	3.97%

While the majority of respondents (96%) reported STI symptoms around the mouth/throat/eyes, the situation with STI symptoms around the genital/anus is reversed. Only 4% reported experiencing symptoms in the last 12 months. Overall 7.4% respondents reported experiencing STI symptoms within the last year, either around the mouth/throat/eyes or around the genital/anus. The rest of the respondents (92.6%) did not experience STI symptoms in the last 12 months.

The second status is current mental health status of the respondents. Status of mental health is evaluated using the Center for Epidemiologic Studies Depression Scale (CES-D). This instrument consists of 20 questions with four types of responses in the form of a Likert-like Scale, i.e. "rare or never", "sometimes", "often" and "very often or always". Respondents provide a response based on what they experience in the last week, including on the day of interview. The more frequent a respondent experiences the event in question, then the higher his/her risk is for depression. The range of possible score in this measurement is 0-60 with 16 as the risk threshold. A respondent with a total score ≥16 is considered at risk of experiencing depression. Cronbach's Alpha coefficient as a measure of internal reliability is 0.8573. The evaluation scale is also converted into dichotomous variables of 'at risk' and 'mentally healthy' where the 'at-risk' category is based on a standard that is equal to 16. From the total respondents, as much as 65.20% is categorized as mentally healthy, the transgenders as the highest percentage (70.63%).

Figure 16 Proportion of Respondents (%) who report mentally healthy based on Gender (n=500)

3.5. Access to Health and Social Service

The study also looks at respondents' access to health and social services by asking about their experience in going to health facilities, accessing HIV and STI service, utilizing the National Health Insurance (*JKN*) plus any discriminatory treatment that they received during service. The study asked the respondents whether in the last year they visited any health facility (public health center (PHC), clinic, hospital, etc.) when they need any health service, and the majority (86.09%) said yes. This indicates that most sex workers do recognize the need and are willing to access health service from PHC, clinic or hospital. Most respondents (77.82%) were tested for HIV in the last year. Access to STI service is assessed through whether or not respondents visited a clinic to obtain health and STI examination during the last three months. From the 490 respondents, almost half (49.59%) had done so, and gender does cause a difference that is statistically significant (p-value < 0.05). Almost two-thirds of male (61.22%) and transgender (60%) sex workers had accessed STI service within the last 3 months, while for the female, the situation is reversed. Only 43.67% of them did. Male and transgender sex workers tend to access STI service more than FSWs.

Figure 17 Utilization of Health Services based on Gender (n=490)

Access to *JKN* was assessed based on whether or not respondents have an active *BPJS/JKN* card, and if yes, whether or not the card can be used at any health facilities they go to at their city of residence. From the 500 respondents, 41.2% (206 respondents) have an active *BPJS/JKN* card, and among those 206 respondents, 181 (87.86%) did use their card during their last visit to access health services. The rest of the respondents do not have an active *BPJS/JKN* card.

Figure 17 Ownership of National Health Insurance card & Utilization (n=500)

In dealing with the risks of being transmitted by communicable diseases, sex workers usually seek information from health providers and outreach workers, fully recognizing that health problems are not something they can solve on their own. Sex workers who have been exposed to outreach programs or have joined a sex worker organization will usually seek information from the NGO. NGOs are seen as potential sources of help for accessing health care or provision of HIV test in the brothel/hotspot.

> *"if the issue is about health then it's not likely we can handle that, so we still have to go to a health facility to get help, that's pretty much it … "male sex worker 1, Malang*
>
> *"Yeah, a lot got STI. In the end, please, hopefully the NGO can help […] Yes, maybe they coordinate with a health facility. That's it" – female sex worker 4, Malang*
>
> *"That's why I still do it every three months.. that's all.. secondly about treatment [one word was unclear] especially with STI.. we need it too.. we still do it and it's indeed very much needed. Personally for me.. I need HTC, VCT, STI service, I specifically need all those, personally.. about the rest, no I don't need them" – transgender sex worker 4, Jambi*

Health intervention for sex workers is primarily intended to increase their awareness about the importance of reproductive health and the procedure to access health service. It is hoped that sex workers will then be able to independently and routinely access health services.

> *"Yes, no, no need... no... no need for help, we've been given with... what's it called... access, so we go through it... just follow the structure from the hospital. […] if we have some complaints, something, just go to a hospital" – transgender sex worker 3, Malang*

Support for accessing health service and health insurance is also something that sex workers need. Some of the common constraints revolve around lack of health insurance and identification card. While

some facilities do not make those as requirements to receive service, over time most health facilities have been tightening their procedure and sex worker without an identification card and social insurance will remain at a disadvantage with regards to health care.

> *"But people from this community don't even have an identity card, let alone BPJS (health insurance)… there is one district hospital in Makassar that still receives the local health insurance (Jamkesda). Family Card and ID Card are not a must. So we just go there. But slowly they're tightening their procedure, so we're in a bit of a jam when it comes to health …" – male sex worker 2, Makassar*

In line with the sex worker's perception, stakeholders also recognize the need for health empowerment for sex workers, starting from outreach, information dissemination to provision of health care. The closure of brothels has made it difficult for health interventions that have so far been location-based as sex worker communities are now dispersed. Empowerment program implementers will need to find ways to respond to the challenge.

> *"I provide health service, when there was a localization it was easy, we just go there and we do routine examination. That was convenient. Without a localization we hold a mobile VCT, we go in here and there. Otherwise, well, how are we going to do it" – Government Stakeholder 1, Malang*

> *"[…] there are trainings, usually in the form of meetings for Peer Educators (PE), in-house training, but for the community it'll be more for our outreach workers, and PE. We train PE and update their knowledge. There's a structure, we can't focus on specific persons, MSM, sex workers to directly train them. We don't have it because we help perform outreach so that they'll be willing to access service […]." – Non-Government Stakeholder, Banjarmasin*

From the qualitative assessment, even though sex workers understand their risks on health due their work and they also know where to seek the health services, many sex workers reported that they are reluctant to visit health care due to their fear to receive unpleasant treatments or service from health personnel. Sex workers, irrespective of gender, have had a health provider tell them to switch profession. Male and transgender sex workers feel particularly uncomfortable as they frequently received comments about their sexual orientation and physical appearance from a health worker.

> *"he's scared, he knows it's a disease so he doesn't want it" – female sex worker 4, Kupang*

> *"Sometimes when we go to a health facility, we are called sissy, homo, so we face double discrimination" – male sex worker 2, Makassar*

Experience of discrimination is assessed through questions around whether or not respondents have to reveal their profession as they access a health service, the type of service they receive, their waiting time and whether or not they receive any advice to switch profession. The results are summarized in the Table below:

Table 18 Discriminatory Service at Health Facilities

Discriminatory Treatment at Health Facilities	(%)
Health Workers Know Respondents' Profession	36.38%
Respondents are Treated Differently from Other Patients	12.28%
Respondents were Given the Last Spot in the Patients' Line	8.88%
Respondents were Advised to Stop Selling Sex	25.44%

As seen in the above table, the majority of respondents (63.62%) stated that at their last visit to a health facility, the health worker did not know their profession. About a third however reported that health workers did know what the respondent does for a living, which then prompted a follow-up question from the interviewer about whether or not that knowledge caused the respective health worker to treat the respondent differently such as providing service in a different manner, requiring the

respondent to wait until the last patient leaves before receiving service, or giving the respondent advice to stop selling sex. The majority of respondents reported not experiencing any of those; 87.72% of respondents said they still receive the health service as expected, and 91.12% stated they did not have to wait until the last patient leaves before receiving service. A quarter of them (25.44%) did mention that a health worker gave them advice to change their profession as sex worker.

Stakeholders and local NGOs recognize the problem that sex workers face in accessing health service. From the stakeholders' perspective, this problem is partly caused by closure of brothels that have had a large impact on outreach activities and health interventions that used to be routinely provided to sex workers. Prior to the brothel closure the District Health Office had created a system that provided routine health intervention and empowerment program, HIV and STI testing to sex workers in the brothel. After the closure, sex workers disperse to various places and work secretively in order to avoid raids. The District Health Office now has difficulties tracking the sex workers and health interventions have stopped.

> *" … those who are outside have not been reached, yes Brother Iwan, yes, the same with those who work from their rental rooms …" – Government Stakeholder 1, Malang*

Difficulties in reaching out to sex workers is also experienced by NGO outreach workers. As reported by one informant from an NGO, outreach workers now only have a narrow window of time to do outreach and disseminate information, which is at night. However, during those hours sex workers are more focused on finding clients than talking to an outreach worker.

> *"but since we had problems in the field so we go at night … around 7 pm to 11 pm to midnight. It's a short period of time to be chatting with them, and they may understand some of the message or maybe not" – Non-Government Stakeholder 3, Malang*

Difficulty in accessing health service is not the only problem that plague sex workers. Counselling process with a health provider also faces a number of constraints. A study informant who represents the District Health Office mentioned that sex workers are not willing to open up to a counsellor. They do not feel comfortable with questions about their sexual behavior, and sometimes are not truthful about their profession. As a consequence their health issue may not be resolved. However, reluctance on the part of the sex workers is also the result of health worker's attitude that often brings up religious or moral values into the health counselling session. An HIV-positive sex worker experiences this too, and will usually not return to the health facility to continue her treatment out of shame or fear. From perspective of health providers, the reluctant is usually due to:

> *"They're embarrassed to say it, to tell their story to a health worker, they're afraid …" – Government Stakeholder 4, Banjarmasin*

3.6. Social Support

This section will outline the type of support and the extent of social network that respondents have. The study specifically looks at respondents' perception of having three types of support: emotional, financial, and instrumental. Emotional support refers to whether or not the respondents perceive they have someone they can count on for advice, while financial support refers to respondents' perception of having anyone who can help them during financial difficulties. Instrumental support refers to more general help, whether respondents feel they have someone they can rely on for help in general. The responses of social support scale were converted into dichotomous variables, i.e. "complete" (having all three types of support) and "incomplete" (having only 0-2 types of support).

Overall, male sex workers have more social support than the other two genders, except for emotional support which is reported by more of the female sex workers. Transgender is the group who receives the least support of any type (emotional, financial or instrumental).

Figure 18 Proportion of Respondents (%) with Social Support vs Gender (n=500)

The majority of respondents (80.73%) reported receiving all three types of social support. Differences in support that relate to gender or age are not statistically significant (p-value >0.05).

Figure 19 Proportion of Respondents (%) with Complete Social Support vs Gender (n=493)

The main source of social emotional support for the majority of respondents is friends (59.64%), followed by parents (14.26%) and then sibling (7.23%). Overall, friends are also the ones respondents turn to when in need of financial support (46.37%). The second most common financial support is parents (12.10%) followed by sibling (10.28%). Friends are also the ones respondents turn to for instrumental support (51.51%), followed by parents (11.47%) and siblings (8.45%).

The study also measures the extent of respondents' social support network by counting the number of peers and people they rely on for help, and found that on average female sex workers have only 6 people in their network, relatively the smallest compared to male and transgender sex workers who have on average 8 and 11 people respectively in their network. However, the largest support network also belongs to female sex workers who have up to 140 people in it, while the maximum size of transgenders' social network is 60 people, and the males have at most 25 people in their network.

Network size is evaluated based on dichotomous variables of 'larger network' and 'smaller network' after calculating the mean value. A larger network is defined as one with more than 7 people, while a smaller network has at least 6 people. In terms of network size for each gender, transgenders seem to have a relatively larger network (64.29%) than the male (44%) or female (28.79%) sex workers, and this difference is statistically significant (p-value <0.05). In terms of total support that is available to respondents however, transgenders are actually at the lowest position (86.12%).

Figure 20 Percentage of respondents who have larger size of Social Support Network (%) based on Gender (n=500)

Through various context-specific ways sex workers try to solve their problems. Depending on the magnitude of the problem, they generally rely on help and support from their social networks, such as fellow sex workers, close friends, supervisor at work or NGO staffs. Most sex workers feel more comfortable sharing their plight with a close friend or anyone who shares their profession. At times they may also choose to ask help from friends or staffs of an organization that has been implementing activities with them who they feel will be able to understand their situation.

> *"Well, friends of the same profession. If we have to ask for help outside the sex worker community then we will have to lie again" – female sex worker 2, Makassar*
>
> *"…Ask a friend to help, there's Asep, we've known him for quite some time, so he knows the issues like protection, etc. But we'll probably ask for help from someone who truly knows the subject, and also understands the issues of sex workers. At the very least certainly there is one person who truly understands and has a lot of experience. So we know who to ask, and in what way" – female sex worker 1, Jambi*
>
> *"Well, ask the leader to get us out if we get arrested in a raid. Sometimes a raid can be for one day, or one week, or one month. If it's one month then we'll be in Lowokwaru Prison" – transgender sex worker 1, Malang*

However, some sex workers also choose to solve problems on their own. They are confident they can solve their problems. Other people may not necessarily be able to help and asking them may bring about new problems instead.

> *"Face things myself…. Indeed … no… no, I never go there. I never intend to go there and ask for help" – transgender sex worker 2, Jambi*
>
> "*Never. I'd rather ask God since God never disappoints us … we trust people, we believe in them... yes but all we get is disappointment." – male sex worker 1, Banjarmasin*
>
> *"Not for me, if I'm not truly desperate then I won't ever ask for help, especially if I can err.., can do it myself, I won't ask for other people's help like that" – male sex worker 1, Malang*

3.7. Experience of Violence/Abuse

Respondents were also asked whether in the last year they experienced any violence, which is categorized into physical, sexual, economic, verbal and structural violence/abuse (raid). Each type of abuse is assessed against each gender, and experiences are constructed into two composite variables of 'yes' and 'no'. 'Yes' means the respondent experienced any one type of abuse, while 'no' means the respondent did not or never experience abuse at all within the last year. This study does not measure the intensity or frequency of abuse and anticipation of violence is assessed based on respondents' knowledge of any agency/institution they can contact when they are exposed to violence/abuse.

Physical abuse ranges from hitting, kicking, assault with a sharp weapon, strangling, to trampling as a way to force the person to obey the offender. The study measures any abuse experience that occurred within the last year, and from 498 respondents who provided a response, 9.24% admitted being physically abused in the last year, and any gender-based difference is statistically significant (p-value <0.05). Males experience the most physical abuse (16%), followed by transgender (14.29%) and female sex workers (6.21%).

Figure 21 Physical Abuse vs Gender (n=498)

Physical violence generally occurs at the respondent's home/rental room, at their workplace, a hotel, as well as on the street or any public places. As much as 43% respondents were physically abused at their own home/rented room, while 19% of them experienced it at their workplace, and 12% of respondents experienced violence at a hotel/lodging place. Friend's home/rented room is also the place of physical abuse for a small proportion of respondents (2%).

Figure 22 Places where Physical Abuse Takes Place (n=42)

Sexual abuse that respondents experience within the last year are for example forced sexual intercourse, touching or groping by force, also sexual harassment. In the last year, 5.25% respondents experienced some type of sexual abuse, and the experience of abuse is not gender-specific (p=0.101). Unlike physical violence, the majority of sexual abuse is reported by transgender (8.73%) followed by the male (6.12%) and female sex workers (3.75%). The situation is described in the graph below.

Figure 23 Sexual Abuse vs Gender (n=495)

Unlike physical violence, sexual violence occurs at home/rented room as frequently as at the workplace (27% for each location). The street and hotel are also places where sexual abuse commonly occurs.

Figure 24 Places where Sexual Abuse Takes Place (n=26)

Sexual abuse is mostly committed by clients of sex workers (54%). Other perpetrators include boy/girlfriend (19%), strangers (15%), friends (4%) and thugs (4%).

Figure 25 Perpetrators of Sexual Violence/Abuse (n=26)

Within the last year respondents also experience economic violence, which the study defines as being forced to provide sexual service without receiving payment. This is reported by 51 respondents (10.30%), and does seem to be significantly related to gender (p-value < 0.01). Transgenders are the ones who experience the most economic violence (24%) compared to male (12%) and female sex workers (4.69%).

Figure 26 Economic Violence vs Gender (n=495)

More than half of respondents (56%) reported that the majority of economic violence is committed by new clients. Regular clients do not necessarily always pay either, as what happened in 17% of economic abuse cases. Thugs, strangers and friends can also be the perpetrators, and interestingly 2% of respondents cited civilian police (*satpol PP*) /police officers as the perpetrators.

Figure 27 Perpetrators of Economic Violence (n=51)

Verbal abuse is another type of violence that respondents experienced in the last year. It includes ridicule, mockery, insult, or name-calling for being a sex worker, and is reported by 132 respondents (26.51%). It is also significantly related to gender (p-value < 0.01) with transgender being the group that experiences it most frequently (44.4%) compared to male and female sex workers (22% and 20.19% respectively).

Figure 28 Verbal Abuse vs Gender (n=498)

Another type of violence is structural violence, which includes raids. The study tries to capture respondents' experience with raids throughout their time as sex workers, and 130 respondents (25.26%) acknowledged having that experience. Raids also seem to affect primarily transgenders (42.40%), while only 14.29% of the males and 21.81% of the females reported a similar experience. This gender-based difference is statistically significant (p-value < 0.01).

Figure 29 Experience with Raids vs Gender (n=495)

Overall, 47.42% or 230 respondents reported having experienced some type of violence or abuse within the last year. With the exception of sexual abuse, other types of abuse sex workers experience seem to be gender-related (p-value <0.01). Transgender is the group that experiences the most violence (75.81%), twice as high as what the female (38.14%) and male (34.69%) sex workers experience. The type and frequency of violence that each gender experiences is illustrated in the graph below:

Figure 30 Types of Violence Experienced vs Gender (n=485)

This above graph shows that transgenders consistently report the most violence and they experience almost all types of violence except physical one. Female sex workers on the other hand report the fewest violence of all types, while male sex workers experience the fewest raids. Verbal and structural abuse (raids) are the most common abuse reported, affecting 132 and 130 sex workers respectively.

The study also looks at anticipation of violence. Respondents were asked whether they know where to go or which agency/institution to contact when they experience abuse, and 41.45% do have the knowledge.. A comparison between the experience of violence and the anticipation of violence is illustrated in the following two graphs:

Figure 31 Experience & anticipation of Violence vs Gender (n=485)

The above graph show that there is a relatively large gap between violence that transgenders experience and their anticipation of one. In contrast, the percentage of male and female sex workers who know where to go upon experiencing violence is actually larger than the percentage who do experience violence. This indicates that empowerment for transgenders is a critical need, particularly the need for information in anticipation of any violence.

Most sex workers, male, female and transgender, also reported that they are frequently subjected to various, physical, verbal, sexual as well as economic abuse. Any combination of the abuse can occur simultaneously, most commonly at the workplace by people they are close with such as their client or partner. Sex workers have been beaten, and brought to some place where they are abandoned without payment for their service. Sex workers of all genders, are no stranger to insult, mistreatment and payment denial.

> *"Lastly … well…. then violence happens … [10:00] beating, those kinds of stuff. Then he just left … I was left there there … at that place" – transgender sex worker 2, Jambi*

> *"… they call me fxxx you, a dog, basically all kinds of swear words are thrown at me, woman of unclear value, whore. I constantly get those …" – female sex worker 2, Kupang*

> *"there are several things, sometimes… 'he should've paid me 100%, but he only gave me 80%" – male sex worker 2, Malang*

Clients are not the only perpetrators of abuse. Female sex workers also face abusive treatment from their partner, boyfriend or husband. Out of jealousy a partner who does not have income wants the female sex worker to stop working, but in the absence of an alternative source of income, the sex worker continues working. Arguments then escalate into violence.

> *"I had a fight with my husband, see it's swollen really big here, …. He punched me.." female sex worker 1, Banjarmasin*

Government authorities are also known to be quite violent during raids. Most street-based sex workers have experienced raids where they would be mocked, insulted and beaten up by the civilian police (Satpol *PP*) or police officers. Some sex workers who are hanging out on the street are beaten and told to go away by authorities. Transgenders are specifically a target of ridicule at the police station due to their physical appearance.

> *"I was just sitting there and suddenly there was a raid. A civilian police hit my buttock with his stick" male sex worker 2, Makassar*

> *"Once a transgender is caught, he'll be a laughing stock, they'll make jokes about him. He'll be a clown at the police station" – transgender sex worker 1, Banjarmasin*

In addition to violence, sex workers also face discrimination by the community and community organizations. They typically are not welcomed in the neighborhood where they live, and cannot freely organize activities such as edutainment or other gathering with fellow sex workers as the community or organizations in the area will cancel or stop the event.

> *"the story goes like this, eh my story is this, eh you [05:00] don't go out and this and that, if you still go and want to hang out, then you can't stay here" – transgender sex worker 4, Makassar*

> *"These days if we want to hold an edutainment specifically for transgender, then usually there's an NGO like FPI (Islamic Defenders Front) that will cancel the event. The other day the event at Singasana Hotel was canceled because they said we didn't have a permit. The cops had given us the permission but maybe because too many people showed up so they canceled it. We moved the event to a small social residence. Originally we had it at a star hotel, with a good sponsor, but then FPI didn't approve…" – male sex worker 2, Makassar*

Sex workers' response toward violence and discrimination that they experience varies. Some fight and ask for help, while others remain tolerant and calm. Female, male or transgender sex workers who choose to tolerate violent and discriminative attitude usually feel that such treatment is a risk that they have to bear for being involved in the sex trade, and seeking help may actually draw attention to the matter and cause more embarrassment.

> *"When I have that problem, I just keep quiet. I never ask anyone to help. For me, it'll be endless, if I share my problem to another person, let alone my boyfriend. I don't feel it's appropriate, so I don't feel like it. Basically, if I have a problem, then let it be, people make mistakes" – male sex worker 2, Banjarmasin*

On the other hand, sex workers will generally fight any discriminative attitude that comes from their client or anyone who passes by their workplace, who disturbs them at work. Once service is provided, sex workers believe they are entitled to receive payment and will fight to ensure they get paid. They also feel that tolerating discriminatory attitudes will only perpetuate them.

> *"Yes, that guy is a jerk, he was drunk, then he came over... he brought stones, sword, like that.[…] Well we have to fight him, otherwise he'll truly do all kinds of things" – transgender sex worker 4, Malang*

Some male, female and transgender sex workers say that they do rely on friends to help mediate a conflict with the client. Brothel- or entertainment venue-based female sex workers will report the case to the boss or security guard on site, while in a raid sex workers will turn to NGO outreach workers or members of a sex worker organization.

> *"That is if I want to ask for help. If I can handle it myself, I don't ask for help, I won't. Like what happened the other day, somebody brought a machete, so I asked for help. That was the only time. If I get arrested by the police, I don't ask for help. I can basically solve things. I'm sure I'll be able to get out" – transgender sex worker 4, Banjarmasin*

> *"Yes. Sometimes we can get a client who is a jerk... in the room perhaps... it's the same... we report to the boss" – female sex worker 3, Jambi*

> *"Ask for help?…I asked OPSI where to go, usually if something happens like abuse. When a client refuses to pay… we don't have enough money… or something... we report..." – female sex worker 3, Jambi*

Sex workers also seek support in the form of legal protection and safe spaces to avoid raids and stigmatizing and discriminatory actions that they experience. Raids by the civilian police or police officers along with violence are daily familiar events so legal protection for sex workers is a necessity. So far sex workers has been getting help from Legal Aid Institute (LBH) organization or some activist who support sex worker organizations.

"We're not asking for help but we're asking for a place in the society because we're also human, we're also citizens of Indonesia. But we also want legal protection because the other day a lot of our transgender friends were hanging out, then suddenly someone sliced open their chest and they died. One transgender was recently stabbed in Sorong and died. Another transgender friend was also in the news. He was murdered by his client in a rental room..." – male sex worker 2, Makassar

"We need it very much if we're dealing with the law. Like what happened that one time [10 words were unclear] It wasn't the civilian police but the police officers. They told us to leave, and we were arrested, with all our motorcycles and yet we weren't doing anything. Usually the one who arrests trangenders [1 word was unclear] will be the civilian police, but how come this was the police. They took us by force, also our motorcycles, we were brought to the police station. That was the time when I needed help from Asep" – transgender sex worker 3, Jambi

"with our activist friends, LBH (Legal Aid Institute), OPSI, at least we.. well, the hardest issue is cases about prostitution, no other cases. It's also possible we were framed and accused of using drugs, and yet we didn't do it. So that's where we need help..." – male sex worker 2, Jambi

Stakeholders are aware of sex workers' vulnerability toward violence and they believe protection is needed. This is particularly necessary considering the limited knowledge that sex workers have about laws and human rights that they are practically helpless in the face of violence. Empowering sex workers with legal and human rights information will improve their knowledge and give them courage to take steps to defend themselves. One solution that has been offered is a legal protection program called Community Legal Services (CLS) for sex workers. This program trains sex workers to become paralegals to serve as mediators between sex worker communities and the Legal Aid Institute (LBH). Paralegals are equipped not just with knowledge about laws and human rights, but they are also trained on the procedure to access legal assistance.

"you asked about the benefits that sex workers gain from what Surya Legal Aid Institute has done, which is legal journalism and legal information. Clearly they obtain a lot of benefits from that" – Non-Government Stakeholder, Kupang

"We collaborate with transgenders, human rights and LBH, that's a collaboration to help our sex worker friends. If they experience some misfortune in the field, or they get into a problem with whoever, as long as they haven't done anything wrong, as long as they don't do drugs, OPSI will help them with legal services, consultation, with one of the lawyers too [..]" – Non-Government Stakeholder, Banjarmasin

Considering sex workers may not necessarily open up to outsiders, addressing problems of violence may need to rely on the concept of 'from and for the community'. Having paralegals from their own community will encourage sex workers to be more open, and more willing to pursue legal options with the authorities.

3.8. Empowerment

3.8.1. Perception of being Empowered

This section describes respondents' view about their ability in managing or addressing an issue, not simply in the context of sex work but more about their actual power as an individual. Respondents' perception about empowerment is measured using a Likert-like Scale with items derived from empowerment construct that is divided into dimensions of the "*power within*", the "*power over resources*" and the "*power with others*" as adapted from the Adult Consumer Empowerment Scale. The scale contains 26 questions with a score between 1-6 where 1 indicates completely disagree and 6 means completely agree. Respondents' overall perception about empowerment is based on the total score of the 26 questions and a mean was calculated. A dichotomous category is created i.e. 'highly

empowered' and 'lowly empowered' and respondents with a total score below the group average are considered to perceive themselves 'lowly empowered' and those with a total score above the group average are considered as 'highly empowered'. The Cronbach's Alpha Coefficient as a measure of reliability is 0.8293, indicating that this scale can be reliably used.

Figure 32 Respondents' Perception about Empowerment (n = 500)

Figure 58 demonstrates that the majority of sex workers (56.60%) perceive themselves as having low power. They view their own ability negatively, or in other words, most sex workers feel powerless. Less than half of respondents (43.40%) perceive themselves as being highly empowered, and a deeper look at their gender reveals that the perception does not differ much among the three genders. Statistical test also concludes that there is no significant relationship between gender and perception of empowered (p value > 0.05).

Figure 33 Respondents with Perception of Higher Empowered (%) Categorized by Gender (n=500)

The qualitative assessment asked the informants to define the meaning of empowerment for them. The informants were sex workers and stakeholders either NGO's/CBO's staff or health or social service provider's staff. Sex workers stated that self-confidence is one sign of being empowered. It is considered as an indicator in relation to the stigma and discrimination that sex workers endure that results in negative self-labelling habit. Therefore, sex workers view that an empowered sex worker is defined as someone who is confident, bold to take initiatives, and is comfortable with him/herself.

> *"...feel comfortable with myself, my commitment, my principle and goal. I feel comfortable with my own identity." – Transgender sex worker 2, Jambi*
>
> *"if someone wants to create a problem with me, I have the guts to stand up to him." – Female sex worker 2, Malang*

Stakeholders also hold a similar understanding. Self-confidence, openness and lack of self-stigma are some indicators of an empowered sex worker. Stakeholders believe that with self-confidence and self-acceptance, sex workers will no longer view themselves as lowly individuals and will instead develop themselves further, and be empowered to fight for their rights. Ultimately, they are expected to motivate their friends and help them be empowered as well.

> *"...I used to not dare to sit together with people who are considered outside our community, but now I no longer have that problem. ... that means at least I'm already empowered." – Non-Government Stakeholder, Makassar*
>
> *"...not just keep quiet if they're mistreated by people. They can demonstrate that "I have rights, I'm a person too"." – Government Stakeholder, Banjarmasin*

Another indicator of being empowered is independence with respect to two aspects: health and economy. Previously, despite knowing how to access health service, sex workers are reluctant to go to a health facility, which is usually related to the stigmatizing attitude that health workers have. To access health service, sex workers need to be accompanied by an NGO staff. Therefore, sex workers cite the willingness to seek care without the need for company is one indicator of an empowered sex worker.

> *"... for example, it's not yet the time for the routine check-up, but we have a slight symptom, yes, in my reproductive system, I know that I need to go, go to a health facility." – Female sex worker 4, Malang*
>
> *"... if the person we're mentoring is empowered, he'll seek care on his own without me accompanying him." – Male sex worker 3, Makassar*

Similarly, stakeholders also cite independently-accessing-care as one indicator of empowerment. It is when sex workers are aware about their health and would like to access service without any accompanying mentor. On the other hand, there is also a hope that sex workers will not spread their 'disease' to other people, which demonstrates that some negative labelling about sex workers being a source of disease still remains.

> *"Yes, that's it, how we can empower them so that they'll be willing to seek health care." – Government Stakeholder, Makassar*

> *"It's so that they won't.., so that the disease will not spread even more, it will not infect people for 7 generations." – Government Stakeholder, Banjarmasin*

Empowered is also understood as being economically-independent. It is in fact seen as one key criteria of empowerment. Both stakeholders and sex worker informants stated that being empowered means having one's financial needs met. Stakeholders believe that one way to achieve financial independence is by opening a business.

> *"… because there is effort to be independent from themselves, there is effort" – Government Stakeholder, Malang*

> *"... all the primary needs. Money yes... money certainly is primary need... then the need for attention..." – Male sex worker, Banjarmasin*

Several stakeholders use standard social norms in terms of economic needs fulfilment, which is the ability to provide for one's needs by getting out of sex work. This shows that some stakeholders see sex work as action that is wrong and sinful, and a sex worker needs to 'return' to the 'appropriate' path. So from stakeholders' perspective, an empowered sex worker is someone who no longer works as a sex worker, which is contradictory to the understanding of the sex worker informants of any gender.

> *"For the community it is nothing other than for them to return to the right path, a change of behavior, we return them to the right path. They return to their original condition." – Government Stakeholder, Banjarmasin*

> *"Yes, that's what we would like to see.... they stop working there, we shift them." – Government Stakeholder, Jambi*

> *"Yes, so they have the realization to stop and leave this profession ...." – Government Stakeholder, Malang*

Based on the information above, it can be summarized that sex workers and stakeholders have some similarities in how each defines empowerment, which consist of three aspects: self-confidence, independence in accessing health service, and economic independence. However, stakeholders have one additional indicator for empowerment, which is leaving the sex industry. Ultimately, all these indicators are used as a benchmarks to assess the effectiveness of empowerment programs on sex workers.

3.8.2. Access and Utilization of Empowerment Program

Empowerment of sex workers in this study is defined as efforts to improve the welfare of sex workers community, to increase their value and dignity as a human being by building their capacity and improving the quality of their life. Empowerment is expected to also improve the human resources quality through health and economic improvement such that social gaps can be minimized. To see the degree of utilization of existing empowerment program, respondents were given nine questions that relate to any programs/activities they have been involved in at the national as well as at the local levels. Utilization of empowerment program is then assessed by counting the frequency of respondents' engagement in a program. Empowerment programs for sex workers are listed below:

Table 19 List of Empowerment Programs

Program/Activities Participated	Note
Outreach	CSO's field outreach workers reach out to sex workers in hotspots or at home and provide information.
IEC	Information given includes pocket book, brochure, comics or other reading materials containing information on HIV, STI, SRHR, and services for sex workers.
Skills Training	Skill/vocational training/capacity building such as sewing, cooking, make up or caring for the sick.
Discussion about Empowerment	Planning for sex workers empowerment program.
Sexual and Reproductive Health and Rights (SRHR)	Discussion about Sexual and Reproductive Health and Rights (SRHR) service that is provided by CSOs, sex-worker community-based organization (CBO) or health service providers.
SRHR Training	Capacity building training to improve sex workers' knowledge on SRHR at the local and national level.
Peer Leader Training	Capacity building training for sex workers who work as peer leaders at the local and national level.
Paralegal Training	Capacity building training on human rights issues, mentoring support or legal aid assistance for sex workers.
Information on management of violence	Information session on places/institutes that can provide support for sex workers who experience violence.

The graph below illustrates that among the three genders, male sex workers are the group that accesses the most programs, except for information session on violence management, skills training and IEC dissemination. Female sex workers mostly participate in IEC dissemination program (54.63%) and is the group that is least active in the rest of empowerment programs. Transgenders are most interested in the information session regarding violence management (41.27%) as well as skills training (24.60%).

Figure 34 Access and Utilization of Empowerment Programs (%) vs Gender (n=500)

Outreach is the program that all genders are exposed to the most. As much as 65.08%, 64.51% and 72% of transgender, female and male sex workers consecutively reported being reached by a CSO staff, indicating that reaching out to sex workers is still a priority activity for all program implementers. Other programs are not accessed or provided as actively, as evident from the low percentage of respondents (mostly below 50%) who reported utilization of programs, especially FSWs. The least accessed program by all three genders is paralegal training.

Overall utilization programs are divided into two categories: higher utilization and lower exposure. Higher utilization is defined as participation in or utilization of 5-9 different programs, while lower utilization is when the number of programs is 1-4. As illustrated by Figure 51 below the overall utilization of sex workers to various programs is relatively low. Those who have higher utilization is only 15.20%, and the majority (84.80%) is considered of low exposure.

Figure 35 Respondent' Exposure (%) to Program (n=500)

The study also looks at gender and age to see whether the 15.20% of respondents who have higher utilization of program are of a certain gender or age. As Figure 52 and 53 shows, gender does influence program participation significantly, while age does not.

Figure 36 Overall Exposure to Program vs Gender (n = 500)

As seen in graph 52, male sex workers are the ones with the highest utilization (28%) to programs, followed by transgenders (24.60%) and lastly the females (9.57%). This gender-based difference is statistically significant (p-value <0.01).

Male and transgender sex workers who are informants in this study define empowerment of sex workers as a way to organize the sex workers communities. One way to organize them is by establishing an organization that serves as a structure for sex workers to gather together, help each other overcome problems and work together to achieve a common goal. A non-governmental organization initiates this organizing by grouping sex workers into peer groups and facilitating them with the knowledge that they need. Equipping sex worker groups with knowledge is hoped to be able to reduce stigma that the society has toward sex workers.

> *"we have something like that here too, we are in contact with some key figures, for example people here are quite close with religious leaders, so the other day they wanted me to join friends at the Gemin Synod here, so I trained pastors to care about HIV, LGBT" – male sex worker 4, Kupang*

> *"[…] I have also joined a peer support group after a friend invited me to go … my boyfriend said this at the hospital, 'doctor, do you have a friend for this person. He's B20 (medical code for HIV+), I'm concerned Andi will feel down'. 'oh yes he has lots of friends, there's a community for it. There's a group, a peer support group. Yes he can join the group, let me call someone to get in touch with you'… So that was my thought. Someone who is HIV+ is … how do I say it, basically the person will be skinny, has to bring all kinds of food, he won't look like human. I'm afraid actually. It turns out he's healthy, he even eats more than I do. He's energetic, he doesn't feel tired" – male sex worker 2, Banjarmasin*

Stakeholders from the District Health Office sees empowerment as improvement in sex workers' knowledge so they are able to reduce the risk of HIV and STI transmission. They are able to protect themselves and their clients from HIV and STI. Therefore the District Health Office organizes socialization meetings about HIV and STI for sex workers to improve their reproductive health knowledge so they can protect themselves. The District Health Office also provides health services, reproductive health examination and free condom for sex workers. The goal is to reduce the transmission of HIV and STI.

> *"Empowerment is actually something to make them have power, maybe starting with knowledge. What type of knowledge, it has to match the risk that they face. If we're talking about sex workers then it's knowledge about HIV AIDS, and also sexually-transmitted infection" – Government Stakeholder 1, Jambi*

> *"It's how to facilitate things. For us who are under the health ministry, we look at it from the health side, so whoever it is, including sex workers, if they need it, for example they need condom, as long as it's for health, it'll be given. It's their right" – Government Stakeholder 1, Banjarmasin*

Most informants who are sex workers describe empowerment of sex workers as an activity that will increase their value and dignity, representatives of the District Social Affairs Office consider empowerment as provision of stimulant/assistance so sex workers can leave the sex industry. As mentioned earlier, sex workers are categorized as *PMKS* or people with social welfare problem who need assistance for welfare improvement. Empowerment is therefore provided in the form of skill bulding activities so the skills can be used to earn income, provide for the family and get out of sex work.

> *"The change is that we are more.. more.. what should I say.. since a few days ago. So we know there is violence, health, things like that" – female sex worker 2, Malang*

"We also frequently attend educational sessions.. so to my knowledge empowerment is indeed for myself, it's about my health" – transgender sex worker 4, Jambi

"Yes we happen to have this center, this center that is [2 words were unclear] at the district/municipality, and it has some rehabilitation activities from the provincial social affairs office … so there I observe that if we give them training, and then we give them stimulant [1 word was unclear] they can and are willing to change. If they're truly earning money for their children, they're motivated" – Government Stakeholder 2, Jambi

Other stakeholders see empowerment of sex workers as provision of personal support for sex workers to develop their interest, talent and capability so they can find alternative sources of income outside sex work. Other stakeholders see empowerment as efforts to organize sex workers so they can identify their needs and set priorities.

"[…] but through empowerment, she can have other skills aside from her profession. She's a human being just like what Mrs. Putu said, God has given each person their own strengths and weaknesses, so with the strengths maybe she can be much better than her current profession if she's taught. It may not mean that she will leave her profession, it doesn't always have to be that way, but she's empowered, her quality of life, her income, and everything will improve" – Non-Government Stakeholder 2, Kupang

"With this OPSI, hopefully it will gather everyone.. gather all the sex workers who are having problems or would like to consult the AIDS Commission (KPA). We at KPA are open. We're not talking about just sex workers, but also transgender, gay, so we.. there are also PLHIV here. So we gather them. We do consultation, or maybe they will ask.. ask for opinion, service" – Government Stakeholder 3, Banjarmasin

Overall there are similarities in what sex workers and stakeholders perceive about empowerment, except that stakeholders tend to focus on empowerment of sex workers in only one sector, which is the stakeholder's area of responsibility. For example the Health Office will focus on empowerment in health, while the Social Affairs Office will emphasize empowerment from the social aspect alone.

3.8.3. Perceived Benefit of Sex Workers in Empowerment Program

The mapping activity reports that from nine empowerment programs that specifically target sex workers, only two programs focus on female and transgender sex workers. The others target all three genders. Similarly, among empowerment programs that target key population/PLHIV/general population, only one program specifically targets women. So all three genders of sex workers have equal opportunities to access empowerment programs.

One exception is with economic empowerment programs. Two of the programs are available for the general population, one targets female and transgender sex workers, while another one targets the *PMKS* (people with social welfare problem), which is understood as consisting of women and transgenders. This indicates that male sex workers have fewer economic empowerment opportunities than the female and transgender sex workers, and they are quite aware of the situation.

"... in terms of economic assistance for sex workers, it seems to be more for female sex worker, FSW. For the MSM or gay community like myself, I think it's quite rare,.. almost none. ... that's because everywhere, sex workers are associated with the female gender.." – Male sex worker 2, Jambi

The majority of sex workers of all three genders stated gaining some benefits from existing empowerment programs. They feel their involvement in empowerment program brings out a positive change that can be summarized into three aspects: knowledge, affective experience, and behavior. On the other hand, some sex workers stated they do not feel anything has changed since their participation in empowerment program.

More knowledge is one benefit that is often mentioned. Most sex workers acknowledge how their knowledge improves from practically nothing to having some understanding about certain issues. All three genders said they have more information about health, primarily in relation to HIV and STI, safe sex behavior and the procedure to access health service.

> *"the change that I feel is like I have an understanding about HIV AIDS ...." – Female sex worker 2, Kupang*

> *"... certainly I know more about what HIV/AIDS is, also the issue of transmission, what can cause it to spread to me or to another person..." – Male sex worker 1, Jambi*

Sex workers do not just get more knowledge about health, but also about laws and human rights, issues that are important for sex workers who are vulnerable to experiencing violence. They learn about their rights as a citizen, the protection they should get by law, and the process to access legal aid service.

> *"... before I join this I didn't know … what is OPSI, what is human rights … it's like that." – Female sex worker 4, Jambi*

> *"...none of my friends have experienced violence ... so we haven't applied the information but we know the mechanism, where to go." – Transgender sex worker 3, Malang*

Along with increased knowledge, sex workers also experience a change in the way they see themselves. Most of them admitted that participation in empowerment program gives them more self confidence. They feel less insecure in dealing with other people, and have more courage to speak in public. They also share their information with friends, which makes them see themselves as useful and more positive.

> *"during mentorship we will ask and whisper to him ... I will tell him that I'm also HIV positive. At that point they feel encouraged, and I feel that I can be useful for them." – Male sex worker 2, Makassar*

> *"I used to not have the courage to admit that I am ... a sex worker, I didn't dare. But after I've been participating in activities at OPSI, yes, I have more courage..." – Female sex worker 4, Malang*

In addition to feeling more confident to share information, sex workers also are more aware about health and also about their rights as citizen. This brings about behavior change in condom use. Almost all study informants stated that after knowing the risk of their job, they start to use condom more consistently. They are also more careful in accepting clients to reduce the possibility of violence.

> *"But after training we then know the effect, the consequence. So we become selective with who we serve." – Female sex worker 4, Makassar*

> *"...in the past I rarely used condom. Now, I do for sure." – Transgender sex worker 3, Jambi*

Through empowerment program, sex workers also expand their network, not just with fellow sex workers, but also with institutions. Study informants stated they now have better access to government and non-government agencies, to services such as legal aid service. They also feel that the wider network makes them more emotionally supported.

> *"the one thing that makes me interested in this activity is I get to meet friends, and we're happy ... I also want to help other friends...." – Female sex worker 1, Kupang*

> *"personally I I feel like I get more information, more knowledge plus I get new friends." – Male sex worker 1, Malang*

Even though most study informants feel they have benefited from empowerment activities and have experienced changes in their life, there are some sex workers who feel differently. One specific example is a female sex worker who participated in an economic empowerment program. While she received training to make a product, she still lacks skills to market the product, and was struggling to sell the product. She therefore has not felt any change economically.

> *"... we were only given the skill to make tempe crackers. The issue is….here you put money here, you sell there, but we weren't told. So the seed money of 4.8 million was wiped out just like that." – Female sex worker 4, Malang*

> *"But regarding the behavior change itself I personally haven't gained much." – Male sex worker 1, Jambi*

Based on what has been reported, it is visible that participation in empowerment programs give the majority of sex workers benefit and positive changes. The main benefit of the program is that it changes the way sex workers view themselves, which is important considering the negative labels that they commonly receive. Sex workers feel more positive, confident and bold. This is a good start that will allow sex workers to develop further and be more empowered.

3.9. Participation in Program Development

This study categorizes sex workers participation into three aspects: (1) Attendance at meetings held by sex worker community-based organization (CBO), CSOs or health service providers; (2) Proposing activities for sex workers in the area to a CSO or a sex-worker CBO; and (3) Participation in a campaign or demonstration that calls for fulfilment of sex workers' rights for health, employment and safety.

In general males tend to be more active in participating in various empowerment programs than females and transgenders, though in terms of participation in CBO activities, both males and transgenders have approximately equal rate of participation (36.17% and 36.07% respectively) (p-value <0,01). Involvement in initiating or proposing activities for CSO or CBO meetings is also more commonly done by the male and transgender sex workers than the females, a difference that is statistically significant (p-value <0,01). Lastly all three genders participate equally in campaign activities (p-value > 0.05).

Figure 37 Participation (%) in Empowerment Programs vs Gender (n = 500)

Overall, male sex workers are the ones with the highest participation in any one or all three empowerment activities, while female sex workers are the ones with the lowest participation (below 30%). Chi-Square analysis on the different genders' participation in community activities reveals a statistically significant difference with a p-value <0.01.

Figure 38 Participation (%) in Various Community Activities vs Gender (N=455)

Active involvement of sex workers in empowerment programs seems to also relate to age. As illustrated in Figure 57, the older age group (>39 years old) is the one who has the highest participation (52.27%) in empowerment programs, while the slightly younger group (35-39 years old) has the lowest participation. Comparative analysis demonstrates significant differences in program participation based on age (p-value <0.05).

Figure 39 Participation (%) in Empowerment Programs vs Age (n=455)

Variables that relate to sex workers' participation in empowerment programs are then converted into "yes" and "no" dichotomous variables, where "yes" is defined as participation in either one of the three activities, and "no" is no participation in any type of activities. More than half of respondents (63.52%) fall into the category of no involvement in empowerment programs, as depicted in Figure 54 below:

Figure 40 Participation (%) in Empowerment Activities (n=455)

Community participation is essential in planning for an empowerment program. Sex workers are expected not to simply participate, but to be actively involved throughout the program development process. As the ones who know their own closed community the best, sex workers need to be fully engaged in program development, to ensure that the designed program is tailored to the actual needs. This section explains the extent of sex workers' involvement in empowerment program, from planning to implementation.

During data collection in five cities, several informants stated that they have been involved in planning of empowerment program. Typically, at the beginning or end of the year sex workers will be invited to a planning meeting to discuss programs that will be implemented in the following year. During the meeting, every community will propose some activities and programs that their community needs. Input will then be discussed and agreed together for implementation in the following year.

> *"... so we hold a meeting, what are your needs, so things are already agreed at the beginning of the year or the end of year before starting a new program. It's proposed by each community, we then agree on them." – Male sex worker 4, Kupang*

In addition to providing input during planning, the community also participates in the implementation of activities. Some informants serve as outreach workers or provide peer support. They are responsible to help fellow sex workers access health service, VCT or ARV therapy. An outreach worker or peer support person who are also members of the community also help stakeholders gain access to the sex worker community that tends to be closed. Activities also runs more efficiently as sex workers are familiar with the field condition.

> *"For me … I like it because at OPSI I provide peer support for my friends who are sick, I support them." – Female sex worker 6, Kupang*

> *"I'm a peer educator (PE) …." – Transgender sex worker 2, Malang*

Members of the community also function as a condom outlet staff and have the task of socializing the use of condom and distributing condom. Condom outlet staff provides education about condom to sex workers who come to the outlet. To avoid errors during work, outreach staff, peer support and condom outlet staff are first trained to equip them with knowledge.

> *"the activity is similar to a socialization about condom … " – Female sex worker 2, Malang*

> *"Oh it's. ... distributing condom" – Female sex worker 1, Malang*

In empowerment programs activities, the community is involved as implementers as well as participants. Several sex workers mentioned receiving several types of training to strengthen their capacity, namely training on advocacy, SRHR and HIV. Some have also participated in training on entrepreneurship skill, so the capacity building assistance that is provided does not only focus on health, but includes advocacy and economic skills as well. These results are in line with the information captured during mapping of empowerment programs.

> *"the other day I participated in a training, for my group it included cooking as well, ... then we were given all the equipment, everything including the stove" – Male sex worker 4, Kupang*

> *"Then a training, what was the topic. Advocacy, yes, that's it. SRHR training, then about basic rights, then advocacy." – Female sex worker 4, Malang*

Sex workers' decision to participate in an empowerment program is based on several considerations, mainly whether or not the program will bring benefit to them or positive impact to their community. A program that can potentially increase knowledge will be attractive to sex workers as they feel they are of low education and need capacity building. Any program that will not bring positive impact to the sex worker community will be considered as a waste.

> *"The reason is because I didn't even finish elementary school, so I would like to know, to understand things about my work. I want to understand what I have to do later. It's like that" – Female sex worker 4, Malang*

> *"...Regarding that issue I first would like to see the goal, who it is for. If the goal is for things outside my sex worker friends, then why bother?" – Female sex worker 2, Makasar*

Another factor that sex workers consider relates to the need for an empowerment program. The sense that such a program is needed becomes an important factor in participation decision-making. If sex workers feel they do not have any need for a particular program, they will not be interested to take part in it. For example, after the closure of brothels, sex workers have a high interest in training to build entrepreneurship skills, so they can earn income outside sex work. Another determining factor is the wider network of support and opinion exchange that sex workers can gain through empowerment program.

> *"The consideration is well... the goal is for us... and if we need it... yes I'm in. But if I think I don't need it, and it's not important, then why do I need to take part in it... it's like that... even if the invitation comes from a friend" – Transgender sex worker 3, Malang*

> *"I personally like to be positive, maybe because I can get new friends, new information, … most importantly I get to build a new network...." – Male sex worker 4, Kupang*

Even though one objective of participating in program is to expand their network, presence of people from outside the sex worker community sometimes demotivates the sex workers. When an empowerment activity invites the general public or stakeholders, sex workers are reluctant to be involved, or to identify themselves as sex workers. The negative labels that the general public often associates sex workers with has contributed to this reluctance.

> *"... I was working out of town, that was a few days ago... I was scared... scared all my shame would be discovered, all those. Yes, my status" – Female sex worker 3, Jambi*

> *"… it relates to my profile, my identity … that's what I'm worried about. I have a few fears … I remember the first time I attended an activity, there were people from the government, those people in uniform" – Male sex worker 2, Malang*

Another factor that is just as important is time. It is actually the main factor of consideration since sex workers have no fixed work schedule and depend on clients. Activities that will be of long duration will be less attractive as sex workers worry about losing income when they leave work for a long time.

"... in the afternoon, they invited me to participate... I went along to an activity... then suddenly we were interrupted. I mean halfway through the activity... a client arrived. So... the other day we had an event, I didn't go. It's just because of time" – Female sex worker 3, Jambi

"I'm actually interested but I don't have the time. If I have time then I can be involved … it's because I'm busy working …" – Transgender sex worker 4, Banjarmasin

It can be concluded that the main factor of consideration for participation in programs is the potential benefit that sex workers and their community will gain. Another factor is time and duration of activities. As sex workers typically work at night, activities during the day are limited as they need to rest. Duration of activities is also another factor as sex workers depend on clients and do not have a fixed work schedule.

In-depth interview with various sex workers as informant in five cities reports that overall empowerment programs that have been implemented have met their expectation and have responded to their needs. As explained previously, program's potential benefit is one main factor of consideration, for example the benefit of increased knowledge on health, economy and legal issues. Sex workers are also a tight-knit community and plan to use the increased knowledge and sense of empowerment to help their friends in need, even when they are no longer in the sex industry.

"Beforehand we didn't understand things about health like for example access to ARV for PLHIV we didn't know. Now if a friend needs it, we know it, we can help .. regarding advocacy that's just like the training that I got, since my friends have not experienced violence like being beaten or something so we haven't applied the information but we do know the mechanism, and where to go" – Transgender sex worker 2, Malang

"I like it, maybe 90% interested. It's to get more knowledge too … so if something happens, a misfortune whether it's harassment or illness then I can share the information … for health problems I have a connection with my support group, Munir … I told him that I participate in an organization so that we can get information if there are problems like harassment and all, there are laws for all those things. " - Male sex worker 1, Makasar

" … at a minimum I can help in HIV/AIDS intervention, then at a legal aid institution, so, if friends need me, I'll be ready … even if I'm no longer a sex worker, I will continue to be updated and participate in all activities..." - Male sex worker 2, Jambi

Even though most sex worker informants stated that existing empowerment programs have met their expectation and needs, some feel that the programs they participated in have not fully addressed their need. One reason is because programs tend to be repetitive and lack variation in the materials such that the programs do not provide a lot of new knowledge. Furthermore, as explained previously, without any follow up to the training, an economic empowerment program does not bring about significant changes.

"Not really actually. It's been 4 times and the material is almost the same. So there is no new information ..." - Transgender sex worker 3, Jambi

"The one I told you … the localization was going to be closed, so they gave us training. It's to make tempe crackers … Well there's none, we weren't taught how to sell, we just got the skills to make the crackers ... here, you put the money here, but there was no information on where to sell, and how. So the capital of Rp. 4.8 million was wiped out. I asked my friends, that's money. You know, it's money, it's gone" – Female sex worker 3, Malang

3.10. Factors Associated with Utilization of Empowerment Program.

This section will present the different factors that are associated with utilization of empowerment program for sex workers based on bivariate analysis. Variable of utilization of empowerment program actually refer to any kind of programs/activities targeting sex workers that provided by any agencies to sex workers in the study sites. A higher utilization of empowerment program is used to categorize sex workers who report accessing or utilizing 4 or more activities of the empowerment programs. These analyses were conducted since the study focusing on impact of empowerment programs on participation in empowerment program and perception about sex workers, empowerment, social support, mental health, health status, access to health service, anticipation of violence, participation in programs, and sex workers' mobility. Due to the nature of dichotomous data, the analyses were conducted using logistics regression. The estimates of associations are reported as odds ratio (OR).

Table 20 Factor Associated with Utilization of Empowerment Programs

Variable	Odds Ratio	[95% Conf. Interval]		p-value
Healthy Mental Health	0.608	0.371	0.999	0.050
Higher ability to anticipate violence	2.555	1.522	4.29	0.000
More engaged in program	36.55	14.31	93.34	0.000
More positive on sex work	0.89	0.5444	1.3466	0.656
Better Social Support	0.94	0.511	1.752	0.862
Better perception on personal empowerment	1.368	0.839	2.232	0.209
Better Health Status	1.332	0.562	3.153	0.514
Better Access to Health Service	2.718	0.634	11.646	0.178
Higher Risk Behavior	1.293	0.7904	2.116	0.306
Higher mobility	1.614	0.9735	2.676	0.063

One of the hypothesis is that sex workers with higher utilization of empowerment program may have better mental health status than those who have lower utilization of programs. Table 29 shows that mental health status is significantly associated with utilization of empowerment program (p-value =0.05). However, the odds ratio is 0.608 or less than 1, which indicates that sex workers who are more exposed to programs has a 1.6-times lower chance to be mentally healthy compared to sex workers with a lower utilization of programs. Since the study uses cross-sectional data, the result cannot be simply be interpreted as higher utilization of program means higher likelihood to have higher mental health risk. Another possible interpretation is that mental health is inversely related to program utilization, and those who utilize program tend to be more open to reveal their mental health issues.

The next hypothesis is that sex workers with a higher utilization of empowerment programs may be better able to anticipate violence. This hypothesis is significant based on the p-value <0.05 and an odds ratio that is higher than 1. The table shows that the variable of anticipating violence has an odds ratio of 2.5 meaning that sex workers with a high utilization of program is 2.5 times more likely to be able to anticipate violence than sex workers with a lower utilization of program.

Bivariate analysis on the variable of participation in program also gives significant result that supports the hypothesis that higher utilization of empowerment program would increase the likelihood of participating in the program. Table 31 demonstrates that sex workers who access more empowerment programs are 36.5 times more likely to participate in the program than those with lower utilization.

The next hypothesis relates to sex workers' perception about sex work. It is assumed that sex workers with higher utilization of empowerment programs would perceive sex work more positively. This assumption is not supported by the data. As seen in the table, the p-value of perception about sex work is >0.05, which means that the association between perception about sex work and utilization of empowerment program is not meaningful.

A similar result is seen for the variable of social support, with an odds ratio that is less than 1. The null hypothesis is that sex workers who are exposed to empowerment programs are more likely to have a complete social support. However, analysis gives an odds ratio of 0.94 which indicates that as sex workers are exposed more to empowerment programs, their social support actually decreases by 1.06 times compared to those with lesser exposure. The p-value is also >0.05 which means that the association between utilization of empowerment program and social support is insignificant. The hypothesis about a link between utilization of empowerment program and social support is therefore not supported by the data.

Perception about empowerment is also insignificantly associated with program exposure. The assumption is that higher utilization of empowerment program will result in sex workers having a better perception about their personal empowerment. Table 34 shows that the odds ratio of this variable is higher than 1, and it can be concluded that as sex workers are exposed more to empowerment programs, their perception about being empowered is also likely to be 1.3 times higher than the perception of sex workers with lesser utilization of programs. This concurs with the null hypothesis but the p-value is >0.05, which indicates that the association is insignificant.

The next hypothesis tested is that sex workers with higher utilization of empowerment programs will have better health status. The calculated odds ratio is 1.3 meaning that sex workers with higher utilization of empowerment program are 1.3 times more likely to experience a sexually-transmitted infection (STI). The association is insignificant (p-value >0.05) and the null hypothesis is rejected.

A similar result is obtained with regards to the hypothesis of better access to health service with higher program utilization. The odds ratio is 2.7 which means that the more sex workers are exposed to empowerment programs, the more likely (2.7 times) they will access health services compared to those with less utilization of programs. The association however is not statistically significant (p-value >0.05). In other words, the null hypothesis regarding the association between utilization of empowerment program and health service access is not supported by the data.

Another assumption is that sex workers with higher utilization of empowerment programs will exhibit lower risk behavior. Table 37 shows that as sex workers are exposed more to programs, they are 1.2 times more likely to be using condom consistently with their clients compared to sex workers who are less exposed to programs. This result supports the null hypothesis, but the p-value is >0.05, such that the association between risk behavior and utilization of programs is not considered significant.

Lastly the study looked at sex workers' mobility with the assumption that sex workers who are exposed to more programs tend to be those who are less mobile. Table 38 shows that more utilization of empowerment program makes sex workers 1.6 times more likely to move to a different home and job location in less than 6 months. The p-value is >0.05 which means the association is insignificant.

In conclusion, among all the factors that are thought to have some association with utilization of empowerment programs, only mental health status, ability to anticipate violence and meaningful participation in program have significant association with utilization of empowerment program (p-value ≤0.05). Other factors i.e. perception about sex work, about empowerment, social support, health status, access to health services, risk behavior and sex workers' mobility are not significantly associated

with utilization of empowerment program at α=5%. The highest association that utilization of empowerment program has is with the factor on participation of sex workers in programs. This is based on an odds ratio of 36.5.

3.11. Effectiveness of Empowerment Program

This section will discuss about program effectiveness qualitatively by assessing the extent of empowerment program could achieve its outcome. The assessment is based on the definition of 'being empowered' outlined in the previous section. The first aspect of empowerment is personal changes. Informants either sex workers and stakeholders believe that the empowerment programs have provided sex workers with various information on the topic of health, law and human rights. The hope is that with increased knowledge, sex workers will have a more positive self-image, and become more confident. They will have a better understanding of different issues with enough boldness to voice their opinion. Even, stakeholders also reported that sex workers now have increased writing skills, and are better able to express their thoughts in writing.

> *"... at first they seem quiet, but after they are more informed, they become more confident ... they have more self confidence... they can now write something and send it to our editor to be included as news." – Government Stakeholder, Kupang*

> *"Back then I couldn't speak like this, but after the training I can speak like this." – Non-Government Stakeholder, Makassar*

Program effectiveness is also assessed based on access to health service from a quantitative and qualitative perspective. Increased number of visits is viewed as one indicator of effectiveness, as this demonstrates health awareness on the part of sex workers. A motivation to visit a health facility independently, plus a request for mobile health service are positive changes that demonstrate better awareness about health and their rights. Program effectiveness is also measured through changes in the attitude of health workers who have started to accept transgender communities.

> *"... we think the program has been very effective... our transgender friends can now routinely come for health check-up. Health workers also become aware that there is a transgender community, and they finally accept the transgender community." – Government Stakeholder, Malang*

> *"... they are already willing to be examined whenever we visit them, in fact if we're delayed, … some actually come on their own to the puskesmas ..." – Government Stakeholder, Makassar*

> *"... there is a change that they're now willing to seek care on their own, they no longer depend on outreach workers." – Government Stakeholder, Kupang*

Another way to measure program effectiveness from a health perspective is an increase in the number of condoms that is distributed and a decrease in STI cases. These show more consistent condom use. So along with increased knowledge and affective experience, there is behavior change in the form of increased independence in accessing health service and increased consistency in condom use. All these changes are in line with the definition of empowerment that has been explained previously.

> *"... with intensive education and awareness of sex workers, they now have started to use condom and are more consistent in using condom." – Government Stakeholder, Makassar*

> *"... after there is awareness to use condom we can see that the STI rate decreases drastically." – Government Stakeholder, Kupang*

Economic empowerment programs have also started to show impact. Several sex workers have started selling their products at their workplace or in the market. Several success stories have also emerged, though overall it is felt that the impact has not been maximum. Stakeholders also realize that financial

management is an essential skill for economic independence. Budget limitation at each institution and current financing scheme sometimes pose a barrier for sex workers empowerment program.

> *"... one of them still lives inside the localization, but she sells snacks to people around the localization." – Government Stakeholder, Kupang*

> *"... it's how to manage the finances so that they can later use the skill to start a small business." – Government Stakeholder, Makassar*

> *"... we cannot empower them in a broad sense, our scope is narrow because our budget is limited." – Government Stakeholder, Banjarmasin*

In general, health and economic empowerment programs for sex workers have been quite effective based on indicators such as self-confidence, independence in accessing health care, and economic independence. Stakeholders in five cities were able to explicitly state the indicators that are used to measure program effectiveness from the health perspective. In contrast, data on economic empowerment in five cities cannot explicitly indicate that the successes seen are the result of economic empowerment programs that have been provided. Success stories of sex workers are also not yet documented and remain as simply field observation.

Other topic that related to assessment of the effectiveness of the program is the factors that enable or hamper to the success of an empowerment programs based on the perspective of sex workers as beneficiaries and stakeholders as the providers. The enabling factors that identified during the assessment include:

1. *Awareness and intrinsic motivation of sex workers*

To participate and gain benefit from the program sex workers need to have the awareness and motivation to be involved in the program, driven by the desire to gain benefit for themselves and their community.

> *"That comes from myself, for eerrr… for my own good so no matter what, we have to change to be better, that's all" - Male sex worker 1, Malang*

> *"I want to participate because I'm curious, and I want to be like those who are already senior. How long am I going to be like this? I want to be like the other. Even though I'm a sex worker, even though people look at sex workers like this, but I want to be like the others" - Female sex worker 2, Malang*

2. *Accurate Information*

Empowerment program needs accurate *information* to provide knowledge about health, economy, law and human rights. The information is important so sex workers can address their problems and work toward change in mindset and behavior.

> *"the information that we get. Because of the information we can change our perspective, our mindset, it's like that" - Male sex worker 2, Jambi*

> *"I didn't know, but now I know, so if a friend needs the information then we know, we can help … we know the mechanism, and where to go" - Transgender sex worker 2, Malang*

3. *Support from social network of Sex Workers*

Organizing and mobilizing support from social network of sex workers is critical to encourage them to participate in a program and utilize services.

> *"If we just do things alone the risk may be worse compared to if we do it as a group. We have to be in groups, so at a time when we don't have one thing, others can help, other times we have something, they don't, we help them" - Male sex worker 2, Jambi*

"Yes, I think the materials were good, plus there's encouragement from friends to help us become better" – Transgender sex worker 1, Banjarmasin

"It's the support from my friends, so that I can be like them. Maybe not fully like them, half as good is fine too. It's also about the spirit to live, friends make you feel confident. Otherwise, we may be down in a pit now. Even if we fall, when we have support from our friends, we feel glad" - Female sex worker 2, Jambi

4. Consistent Approach to Sex Workers

Program implementers have to be able to build a relationship with sex workers as program beneficiaries, and to do that, they need an approach that is continuous, intensive and consistent. Outreach workers have to devise a good strategy to reach out and maintain contact with sex workers, and build a relationship that is based on mutual trust. This encourages sex workers to utilize the service that is provided. Stakeholders also acknowledge that an in-depth approach is one factor that contributes to the success of a program.

"He and I, honestly we don't just know all the FSWs, we know each other well. We are close with everyone. We practically know our friends. The one from Java, or Bali …. So our relationship is not just between a field worker and a FSW, we basically don't keep distance from each other" - Male sex worker 3, Kupang.

"…the more intensive they mentor us, the more we develop trust, there is an expectation that goes beyond being a client" – Non-Government Stakeholder 3, Malang

"…we certainly need to approach them, then they'll be willing, because this is kind of sensitive …" – Government Stakeholder 1, Kupang

5. Coordination and Collaboration among Parties

Stakeholders also mentioned that service, coordination and collaboration are another factor that supports an empowerment program. Good service that results in an increased number of sex workers who access service is one indicator of program success.

"For us in the health field what we do is give service, primarily for disease, … in the city we already have 4 sites, so we can see that maybe indirectly there is an increase in visits, whether by sex workers, or other people, there is an increase..." – Government Stakeholder 1, Kupang

"We had tried that, karaoke bar is the difficult one. We don't have access to go there even until now…the District Tourism Office says that's not their jurisdiction. Try the District Health Office. Oh that's not within my authority. The District Social Affairs Office … people who are not from the community cannot get access to go there either, so who can give us access? If there is a peer educator (PE) or someone from the community then I'm sure it'll be easy since members of the community are usually close with the pimp, with the General Manager so it'll be easier for us … program implementers will be able to go in easily" – Non-Government Stakeholder 3, Malang

While factors that hamper to a successful empowerment program include:

1. Stigma Toward Sex Workers and PLHIV

Stigma that is prevalent among the general population is not directed toward sex workers alone but toward PLHIV as well. This causes sex workers to be less open as they are worried their status will be discovered. They also tend to stigmatize themselves. Others still have the mindset of trying to earn as much income as possible without discovering about the risk. All these make sex workers difficult to reach out to, particularly indirect, and male sex workers.

"The indirect sex workers, those exclusive ones, they're sometimes difficult, it's hard for us to invite them to participate in a training …" - Male sex worker 3, Kupang

"It's because of that, those sisters already have the opinion that they want to earn money easily, one that doesn't need capital, doesn't need to work hard. It's difficult to make sex workers change their behavior, it's very difficult" – Female sex worker 3, Malang

"It's because of stigma and discrimination, especially for PLHIV, they're really embarrassed and do not want to open up at all. The other day we had an outbound activity, but they didn't want to join us. MSM too, even just for an orientation, if they're not invited by their peers who are also MSM, it's also difficult." – Non-Government Stakeholder 3, Malang

2. Barriers from the Management of Entertainment Venue/Sex Establishment

The entertainment venue or sex establishment where sex workers work often enforce regulations or contracts that makes it difficult for sex workers to participate in activities or program.

"They're usually bound by contract with the entertainment venue, the management. We've tried to approach them several times and we do our best for them to get out, participate in a training …" - Male sex worker 3, Kupang

"The biggest problem is to make them be independent with regards to service [1 word was unclear] so that they would come to a health facility. The problem is not just about themselves, but also the permit from … from the owner of the place, the manager. The manager doesn't let them go out …" – Government Stakeholder 4, Jambi

3. Time and Commitment of Sex Workers

Time availability is also another barrier. Most sex workers concentrate on earning money to make ends meet. They typically work at night and rest during the day, which makes them unavailable for activities that are held from morning to afternoon. Getting a sex worker to be committed to continually attend an activity is a challenge. This is echoed by stakeholders who stated that one challenge in implementing empowerment activities is the low commitment of sex workers.

"Their reason is because they just go to sleep at 4 or 4:30 am, so if we have a meeting at 9 am, they're rarely able to attend the meeting." – Non-Government Stakeholder 3, Malang

"Activity? Well, if we're tired then no, we won't attend. If we're not tired then yeah, we'll come along, that's all" - Transgender sex worker 1, Malang

"… we're already tired from working, we arrive home late at night, so we just go to sleep. Tomorrow we'll work again, our mind is just earn money earn money …" – Female sex worker 4, Banjarmasin

"Sometimes it's the timing. Sometimes they invite us, but we … we happen to not have time. We either need to attend to someone, or we happen to be home, sometimes it happens …" – Transgender sex worker 2, Jambi

4. Program Mismatch with the Target Group's Need and Interest

A mismatch between the program and sex workers' need and interest makes the program less interesting for sex workers. Quite often empowerment program implements the same repetitive activity, resulting in boredom and reluctance. The program is then seen as not meeting sex workers' needs. A training program is also typically provided as a stand-alone activity without follow-up such that sex workers feel the training as less beneficial for them.

"Sometimes the activity is monotonous for me. For example, they hold a meeting, and they invited me, so okey, I came to the meeting and they discussed the same thing …we discussed it last year, we discussed it last week, so we discussed it again and again, that makes us reluctant" - Male sex worker 4, Kupang

"Yes. Because without psychological, spiritual and economic support all those are of no use. Sometimes they will return. If you want to give economic assistance, then it's about life skills, it should match their need. They have to really want it. Don't just ask everyone to register, so they all register, after that they're gone. They've always used that model since a long time ago. Out of so many people, the ones who made it are perhaps only three, or seven" - Male sex worker 3, Kupang

5. Lack of Trust and Care Between Sex Workers

Distrust and indifference among sex workers is another factor that inhibits sex workers' participation in empowerment program.

"Regarding barriers, indeed one barrier is their lack of concern about their friends. Sometimes they're still individualistic. Especially MSM who feel oh I'm high class, the street is not my habitat, I'm more of the mall class, etc. also those who serve the upper-economic level. So that's a bit of a barrier, and we also need to make extra efforts to approach them, we need a breakthrough. This is an example for our outreach workers who want to do outreach in entertainment venues." – Non-Government Stakeholder 3, Malang

"The barrier is that not everyone can accept other people's opinion. Each person has their own opinion, some feel that health is important for them, and there are some who .. what's it called, still have less understanding, less awareness about health, so that's the barrier" – Non-Government Stakeholder 3, Malang

6. Program Funding Limitation and Funding System

The main barrier for program implementation and sustainability is funding to support the program. Financing scheme that continually changes is also a barrier toward program sustainability and long-term budget availability. As a result activities are implemented only when there is an ongoing program.

"Financial barrier in each program has indeed become a tradition … it includes, what is it called, basically it's included, something like that. It's included which means for accounting, in accounting we can say that's a normal calculation because he has a salary that already includes transport … that's actually the main trigger. I'm thinking in that direction because I'm in the financial unit" – Government Stakeholder 3, Makasar

"From the economic aspect it's still difficult, yes we've tried to not just provide on the aspect of health service, not just routine examination. We tried economy, basically we try to link everything with the government program, but after the program is finished, then it's finished." – Non-Government Stakeholder 3, Malang

DISCUSSION

In Indonesia, sex workers formally are being categorized as a group with social problems that needs to be empowered in order to socially function again. Therefore, the government implements empowerment programs based on this concept, which is taken from the concept of social rehabilitation as stated in Law Number 11/2009 about Social Welfare. The Law states that "social rehabilitation is a refunctionalization and development process to enable an individual perform his/her social function in a natural way in the society". Points that are of specific concern is article 5 of the Law that states categorization of sex workers as a group with social impairment and behavioral deviation. Even though the definition is still used by the government, this definition is contradicted with definition from civil society or sex workers on the meaning of empowerment. Findings from survey, qualitative assessment and Delphi meeting show that empowerment is a change of paradigm in service provision, using empowerment as a strategy to reduce social vulnerability, and empowerment is a means to have a united voice or to combine the interests of sex workers. This perspective sees that empowerment requires having a collective identity, empowerment can reduce the spread of HIV, and can help sex workers return to their social function. This perspective also believe that sex workers can control their own lives, not just in utilizing health or social services but includes more basic aspects such as setting their needs, and conveying the thoughts for fulfilment of their rights as a citizen.

The main target of the empowerment program so far is considered only for female and transgender sex workers. Activities that provide alternative work are indeed focused on female and transgender sex workers only. Activities also often focus on transgenders as they fall under the group with social welfare problem and are therefore a target in government empowerment program. Only a few programs for male sex workers that particularly only focus on fulfilment of their rights for health service. This situation thus underlines that empowerment is only perceived as economic empowerment and peer leader activities targeting female or transgender sex workers.

One of objectives of the existing empowerment programs are to increase the utilization of HIV and SRHR programs. The findings show that the empowerment program have not contributed much to HIV prevention and care efforts. This perspective is based on the fact that sex workers' access to services and the service coverage is not yet optimal. Criminalization of sex work and closure of sex establishments have also made outreach and service provision more difficult. Testing coverage is still low, a high number of PLHIV are not yet enrolled in ARV therapy (ART), and the number of lost-to-follow-up (LTFU) cases is high, indicating that empowerment activities have not had any significant impact on HIV program. However, in terms of involvement of sex workers in the HIV programs, some of the participants in qualitative and Delphi meeting expressed that sex workers had a key role in developing and implementing intervention activities, which is a lesson learned from past programs. Hence, past empowerment programs actually have provided quite meaningful contribution to HIV current intervention efforts.

Economic gain is one of the topics came up in the findings where how sex workers' interest in empowerment program is tied to the potential economic benefit, they may gain from the program relative to the income they get from sex work. I the qualitative assessment and Delphi meeting, most of informants say that when an empowerment program is not producing optimum results, it is mostly because it does not match the need, and not due to economic factor. While other informant say that sex workers are not interested in empowerment programs because the incentive from this alternative work is not comparable with the gain from sex work. So, it is natural if there is less interest even if in reality the alternative work may provide a bigger economic benefit.

Interesting finding from qualitative assessment and also supported by the survey result is the fact that sex workers need to be saved from an unworthy profession, and therefore empowerment program is often directed at helping sex workers leave the sex industry. Stigma or self-stigma toward sex work is perceived as a barrier for sex workers involve in the empowerment programs. Other barrier is the

education level of the sex workers. Even though in the survey showed that education level as not vary in the participation or utilization of the empowerment program, during the qualitative and Delphi meeting some informants state that sex workers' lower educational level will make empowerment efforts more difficult. They convince that the low educational level of sex workers is actually the principal reason for empowering them so that they will be empowered and able to access various public services that are available. On the other hand, there is a statement from the actual implementation of activities, primarily skill-building activities which often do not produce the desired outcome. Some examples are inability to develop the trained skill further, lack of concern about capacity building and inability to share information on a certain issue with other sex workers; all of which are thought to have been caused by low level of education.

When discussing about empowerment for sex workers, financial component of the program is one of the main concerns for the stakeholders. From a legal perspective, therefore, the Ministry of Social Affairs and the Provincial/District Social Affairs Office are the institution that has the mandate to rehabilitate groups with social welfare problem. MoSA/DoSA is the only government agency that has funding for empowering sex workers. Other government institution may have a budget for empowerment but it will be directed toward the general population and is not accessible by sex worker communities. Empowerment activities by the Ministry/Office of Social Affairs are typically a follow up to arrests made during a raid on street-based sex workers or in some cases are a part of the government effort to close a brothel or sex establishment in a city. In addition to the government funding, the study show that sex worker empowerment program generally rely on foreign donor funding. The initiative to empower sex workers originates from donor agencies. Local NGOs or CBOs then capture the idea and develop it further. It is believed that without donor funding, empowerment activities for sex workers will face enormous challenge in the current context of government policy that view sex workers as individuals with social welfare problem who perform unworthy work.

How extent is the empowerment program accommodate the voice of sex workers? The findings show that a half of the respondent in the survey and the qualitative assessment reported that the empowerment program have not accommodated the voice of sex workers as programs tend to be vertical in nature. The programs are typically initiated by the central level (PR of Global Fund or National Networks) and implemented by CBOs or NGOs at the sub-national level. Frequently the planning that is done at the central level is quite removed from the actual reality in the field, and no mechanism yet exists to capture the ideas in the field and channel them upward as a bottom-up approach. However, some of the statement that show the opposite, and cite OPSI, the national network of sex workers, as one example. OPSI is now involved in HIV/AIDS intervention programs and is entrusted to provide technical assistance in the development of a peer leader concept for intervention that target sex workers. Sex worker organizations in several areas have also started to work together with local stakeholders to address problems that are faced in the field, like raids and arrests of sex workers.

From the qualitative assessment and Delphi meetings, effectiveness of the empowerment program is not that effective as designed. This evaluation actually based on the reality that

a. Existing empowerment programs still have limited coverage as they have not included the number of sex workers that has been recorded.
b. Closure of brothels or sex establishments have hampered outreach and organizing efforts that are key in empowering sex workers.
c. Networking between sex worker organization and health facilities is not yet optimum, resulting in limited utilization of health services.
d. Stigma toward sex workers continue to challenge program implementers and sex workers as program beneficiaries in optimizing program development and sex workers' involvement.
e. Empowerment programs do not exclusively target female and transgender sex workers, but also focus on male sex workers though program characteristics for each gender may differ.

f. In principle, national and sub-national programs have already accommodated the voice of sex workers through local CBOs and national network of sex workers. However, it is recognized that the current process has not fully recognized the mechanism for articulating and aggregating inputs from the field.

CONCLUSION

1. Empowerment program for sex workers in Indonesia have been implemented by community-based organizations, NGOs and government agencies. However, the types of the community empowerment and the engagement of sex workers engaged in the program are varied.
    a. A variety of empowerment programs that focusing on increasing access or improvement to social, economic and health services for sex workers have been implemented, but the coverage is still relatively small (15.2%) while female sex worker is the group with the least exposure to empowerment program.
    b. Empowerment programs do not exclusively target female and transgender sex workers, but also focus on male sex workers. However, the community empowerment for male sex workers tends to focus on awareness of sexual health instead of social and economic empowerment
    c. Community empowerment related to health services, particularly HIV services, has an expanded coverage compared to other programs that focus on rights awareness or skill building.
    d. Engagement of the sex workers in the community empowerment is relatively small (36%) and female sex workers tend to have the least contribution to community activities.
    e. Sex workers who participate actively in community activities are those who are older (aged 40 years or older).
    f. Stigma toward sex workers continue to challenge program implementation in optimizing utilization of the services and sex workers' participation in program development.
    g. Violence is still a dominant issue that sex workers face and this study has demonstrated that higher exposure to program has opened a path for sex workers to report the violence/abuse that they experience.
    h. Qualitatively, national and sub-national programs have already accommodated the voice of sex workers through local CBOs and national network of sex workers. However, it is recognized that the current process has not fully recognized the mechanism for articulating and aggregating inputs from the field
2. In quantitative assessment, community empowerment has shown positive association with sex workers' participation in decision making of policy and program development and access and utilization of SRHR services. These positive association can be seen in these variables:
    a. Sex workers who have higher exposure to empowerment program are more likely to have better anticipation to violence than sex workers who have less exposure.
    b. Sex workers who have higher exposure to empowerment are more likely to inform their mental health problem than sex workers who have less exposure
    c. Sex workers who have higher exposure to empowerment are more likely to participate in the community activities than sex workers who have less exposure
    d. Perception about sex workers, perception about empowerment, social support, health status, access to health service, and sex workers' mobility did not vary based on the level of exposure of the empowerment program.
3. In qualitative assessment and Delphi meeting highlighted that empowerment program is effective program based on the positive changes in sex worker's knowledge, view themselves, behavior change and increased social support network. However, in terms of coverage, the program is not

that effective as designed at the planning stage due to some structural barriers. Positive changes that sex workers have experienced as a result of empowerment program are

a. Sex workers acknowledge how their knowledge improves from practically nothing to having some understanding about certain issues. All three genders said they have more information about health, primarily in relation to HIV and STI, safe sex behavior and the procedure to access health service. Also, they have improved knowledge in laws and human rights, issues that are important for sex workers who are vulnerable to experiencing violence
b. Sex workers also report changes in the way they see themselves. Most of them admitted that participation in empowerment program gives them more self-confidence. They feel less insecure in dealing with other people, and have more courage to speak in public. They also share their information with friends, which makes them see themselves as useful and more positive.
c. Sex workers perceive that they are more aware about health and also about their rights as citizen. This brings about behavior change in condom use. Almost all study informants stated that after knowing the risk of their job, they start to use condom more consistently. They are also more careful in accepting clients to reduce the possibility of violence.
d. Sex workers feel that their networks are expanded, not just with fellow sex workers, but also with institutions. Study informants stated they now have better access to government and non-government agencies, to services such as legal aid service. They also feel that the wider network makes them more emotionally supported.

4. The study has identified factors associated with good practices conducted by CSOs, CBOs or government agencies that lead to successful empowerment program for sex workers. These factors are:

    a. To participate and gain benefit from the program sex workers need to have the awareness and motivation to be involved in the program, driven by the desire to gain benefit for themselves and their community.
    b. Empowerment program needs accurate information to provide knowledge about health, economy, law and human rights. The information is important so sex workers can address their problems and work toward change in mindset and behavior.
    c. Support from fellow sex workers and organizing the sex workers is critical to instill in them the motivation to participate in a program and utilize service.
    d. Program implementers have to be able to build a relationship with sex workers as program beneficiaries, and to do that, they need an approach that is continuous, intensive and consistent. Outreach workers have to devise a good strategy to reach out and maintain contact with sex workers, and build a relationship that is based on mutual trust. This encourages sex workers to utilize the service that is provided. Stakeholders also acknowledge that an in-depth approach is one factor that contributes to the success of a program.
    e. Stakeholders also mentioned that service, coordination and collaboration are another factor that supports an empowerment program. Good service that results in an increased number of sex workers who access service is one indicator of program success.

5. Other factors that identified as barriers in implementing empowerment program for sex workers are as follows:

    a. Stigma that is prevalent among the general population is not directed toward sex workers alone but toward PLHIV as well. This causes sex workers to be less open as they are worried their status will be discovered. They also tend to stigmatize themselves. Others still have the mindset of trying to earn as much income as possible without discovering about the

risk. All these make sex workers difficult to reach out to, particularly indirect, and male sex workers.

b. The entertainment venue or sex establishment where sex workers work often enforce regulations or contracts that makes it difficult for sex workers to participate in activities or program.
c. Time availability is also another barrier. Most sex workers concentrate on earning money to make ends meet. They typically work at night and rest during the day, which makes them unavailable for activities that are held from morning to afternoon. Getting a sex worker to be committed to continually attend an activity is a challenge. This is echoed by stakeholders who stated that one challenge in implementing empowerment activities is the low commitment of sex workers.
d. A mismatch between the program and sex workers' need and interest makes the program less interesting for sex workers. Quite often empowerment program implements the same repetitive activity, resulting in boredom and reluctance. The program is then seen as not meeting sex workers' needs. A training program is also typically provided as a stand-alone activity without follow-up such that sex workers feel the training as less beneficial for them.
e. Distrust and indifference among sex workers is another factor that inhibits sex workers' participation in empowerment program.
f. The main barrier for program implementation and sustainability is funding to support the program. Financing scheme that continually changes is also a barrier toward program sustainability and long-term budget availability. As result activities are implemented only when there is an ongoing program.

RECOMMENDATIONS

As presented in the previous section that empowerment program targeting sex worker in Indonesia in general and in the study sites in particular still face personal and structural barriers in achieving its goal which is meaningful participation in the decision making related to their work or life and increased access and utilization of social and health services including SRHR and HIV services. In order to address some barrier in term of coverage, access, and quality of empowerment program for sex workers in Indonesia, this study recommends a model of empowerment program where the model is developed from Delphi meeting that involves sex workers, sex workers community, key stakeholders, government agencies (MoSA and MoH), academia and donor agencies. The model that is recommended as follows:

1. *The following principles should be observed in empowering sex workers:*
    a. Sex workers determine the service that they need.
    b. The basic need is for sex workers to have a collective identity in order to organize themselves.
    c. Empowerment efforts are based on fulfilment of human rights.
    d. Empowerment has to be accompanied with individual and collective capacity building in order for sex workers to voice their concern.
    e. Empowerment is expected to reduce the barriers that sex workers face in utilizing public services, and decrease their social vulnerability including that for HIV transmission.
2. *Components of the empowerment program that should be considered by government and other parties to develop empowerment programs are as follows:*
    a. Implementation of empowerment requires meaningful involvement of sex workers as the program target to align program strategy and priorities with the sex workers' needs.
    b. Empowerment activities need support in the form of government policy that can accommodate the need of the program as well as provide funding.
    c. In implementing empowerment activities, sex workers organization needs to build strong alliances with NGOs and others to advocate on policy and public service issues.

d. It is also critical for sex workers organization to work with the local government and authorities as the institution who will be in direct contact with sex workers, either during raids or follow-up empowerment activities.
e. Empowerment activities for sex workers are not focused on economic empowerment alone but should include capacity building activities so sex workers can better organize and manage their organization.
f. Empowerment activities for sex workers need to pay specific attention to issues of violence, physical, emotional, sexual, and economic abuse in a personal or structural manner.

3. *The activities should be based on the activities that have been shown their effectiveness. These activities can be grouped into 4 main activities:*
    a. Capacity strengthening of sex worker organizations and members (organizing sex workers from the lower level to the national level; capacity building in organizational development, networking and advocacy; funding provision for organizing activities; sex worker organizations as direct implementers of HIV/AIDS intervention activities; skill training by sex worker organizations for their members; and education and outreach to sex worker community by peer leaders);
    b. Social empowerment in the form of activities that facilitate fulfilment of basic need, and the need for education and legal protection (ID card assistance for sex workers who do not yet have one; Alternative formal education for young sex workers; Provision of a safe space for sex workers to engage in activities and organize themselves; Community legal service for sex workers who experience violence);
    c. Health empowerment that includes Promotion and provision of condom; Promotion and provision of HIV testing; Promotion and provision of STI testing and treatment, and reproductive health service; HIV care and treatment; Service network strengthening for sex workers who experience violence; Provision of mental health service;
    d. Economic empowerment in the form of skill building to start a small business or also provision of alternative employment (establishment of micro credit, alternative employment and internship do not have consensus while business start up, financial literacy and small production and marketing of the product are prioritized in the empowerment program for sex workers).

In order the model can be implemented, some recommendations are developed to govern the model at national or local level. These recommendations are only highlight basic issues that still be faced by empowerment of sex workers in Indonesia. These are as follows:

5. *Ministry of Social Affairs or District/Provincial Office of Social Affairs should consider:*

    d. Stop campaigning the closure of brothel/sexual transaction venues as the evidence show that the closure cannot solve security, health or social issues. The policy only make the sex worker move to other cities or venues in the cities. This policy has put the sex workers into more risky condition in terms of health seeking behaviors and safety in working.
    e. Adjusting the empowerment program by adopting the principles of empowerment as recommended. This could be achieved by engaging sex worker organization such as OPSI in developing curriculum of the capacity building/empowerment program for sex worker or transgender.
    f. About half of sex workers did not have National Health Insurance so far, MoSA is the agency that responsible to recommend marginalized group to be eligible to obtain NHI. In order to achieve universal health access in Indonesia, MoSA should develop a policy at local level that enable to sex workers or marginalized groups to receive formal assistance for obtaining the NHI.

6. *Ministry of Health, District Health Office and Public Health Centers (PHC) as health regulators and providers at national and local level should revisit their approach in providing service to sex workers by adopting some issues as follows:*

    a. In collaboration with NGOs or CBOs, the DHO or PHC can develop strategies to increase the availability of mobile clinics for sex workers to respond the brothel or sexual transaction venues considering the fact that sex worker have limited access directly to the health facilities due to the increased stigma and discrimination to sex workers after the closures.
    b. Access to condoms and lubricants currently are very difficult for sex workers because condoms and lubricants are determined as evidence for sex work and therefore ownership these materials is subject to be prosecuted. MoH as the responsible ministry for HIV program should develop a national guideline for utilization of prevention materials (condoms, lubricants and syringes) as part of the national AIDS Program in order to be used as reference by NGOs, CBOs and CHC.
    c. Referral services for the victims of gender-based violence should be strengthened by coordinating with available social service at the districts. Transgender sex workers should be prioritized to access this service due to the high incidence of violence against them either from individual, groups or state perpetrators.

7. *The Global Fund through their principle recipients (PRs) as the main donor for sex workers intervention in prevention and treatment should considered:*

    a. Deliberately incorporating the empowerment program into HIV prevention and treatment targeting sex workers.
    b. Broadening the opportunity for sex workers organization as the implementing partner at local level to manage and run sex worker's intervention as a strategy to strengthening the capacity of sex worker organization.
    c. Combining community mobilization as an integral part of the HIV outreach targeting sex workers, not only focusing on referral to HIV testing.

8. *CSOs or CBOs working for sex workers should improve their approach to sex workers by considering issues as follows:*
    a. The coverage of empowerment programs can be optimized through a more systematic approach such as increasing frequency of outreach, promoting community education at their neighbourhood – not only in their work venues, provide informational materials continuously, and secure the referral system to government agencies or other CSOs in other sectors.
    b. An outreach program should ideally be enriched with messages on critical awareness of the rights of sex workers. Considering the relatively high coverage of an outreach program, the information provided during outreach should not be limited to HIV/STI alone.
    c. Female sex workers' low exposure to programs can be addressed by strengthening and expanding their social network that tends to be relatively small.

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APPENDICES

Appendix 1: Delphi Method to Develop Community Empowerment Model for Sex Workers

Following the literatures review, survey and qualitative analysis about sex workers empowerment as seen from the perspective of health providers and CSOs in five cities, researchers developed a series of questionnaires that are used as instruments in the Delphi Method. This method is used to obtain a consensus from practitioners who work with and for sex workers on principles of empowerment and components that make up an empowerment program. A total of 19 practitioners who represent civil society organization, international agency, academics and sex worker organization were invited to a Delphi Technique meeting to respond and discuss questionnaires that researchers have developed.

As part of Delphi instruments researchers developed questionnaires that contain statements about the principle and component of an empowerment program for male, female and transgender sex workers. The questionnaire is divided into 3 sets; the first set focuses on reliability and contains 27 statements about principles of sex workers empowerment. Participants of the Delphi method meeting were asked to rate each statement on a scale of 1 to 4 based on how reliable they believe the statement is; 1 means the statement is considered *unreliable*, and 4 means the statement is considered *completely reliable*. The second set of questionnaire consists of 25 questions that relate to the feasibility for implementing those components or activities as part of a sex worker empowerment program. Participants were again asked to rate each statement using a 4-point scale, with 1 being *highly unfeasible* and 4 being *highly feasible*. Lastly the third set of questionnaire consists of the same questions as the second set but participants were asked to focus on the desirability or how much of a priority the activity should be in a sex worker empowerment program. The same 4-point scale is used with responses ranging from *not a priority at all* to *a very high priority*.

To provide an illustration about other sex worker empowerment programs that have been implemented nationwide or overseas, researchers presented the results from the literature review, survey and qualitative assessment as a basis to build a model of empowerment that will be discussed at the Delphi Method meeting. Participants had the freedom to make further inquiries about the presented results as well as provide additional information on the topic. Afterwards, participants were provided with the questionnaires in a google form format, and were requested to complete the three sets of questionnaires sequentially from part 1 to part 3. The process was done online for about 60 minutes using each participant's mobile phone. A total of 19 participants completed all 3 sets of forms. The results were tabulated immediately and discussed in the next stage.

At the meeting it was agreed to combine score 1 and 2 into 1 value that indicates unreliable, unfeasible, or not a priority. Score 3 and 4 are also combined into one value of reliable, feasible or a priority. It was also agreed that a consensus is reached when 80% of participants agree on a certain statement.

Furthermore, the second and third part of the questionnaire was completed by each participant twice; during the Delphi method meeting, and a week after the meeting. Questionnaires were also completed online, and participants were provided with the result of the first round of discussion to reflect on. The purpose of this exercise is to ensure consistency in program component evaluation as well as provide participants with an opportunity to reflect on the first discussion. Results from the first and second round of questionnaire completion was combined into one final score that reflects the reliability, feasibility and desirability of each statement.

Consensus on the Principle of Sex Worker Empowerment

In the first set of questionnaire, questions were formulated to answer three aspects of empowerment program: (1) the concept of empowerment, (2) the programmatic aspect, and (3) the result of empowerment program. Exploration was done on the reliability of the concept of empowerment as the basis for programs that should be provided for sex workers. Programmatic aspect was also explored, namely how an empowerment program is managed, the financing, collaboration, benefit, key activities and contextual factors of an empowerment program. The questionnaire also looked at the results of a program with an emphasis on how participants evaluate the empowerment programs that have been implemented to date. Results of the first set of set of Delphi instruments are as follows:

<u>The Concept of Empowerment</u>

Almost all participants agree with the statements regarding the concept of empowerment (see Table …). Three statements receive 100% agreement, which are empowerment is a change of paradigm in service provision, using empowerment as a strategy to reduce social vulnerability, and empowerment is a means to have a united voice

or to combine the interests of sex workers. Other statements are agreed by more than 90% participants: empowerment requires having a collective identity, empowerment can reduce the spread of HIV, and can help sex workers return to their social function.

The result shows that conceptually all participants agree about the importance of empowerment so that sex workers can control their own lives, not just in utilizing health or social services but includes more basic aspects such as setting their needs, and conveying the thoughts for fulfillment of their rights as a citizen. Participants also acknowledge that to successfully empower sex worker communities, the effort has to be accompanied with continual capacity building that will enable sex workers to organize themselves and develop their own collective identity.

Participants also reach a consensus about a change in one definition that relates to empowerment being an effort to restore sex workers' social function. A closer look at the background of this definition reveals that the definition is based on sex workers being categorized as a group with social problems that needs empowerment to be able to socially function again. The Government implements empowerment programs based on this concept, which is taken from the concept of social rehabilitation as stated in Law Number 11/2009 about Social Welfare. The Law states that "social rehabilitation is a refunctionalization and development process to enable an individual perform his/her social function in a natural way in the society". After discussion, participants agree that this definition of empowerment cannot be used as a reference to conduct empowerment activities as this definition is not in line with other definitions that have been agreed. Points that are of specific concern is article 5 of the Law that states categorization of sex workers as a group with social impairment and behavioral deviation.

Based on a consensus, the following principles should be observed in empowering sex workers:

1. Sex workers determine the service that they need.
2. The basic need is for sex workers to have a collective identity in order to organize themselves.
3. Empowerment efforts are based on fulfillment of human rights.
4. Empowerment has to be accompanied with individual and collective capacity building in order for sex workers to voice their concern.
5. Empowerment is expected to reduce the barriers that sex workers face in utilizing public services, and decrease their social vulnerability including that for HIV transmission.

Programmatic Aspect

The Delphi questionnaire also explores principles of program implementation that an empowerment program should consider. The questionnaire includes 11 programmatic statements on participation of sex workers, collaboration, key empowerment activities and financing of empowerment program. The statements are formulated based on the result of the qualitative study, specifically stakeholders at the sub-national level, the government, CSOs and sex worker organization, plus the literature review.

Initially, 3 out of the 11 statements do not have consensus, i.e. (a) empowerment of sex workers is one form of health promotion and will need to be implemented by the health sector (72%); (b) funding for sex worker empowerment depends on donor support (33%); (c) sex worker empowerment is not part of current HIV/AIDS intervention effort. There are also two statements that receive a score of below 20% but was then determined as a consensus because more than 80% of participants agree that they are unsure with the statement. The two statements are (a) the Ministry of Social Affairs and the Provincial/District Social Affairs Office are the only government institution that is responsible for empowering sex workers (0%) and (b) sex workers empowerment is defined as economic empowerment to enable them leave the sex industry (17%).

The remaining 6 questions have consensus with regards to reliability. They are: (a) financial support for sex worker communities; (b) meaningful involvement of sex workers in an empowerment program; (c) efforts to address violence as part of sex workers empowerment; (d) supporting regulations are necessary for an empowerment program to succeed; (e) sex worker organization needs to collaborate with other CSOs; and (f) sex worker organization needs to work together with the local government.

Discussion of consensus result focused mostly on the financing of empowerment. From a legal perspective, the Ministry of Social Affairs and the Provincial/District Social Affairs Office are the institution that has the mandate

to rehabilitate groups with social welfare problem. They are the only government agency that has funding for empowering sex workers. Other government institution may have a budget for empowerment but it will be directed toward the general population and is not accessible by sex worker communities.

Empowerment activities by the Ministry/Office of Social Affairs are typically a follow up to arrests made during a raid on street-based sex workers or in come cases are a part of the government effort to close a brothel or sex establishment in a city. During the Delphi method discussion, few participants realize the division of authority that applies in the government such that the common understanding is that sex worker empowerment efforts can be financially supported by a number of government agencies. After the matter is clarified, it was agreed to exclude the statement about this issue from the consensus.

Consensus was also not reached regarding the statement that sex worker empowerment efforts rely on donor funding. Some discussion participants believe that donor agencies are not the only source of fund, and funding can come from the local government or the NGOs/CBOs themselves. Some cited examples of activities that were initiated by the NGO/CBO, usually in response to a local specific problem that sex workers were facing, and are not intended to provide economic empowerment. The qualitative assessment part of this study also reported about a coalition between a sex worker organization and another social agency that provides support to sex workers who experience violence.

While some discussion participants have that opinion, a third of participants observe that the initiative to empower sex workers originates from donor agencies. Local NGOs or CBOs then capture the idea and develop it further. These participants believe that without donor funding, empowerment activities for sex workers will face enormous challenge in the current context of government policy that view sex workers as individuals with social welfare problem who perform unworthy work.

Another statement that did not reach consensus is about empowerment being a form of health promotion. About two thirds of participants believe that empowerment is one strategy to reduce sex workers' vulnerability to disease transmission through their ability to access health care. Therefore empowerment activities are inseparable from health promotional efforts. The remaining participants stated that empowerment is a way to evoke sex workers' power to make a decision for their life, so it is broader than health promotion. Encouraging sex workers to understand about human rights issues, to voice their opinion and organize themselves is the essence of empowerment.

Similarly, for the statement about sex worker empowerment not being part of HIV/AIDS intervention activities, three quarters of participants do not find this statement reliable as they observe sex worker empowerment activities being implemented as part of current HIV programs. It is in fact believed that without the HIV program, it will be challenging to initiate sex worker empowerment activities within the current policy environment in Indonesia. Using HIV as an entry point, outreach programs can organize sex workers into groups at the hotspot level all the way to the national level. Another third of participants think that sex worker empowerment is not explicitly part of the HIV program since operationally empowerment activities are not the target of HIV program. Even though a lot of sex workers are groomed to be peer leaders to reach out and disseminate information to their friends, their involvement is not a form of empowerment. Peer leaders are formed exclusively to work on referral for HIV testing or STI screening. None of HIV program activities are intended to strengthen sex worker organizations, or to provide financial support for institutional strengthening of sex workers organization. All the available funding is directed to mobilize sex workers toward accessing health service.

As four statements did not achieve consensus among participants, only seven statements that relate to programmatic aspect reach consensus, which are as follows:

1. In order for sex workers to organize themselves, empowerment efforts have to provide financial support directly to a sex worker organization.
2. Implementation of empowerment requires meaningful involvement of sex workers as the program target to align program strategy and priorities with the sex workers' needs.
3. Empowerment activities need support in the form of government policy that can accommodate the need of the program as well as provide funding.
4. In implementing empowerment activities, sex workers organization needs to build strong alliances with NGOs and others to advocate on policy and public service issues.
5. It is also critical for sex workers organization to work with the local government and authorities as the institution who will be in direct contact with sex workers, either during raids or follow-up empowerment activities.

6. Empowerment activities for sex workers are not focused on economic empowerment alone but should include capacity building activities so sex workers can better organize and manage their organization.
7. Empowerment activities for sex workers need to pay specific attention to issues of violence, physical, emotional, sexual, and economic abuse in a personal or structural manner.

Result of Empowerment Program

The questionnaire that focuses on this topic is meant to obtain an agreement regarding the current status of empowerment program, the coverage, accessibility, barriers and enablling factors as well as networking that sex worker organization have been carrying out to date. Out of the nine statements in this questionnaire set, three statements achieve consensus: (1) the coverage of current sex worker empowement programs is not proportional to the number of sex workers; (2) closure of brothel or sex establishments have hampered efforts to organize and reach out to sex workers; and (3) the networking between sex worker organization and health facilities is not yet optimum to provide access to health care for sex workers.

Consensus was not reached for the other six statements since one to two thirds of participants have a different perception about the truth of the statements. The first issue is about how sex workers' lower educational level will make empowerment efforts more difficult. Half of the participants believe the statement is reliable, while the other half have the opposite opinion. Some are convinced that the low educational level of sex workers is actually the principal reason for empowering them so that they will be empowered and able to access various public services that are available. On the other hand, some participants view the statement from the actual implementation of activities, primarily skill-building activities which often do not produce the desired outcome. Some examples are inability to develop the trained skill further, lack of concern about capacity building and inability to share information on a certain issue with other sex workers; all of which are thought to have been caused by low level of education.

Another statement that did not reach consensus is about stigma toward sex workers that hampers empowerment efforts. Two thirds of participants believe the statement is reliable. A number of parties still think sex workers need to be saved from an unworthy profession, and empowerment program is often directed at helping sex workers leave the sex industry. As a result, the concept of empowering sex workers so they can make decisions for themselves cannot be fulfilled. The remaining third of participants see stigma as a barrier toward sex workers' involvement in empowerment activities out of concern of experiencing even more stigma. It is observed here that the disagreement between the two groups arises because each group of participants views the statement from different points of view. They actually agree about the key issue that stigma has caused a barrier in empowering sex workers. Therefore, this statement is considered to have reached consensus.

Participants also differ in their opinion regarding the statement on how sex workers' interest in empowerment program is tied to the potential economic benefit they may gain from the program relative to the income they get from sex work. Almost two thirds of participants say that when an empowerment program is not producing optimum results, it is mostly because it does not match the need, and not due to economic factor. The remaining third participants do believe that sex workers are not interested in empowerment programs because the incentive from this alternative work is not comparable with the gain from sex work. So it is natural if there is less interest even if in reality the alternative work may provide a bigger economic benefit.

Almost two thirds of participants mentioned that empowerment activities have not been prioritizing female and transgender sex workers. There are also some empowerment activities for male sex workers that focus on fulfillment of their rights for health service. Activities that provide alternative work are indeed focused on female and transgender sex workers only. Some participants think that empowerment activities that have been reported are actually not specifically directed for sex workers, but are provided for all individuals in the low-income category or those who are impacted by diseases like HIV.

The rest of participants who consider the statement as reliable base their opinion on the observation that a lot of empowerment activities like economic empowerment and peer leader activities focus on female sex workers. Activities also often focus on transgenders as they fall under the group with social welfare problem and are therefore a target in government empowerment program. Based on this clarification, participants of the Delphi technique meeting agree that empowerment does not just focus on female and transgender sex workers, but include the males as well.

Another statement that did not reach consensus is about how outcomes from current empowerment program have not contributed much to HIV prevention and care efforts. Some participants think the statement is reliable because sex workers' access to services and the service coverage is not yet optimal. Criminalization of sex work and closure of sex establishments have also made outreach and service provision more difficult. Testing coverage is still low, a high number of PLHIV are not yet enrolled in ARV therapy (ART), and the number of lost-to-follow-up (LTFU) cases is high, indicating that empowerment activities have not had any significant impact on HIV program. This applies specifically to female sex workers. In contrast, two thirds of participants do not agree with the statement as they have observed how past empowerment programs on FSWs shape current HIV interventions. Sex workers now play a key role in developing and implementing intervention activities, which is a lesson learned from past programs. Hence, past empowerment programs actually have provided quite meaningful contribution to HIV current intervention efforts. Based on this perspective differences, this statement is concluded as not part of the consensus in the Delphi method.

Despite the lack of consensus, two thirds of participants agree that empowerment programs that have been implemented have not accommodated the voice of sex workers as programs tend to be vertical in nature. They are typically initiated by the central level and implemented by CBOs or NGOs at the sub-national level. Frequently the planning that is done at the central level is quite removed from the actual reality in the field, and no mechanism yet exists to capture the ideas in the field and channel them upward as a bottom-up approach.

Another third of participants however believe the opposite, and cite OPSI, the national network of sex workers, as one example. OPSI is now involved in HIV/AIDS intervention programs and is entrusted to provide technical assistance in the development of a peer leader concept for intervention that target sex workers. Sex worker organizations in several areas have also started to work together with local stakeholders to address problems that are faced in the field, like raids and arrests of sex workers.

Considering that the participants' difference in opinion is more due to differences in perspective; viewing sex workers' involvement in the internal mechanism of sex workers network vs in the overall role of a national network as the main player in HIV/AIDS program, this statement is considered to have reached consensus.

The Delphi technique for the issue on program results produce several consensus as follows:

1. Existing empowerment programs still have limited coverage as they have not included the number of sex workers that has been recorded.
2. Closure of brothels or sex establishments have hampered outreach and organizing efforts that are key in empowering sex workers.
3. Networking between sex worker organization and health facilities is not yet optimum, resulting in limited utilization of health services.
4. Stigma toward sex workers continue to challenge program implementers and sex workers as program beneficiaries in optimizing program development and sex workers' involvement.
5. Empowerment programs do not exclusively target female and transgender sex workers, but also focus on male sex workers though program characteristics for each gender may differ.
6. In principle, national and sub-national programs have already accommodated the voice of sex workers through local CBOs and national network of sex workers. However, it is recognized that the current process has not fully recognized the mechanism for articulating and aggregating inputs from the field.

Consensus on the Feasibility of Empowerment Program Components

In the second part of the Delphi questionnaire, participants were requested to rate the feasibility of implementing various activities as part of an empowerment program. The activities listed are based on a mapping of empowerment interventions that have been implemented by the government, CBOs or NGOs in Indonesia, also best practices that are published in journals and trusted websites. A total of 27 empowerment activities were identified, which were grouped into 4 main activities: (1) capacity strengthening of sex worker organizations and members; (2) social empowerment in the form of activities that facilitate fulfillment of basic need, and the need for education and legal protection; (3) health empowerment that includes HIV prevention and care services, care for victims of violence, and treatment for drug and alcohol dependence; (4) economic empowerment in the form of skill building to start a small business also provision of alternative employment. Results and discussion of the Delphi questionnaire are as follows.

<u>1. Strengthening Sex Worker Organizations</u>

This group of activity consists of six statements which participants need to rate with respect to the feasibility of implementing the activity. The six statements are (1) organizing sex workers from the lower level to the national level; (2) capacity building in organizational development, networking and advocacy; (3) funding provision for organizing activities; (4) sex worker organizations as direct implementers of HIV/AIDS intervention activities; (5) skill training by sex worker organizations for their members; and (6) education and outreach to sex worker community by peer leaders. Participants in the Delphi technique reached consensus in all six statements (agreement by more than 94%). All participants agree that the six statements are basic activities that should be done by sex worker organizations or by other parties who are committed to empower sex workers. The results are detailed in the table below.

Consensus on the feasibility of capacity strengthening activities aligns with the consensus on the concept of empowerment that has been reached previously. This is a change of paradigm where sex workers are no longer the target, but become the determinant of service that will be provided. Health, social, or educational service activities are expected to be provided or facilitated by sex worker organizations. The consensus also reflects the principle that empowerment of sex workers has to be accompanied with continual capacity development, for the organization and for each individual in the sex worker communities. Constant support is also needed to build a collective awareness among sex workers through organizational activities from the lower level to the national level.

2. Social Empowerment

In this group, participants were asked to rate the feasibility of six activities that include fulfillment of basic needs, educational needs, fulfillment of civil rights and religious activities. From these six, three activities achieved consensus with a maximum score, namely provision of identity card (ID) to facilitate complete access to social and health service, alternative education for young sex workers (high school equivalent or Open University) and legal assistance for sex workers who experience violence. Provision of a safe space or drop-in center is also feasible to do so that sex workers have a place to carry out activities. Two activities that did not reach consensus are provision of food assistance for sex workers who have difficulties making ends meet or live in poverty (78%) and religious teaching and therapy for sex workers (22%). The result is summarized in the table below.

Provision of ID card for sex workers is considered feasible as some sex workers do not have an ID card for a variety of reasons, from lack of birth certificate, high level of mobility, to lost ID card. It is also thought that some sex workers may purposefully not present their ID card out of fear of possible consequences when their identification is discovered. Field observation records that several local NGOs who work with sex workers and CBOs provide assistance to some sex workers to obtain a temporary or even a permanent ID card. ID card is critical as it is currently the main requirement for access to all public services in Indonesia. Alternative education is a capacity building initiative from OPSI to enable its young staffs receive education that is equivalent to high school and university. A drop-in center or safe space is also considered feasible as many sex worker communities do not have a place where they can gather, conduct training, and share information. In some areas, there is actually a restriction for sex workers to gather, while having a place to gather is actually a basic need for community organizational development. Legal aid service for sex workers also receives full consensus from participants. In this initiative sex workers become paralegals to help fellow sex workers who experience violence. This intiative has been implemented in several places under the name Community Legal Service (CLS), and has produced encouraging results. Moving forward, it is a promising activity that is feasible for implementation.

One activitiy that had been implemented but did not obtain consensus is religious teaching/spiritual guidance for sex workers. This activity is usually implemented by the Provincial/District Social Affairs Office in the form of post-raid rehabilitation session for sex workers. The goal is for sex workers to get out of sex work. Participants however do not believe this activity is feasible for empowering sex workers. Therefore, in summary activities that receive consensus as feasible for implementation are as follows:

1. Identification (ID) card assistance for sex workers who do not yet have one.
2. Alternative formal education for young sex workers.
3. Provision of a safe space for sex workers to engage in activities and organize themselves.
4. Community legal service for sex workers who experience violence.

3. Health Empowerment

In the health empowerment category, activities are mostly focused on health service that directly ties with sex work such as HIV and STI treatment, post-violence care, treatment for drug or alcohol dependence, and mental health service. Since all the activities are specifically related to sex work, participants reach full consensus on all statements, except for drug dependence treatment and mental health service that receive 95% consensus. The result is detailed in the table below.

The list of health empowerment activities actually does not contain new activities as empowerment of sex workers in the health sector mostly revolves around HIV and STI. Harm reduction interventions and treatment for drug and alcohol abuse has not captured a lot of attention despite evidence from various surveys that drug and alcohol abuse is a significant problem among sex workers. Mental health service for HIV-positive sex workers has also not been provided in a systematic manner except through PLHIV peer support group. This is critical as the number of HIV-positive sex workers who have enrolled in ARV therapy is quite low and the rate of lost-to-follow-up among sex workers is still high.

One important factor that has to be considered with regards to the feasibility of providing health service is the closure of brothels and sex establishments. As discussed in the section about empowerment program results, the closure significantly impedes sex workers' access to health services. Nevertheless, some activities are still feasible to be done as part of health empowerment:

1. Promotion and provision of condom
2. Promotion and provision of HIV testing
3. Promotion and provision of STI testing and treatment, and reproductive health service
4. HIV care and treatment
5. Service network strengthening for sex workers who experience violence
6. Drug or alcohol dependence treatment
7. Provision of mental health service

4. Economic Empowerment

Activities that are proposed under the economic empowerment category have a goal to increase sex workers' understanding about financial management, provide them with skills and alternative employment or additional income aside from sex work. Current economic empowerment activities are limited, so the activities listed are taken from good practices that are reported from other countries. The first four activities in the list receive consensus, though it was not 100% agreement. They are: establishment of a cooperative, training on starting a business, financial literacy and manufacturing skills. The last two activities, provision of alternative employment aside from sex work, and internship opportunity in a formal sector did not achieve consensus (less than 80%).

Discussions on economic empowerment activities revolved around the uncertainty about the results of previous or ongoing economic empowerment program. It is known that such program is part of a social rehabilitation effort for sex workers who are arrested during a government raid. They are usually provided with skills training such as cooking, sewing or crafts-making and are given some initial capital, equipment or cash, to start a business. Anecdotal information however reports that such approach is ineffective as sex workers do not have a say on whether the skill that is taught is the right fit for them, and the seed fund that is provided does not match the actual need. As a result it is not optimally utilized and is quickly consumed. Based on this situation, economic empowerment efforts have to consider the following issues:

1. Economically empowering sex workers will only succeed if the sex workers themselves believe that empowerment is important.
2. Options for economic empowerment activities have to be tailored to the interest of sex workers.
3. Service providers need to be willing to accommodate the interest and needs of those who desire economic empowerment.
4. Economic empowerment is not limited to training of a certain technical skill, but should be followed up with internship, deployment or assistance to start a small independent business, accompanied with continuous monitoring.
5. Provision of seed funding, assistance in financial management and monitoring can be critical if economic empowerment that is provided leads to an independent venture. Provision of manufacturing equipment has been shown as ineffective as it may not be a good fit for the independent business that is being pioneered.

6. Deployment of sex workers in a formal work setting, or marketing of products that are produced by sex workers need to be accompanied with stigma-reduction efforts. Stories have emerged about products made by sex workers not being accepted by consumers due to stigma.

Consensus on Prioritized Components in Sex Worker Empowerment

Consensus on the prioritized activities of empowerment for sex workers basically reflects the feasibility of the activities to be implemented in at different level of the implementers. All participants agree that all activities in strengthening of sex organization category should be prioritized in the empowerment programs. However, only three out of five activities have consensus to be prioritized in the social empowerment category. Food assistance and religious therapy among five activities are the activities that are received no consensus among the participants. In the health empowerment category, only one out of eight activities receives no consensus which is drug or alcohol abuse treatment. In the economic empowerment, the proposed activities recivies an equal consensus among the participants where establishment of micro credit, alternative employment and internship do not have consensus while business start up, financial literarcy and small production and marketing of the product are prioritized in the empowerment program for sex workers. The consensus on the priority activities in empowerment of sex workers can be seen in the table below:

Table Priority of activities in sex workers empowerment

Appendix 2: Best Practice - An Effective Approach for Sex Worker Outreach

A. Characteristics of Sex Worker Social Network

Sex workers have a low social status in the society due to their work that is not in line with the society's values and norms. Government policies legitimizes this situation. Regulation of the Minister of Social Affairs Number 8/2012 puts female sex workers into the category of people with social welfare problem (*PMKS*) who are not able to carry out their social function. The perception is that sex workers have difficulties and impairment that results in them not being able to fulfill their physical, spiritual and social needs. A legal recognition of sex workers as PMKS group increases the stigma that society has about them, causing sex workers to be even more socially marginalized.

Economic powerlessness, lack of job opportunities, limited access to fulfillment of basic needs like education, condition female sex workers to assume a self-defense strategy in order to survive. Like all humans who are a social creature, sex workers create their own social network with their peers. The network gives them a sense of community with other sex workers who share a similar condition, feeling and profession.

> *"they each have their own group since they all do similar jobs, they have a similar experience, divorced by their husband and have to be the sole bread winner for the family." - Peer Leader, Jakarta*

A sex worker network is relatively extensive and consists of not just sex workers, but also pimps and managers of sex establishments. Power relations are also at play with the pimps and sex establishment managers holding the largest power. The network is maintained by the pimps and managers and is used for coordination with certain parties to ensure smooth operation of the sex trade. This strategy is taken as sex work is a profession that is against the law. In this situation, sex workers tend to follow the instruction and direction from their pimp and managers who are considered as having full authority on them.

Now that brothels and sex establishments are closed, sex workers disperse to various locations and have to be self-reliant. Former pimp or manager now no longer has a role in sex workers' network and sex workers can only look to their peers for support.

> *"The pimp is actually one that accommodates us the most in the brothel. After the closure, we basically are on our own and just rely on each other."- OPSI Jambi*

Common conversation topics during daily interaction revolve around sex work, family life and experience. This occurs as sex workers wait for clients, or chat over the phone. Sex workers are typically more open with members in their network, which creates a stronger relationship based on their need for one another. Sex workers will first turn to each other for help in the face of problems. Even though there are sex workers who shy away from friendships out of a sense of competition, they will also request help from peers when problems arise as fellow sex workers are regarded as the only ones who can be relied on for help. In the end, despite the competition, sex workers do turn to one another in the face of trouble.

> *"They who work at one place compete with one another. Basically at one hotspot clients take turn, they don't just like one person, especially if there's a new girl. They also compete, like who has the newest mobile phone. Whoever is the first to buy one, later for sure another person who doesn't want to be rivaled will follow. Still, they need one another, whenever there's a problem they will turn to each other first" - Peer Leader, Jakarta*

Sex workers create their own social support, firstly to provide emotional support in the form of advice or suggestions to friends who are facing problems, for example violence. Sex workers lean on each other to provide listening ears without a judgmental or insulting attitude even when they are aware that each of them has limited information.

> *"Yes to a friend, a close friend. Basically a best friend. The others are not my good friends, but I don't know. I don't dare to talk about it, I'm concerned they'll say, 'hey, you're a sex worker, what are you doing." - Female sex worker 4, Malang*

> *"even up to now, sex workers hide from their family, so they won't come out. They're afraid they won't be accepted by their family. Whenever there's a problem, they confide to their friends who are sex workers too." - Peer Leader, Jakarta*

The second type of support that sex workers provide to each other is financial support. Even in the midst of their own financial limitation, there is enough loyalty between friends to provide help. As money is a common problem, sex workers initiated a "saving" mechanism in the form of *arisan* (informal rotating savings club). A small-scale *arisan* within the sex worker network is quite able to help them overcome their financial constraint. There is also voluntary financial support which usually occurs within a close circle of friends such as when a sex worker is ill. Friends will then collect money to help with her treatment.

> *"We sometimes also pitch in when one of our friends is ill, but that's if we are close with her." - Peer Leader, Medan*
>
> *"For financial problems we first come to our friends for help." - Female sex worker 1, Malang*
>
> *"We have a small-scale arisan"- OPSI Jambi*

The last type of support is instrumental support, which is assistance with daily needs such as taking a sex worker who is ill to a hospital, or providing a temporary place to stay, also helping resolve a problem at work. Sex workers also frequently help fellow sex workers who get arrested during a raid, by being the guarantor or finding someone who can be a guarantor.

> *"Not too often, only during illnesses. When one is ill, then let's do it, let's do it hehe (chuckles) then my friends took turn becoming ill, one after another, hmm, Sister Ita, this and that, oh yes Sis, hold on please (I don't ask my friends for help too often (chuckles)) but if a friend is sick then we take turn helping." - Female sex worker 1, Malang*
>
> *"Yes, friends of the same profession. If we ask for help from people who are not sex workers then we have to lie again. For example if the civilian police conducts a raid, people will find out. We will have to ask for help from someone who doesn't know our profession then we automatically have to lie. Why did you get arrested, we lie by saying we were just passing by and they arrested us. It happens all the time, you just pay and you can get out." - Female sex worker 1, Makassar*
>
> *"A good thing I have my ID card, so they simply brought me to the station. A good thing also a friend of mine has a foster mother and this foster mother is the one who helped me. If I have to call my mom, ouch, then she will find out about me." - Female sex worker 3, Jambi*

As a marginalized group, social network is sex workers' primary source for social support. Sex workers are not likely to request help from people outside their network as this will require them to reveal their profession. Sex workers' social network starts and grows in response to outside pressure, and members in the network are bound together by trust. Sex workers do not trust people outside the network, so trust is a critical element. It is the basis for an effective and mutually-beneficial relationship between sex workers, who then help each other, treat each other with respect, and show strong solidarity and loyalty to the group. The solid bond in the network significantly influences the life of each member in the network.

> *"As a sex worker, I myself do not like it when an outsider shows up, hey who are you asking me questions? Whether I want to be healthy or not, who do you think you are." - Peer Leader, Medan*

Unfortunately the network is also vulnerable to negative influences. When some individuals do risky behaviors like not using condom with clients, then others tend to do the same. Condom use is one example of negative influences a network can have on individual sex workers. There may be one or two individuals who would like to use condom, but peer pressure is stronger. Limited access to resources and information further increases sex workers' vulnerability to incorrect information. A special strategy is therefore necessary to gain access to such a closed social network. In the AIDS intervention program among female sex workers, development of peer leaders is the strategy employed.

B. Peer-based Outreach Program

The Indonesian National Network of Sex Workers or Organization for Social Tranformation in Indonesia (*OPSI*) develops an intervention that directly targets sex worker social network through peers. The intervention strives to reach out to sex workers by actively involving sex workers themselves as peer leaders. The term peer leader was used to indicate the establishment of leaders within the sex workers' group. These peer leaders will then recruit other sex workers to be peer educators within their own network. A peer leader is expected to provide education and mentorship about health service to their friends. The concept relies on meaningful involvement of sex workers, relinquishing authority to the sex workers group to perform outreach and intervention to their own group.

"Peer means sebaya and Leader means pemimpin so PL is a leader who is your peer and she will be a role model for the others. So it means a PL is a peer leader who can be a role model for the other sex workers." – National Coordinator of OPSI

OPSI starts the program by mapping several sex workers network together with the regional offices of OPSI to identify individuals who have a strong drive to learn and can potentially be peer leaders. These key inidividuals are then trained to be peer leaders.

Programmatically OPSI tries to support peer leaders by advocating to the Global Fund to involve peer leaders who OPSI has established in the Global Fund's outreach program. The National OPSI provides a list of peer leader's names to the Global Fund's implementing partner in different areas who will then contact the peer leaders and involve them in the Global Fund's outreach program. Independently the National OPSI follows up with individual peer leader to ensure that they are involved in the Global Fund program. A WhatsApp group is also created to allow quick coordination and field problem solving between the National OPSI and peer leaders. The National OPSI also makes routine visits to the sub-national level as part of technical assistance for peer leaders.

"OPSI was intensively engaged in the preparation of a concept note for the GF NFM (Global Fund New Funding Model). We made a loud noise about the need for field outreach workers to be sex workers themselves. GF NFM accommodates our input and set that 60% of field outreach workers are sex workers or peer leaders, and 40% of outreach workers are non-sex workers." - National Coordinator of OPSI

The National OPSI also conducts field visits once a year to have a dialogue with peer leaders, discuss challenges, and identify needs that can be accommodated to facilitate better and easier field outreach. While the technical and administrative process that relate to outreach methodology and strategy is managed by the Global Fund program implementers in each area, OPSI acts as the liaison between peer leaders and Global Fund program implementers and help resolve problems on the administrative and technical process. The National OPSI also conducts training for peer leaders to increase their knowledge about HIV/AIDS, STI, sexual and reproductive health and rights.

"The concept of training for peer leaders and field outreach workers is basically the same … OPSI is included in the SRHR training, and in that training we discuss in detail topics like human rights, gender, and program success."- National Coordinator of OPSI

Peer leaders have a similar task as field outreach workers which is to give basic information about STI, HIV AIDS, and health services, as well as provide sex workers support that can lead toward behavior change. Peer leaders have one additional responsibility in addition to outreach, which is to hold a weekly discussion with sex workers.

"A peer leader is the same as a field workers. In my opinion there's no difference between the two. The only difference is that a peer leader is a sex worker." - Peer Leader Medan

The weekly discussion is a venue for sex workers to obtain support from their peers. Sex workers feel comfortable and safe with their peers and attend the weekly meetings without feeling anxious. At the meeting they are given tips to avoid risky behavior, where to get condom, how to negotiate condom use, and other safe sex behaviors, also how to access health services. They are provided with resources such as condoms, information, education and communication (IEC) media, and health facility referral card. Peer leaders ensure sex workers that they are available to help accessing health service, including coordinating with the local Puskesmas to hold a mobile clinic service at the hotspot.

"health service, for health tests, and not just testing but we also educate them so that they're healthy. The prevention side, it's like that. In that past it wasn't that way, but now there is mentorship for the positives. We teach them so they understand and we supervise them for a few months."- Peer Leader Jakarta

Each peer leader may adopt a different strategy to approach their target population. When the target is fellow sex workers in the peer leader's network, an entry point will be routine distribution of condoms. This attracts interest and sex workers start asking where the condoms come from and why they are available for free. This is a cue for peer leaders to start giving information about prevention activities. This initial approach is the most important step as it sets the stage for any follow-on outreach process.

"Yes, in the area where I usually hang out, I know a lot of people. At first a lot of them didn't believe me. I spent 6 months giving out condoms, and since I kept doing that, then they started asking me for condoms. That's when I told them that I've been working at an NGO." - Peer Leader Medan

"Basically you start with giving out condom. When you meet a new person, then you share information. But if you just meet someone and you give condoms rightaway, they'll be shocked. So perhaps you just talk about cervical cancer. After that then you start to get closer. Since we just want to talk, then they will not mind. The important thing is they have to accept us first."- Peer Leader, Jakarta

If a peer leader's target group is sex workers who are not in her network, then the condom distribution strategy will not be useful. The approach will instead have to be through casual conversations to build friendship. HIV and STI will not be the topic of initial conversations as those are frightening subjects among sex workers. Cervical cancer seems to be better accepted, and if there is uncertainty among the sex workers, a peer leader will start sharing her experience of being a sex worker as well. This helps sex workers to be more open as they trust the peer leader as having the same situation as them.

"The important thing is when you first approach someone, don't talk about HIV, but your entry point is cervical cancer, and then you move to HIV." - Peer leader, Jakarta

"I meet them several times, the first meeting is just an initial approach, so we won't be talking about health. Basically we act like good friends, ask them if they've been working here for a long time … if there are only a few of them then it's a bit hard. I always tell them that I'm also a sex worker, I'm also a woman of the night because that's true even if they don't believe me at first. They become interested, so we can talk more easily, and they will be more open. We won't talk about HIV rightaway, we talk about clients, our personal problems, and in the end we can go to that topic." - Peer leader, Medan

During initial outreach process, a one-on-one approach is far more effective as a sex worker tends to pay attention better that way compared to if outreach is done to a big group of people. An individual approach also is more intensive and can result in a close trusting relationship, and even behavior change much faster. Once friendship is established, the next stage is to start a group approach at that hotspot by holding a socialization about HIV/AIDS. Peer leaders also emphasize that they are available for mentorship, support and help for any sex workers who are HIV positive or infected with STIs.

"We socialization, and we won't leave behind anyone who is sick. We'll continue supporting them. We also have condoms and they're free, the testing is also free." - Peer Leader, Jakarta

"It's back to each person's awareness. We have to hang out with them often. When they have a problem, we don't take a hike, even if we can't help them at the very least we will try to find someone who can help them. So we drop by there not just when there's a VCT." - OSPI Kupang

"For me the first step is an individual approach. So with each individual first. If we go to a group they tend to not listen to what I say. There is always one who is willing to listen, and another who doesn't want to listen, so I might as well approach one person so I can do it more intensively. Then I walk on, I meet another one, so we talk casually. Do you want condom, that's for prevention so we can be healthy, you know. So to start, an individual approach works great, but if we've visited the place several times then we'll just go along with the group" - Peer Leader Medan

One challenging part in outreach usually involves inviting sex workers to a health facility. Despite the education and information through a one-on-one approach and a group socialization, some sex workers are still reluctant to go to a health facility. They do not have time, or concerned about stigma at health facilities or feel healthy. Peer leaders therefore coordinate with health facilities to provide a mobile health service at the hotspot to reach sex workers with time constraints or concern about stigma at the health facility. This is believed as a promising initial strategy to invite sex workers to health facilities. However, a different approach will be needed for sex workers who refuse to visit a health facility because they still feel healthy.

"the trouble is when we invite them to a health facility. It's difficult to convince them." - Peer leader, Medan

Another challenge that peer leaders frequently face is sex workers who forget their appointment to go to a health facility, which is quite a common scenario. Peer leaders often give up reaching out to the particular sex worker. If a peer leader has a deep concern for a particular sex worker, she may go directly to the sex worker's home together with a friend who has been to a health facility. They will then accompany her to a health facility, which is hoped to ease her concern.

"It's like this, we've been waiting at the health facility, but they didn't show up. Another time I already came by their place to pick them up, they suddenly decided not to go, or they don't feel like it. Things like this are irritating … I then try to go to their place directly with a friend who has been to a health facility. hehe" - Peer Leader, Medan

"..not all peer educators have a high level of sympathy. So sometimes if something like that happens, they just give up and find another sex worker to reach out to." - Staff of National OPSI

The outreach process becomes easier once a few sex workers have had good experience with peer leaders. They share about the peer leader to other sex workers in their network, which creates trust and opens a path for the peer leaders to reach out to more sex workers. At this stage sex workers will be willing to listen and go to a health facility. They may even contact the peer leader for a chat or consultation.

"I meet a lot of people from friends who are sex workers. One sex worker has a lot of friends in her network. If I know one sex worker, then she tells her friends about me, like a promotion, so she invites her friends to meet together with me." - Peer Leader Medan

"Yes sometimes some of our friends are like that, they call each other, I don't know each of their number, but their friend contacted them." - Peer Leader Jakarta

C. Impact from the Peer Leader Program

Peer leaders have a positive influence on sex workers, in their knowledge, health and behavior. Before the program sex workers did not have clear information about HIV and AIDS, the danger of unprotected sex, or ways to prevent transmission of STI, including HIV. Routine socialization meeting that peer leaders hold provide sex workers with correct information about HIV/AIDS and SRHR. Peer leaders have successfully improved the knowledge of sex workers.

The improved knowledge also results in behavior change during sex. Gradually sex workers have started to use condom. They start to consider their health as important so that they can continue working. Sex workers have also started to recognize that there is room for negotiation on condom use and they feel bold enough to reject clients who refuse to use condom.

"The change is this. Back then, I didn't use condom, but now I do. So I avoid diseases and undesirable things."- Female sex worker 2, Banjarmasin

Sex workers also become increasingly aware about their health. They used to depend on field outreach workers to take them to a health facility but now they do so on their own. Peer leader's support has lessened sex workers' concern about discriminatory attitudes at a health facility as during their first visit, the peer leader takes the sex worker to each room and introduces her to the staffs in the Puskesmas. This makes the sex worker feel comfortable and willing to go to the health facility directly.

Sex workers have also been taking a more active role with regards to health service. They have started to contact the peer leader directly with reminders about the next mobile clinic schedule, and inquiries about any delay. At a health facility, sex workers have also become bolder in conveying their needs.

"so for example the other day a friend who is a sex worker felt uncomfortable being treated differently, she felt discriminated, and she dared to tell her story and refused such treatment, it's not appropriate for the staff to do it. In the past they would just keep quiet because if they came back and asked the staff like 'the medicine is incorrect' they would be yelled at, 'I'm this and this, you are …'. But now, they fight.. I mean they can defend themselves" - Peer leader, East Nusa Tenggara

"We no longer have to remind them about VCT. When 3 months have passed, they will count the days, and if 10 days or even just 3 days have passed, they would ask, 'so when is it going to be?' for them going to a health facility is quite far, … the distance, the time. So they would contact me, 'Sis Lia, it's time … when will it be?'. We already have this … at several places … which is good. " - OPSI Kupang
"well what we already know, information, how it's transmitted. Now they ask more questions. Every six months I think, if there's a new person, come let's accompany her." - Peer leader Jakarta

Awareness about health among sex workers has also increased, and they took the initiative to enroll in the national health insurance program (*BPJS*) as they realize about their vulnerability to infection. Sex workers also generally feel comfortable enough to ask peer leaders for help in completing the paperwork for BPJS enrollment. If they do not have some of the requirements such as an ID card, sex workers will make effort to make the ID card.

"they've started accessing service on their own, also BPJS… they know that they need to have a BPJS card, so they've started asking me 'Sis Adel, please help me make the BPJS card'. Even if their current place is quite far from their hometown … they still make the effort to make an ID card, so… they have the awareness now." - OPSI Kupang

Lastly peer leaders have been able to demonstrate that sex workers can be empowered. People they mentor see that peer leaders can educate fellow sex workers, and become a source of encouragement for the others to follow their example. Even without any specific training, sex workers can use their own experience with peer leaders as an example for educating their friends. The presence of peer leaders make sex workers more excited as they feel they get the support that they need. Peer leaders become a role model that help sex workers to have more positive will to do something for their social life and their health.

"Yes basically I have a will to live, I have strength and motivation from my heart, like my friends at OPSI, they give me support and I believe I can. I'm excited to come here just like Sis Diki, Sis Ela, Sis Asep and we're all learning here, no one is dumb and no one is smart. I'm preparing to enroll in that high school equivalent educational package. So I'm starting from zero, so I can also educate other friends." - Female sex worker 2, Jambi

Peer leaders also change the way sex workers access information. They used to rely on information from fellow sex workers that tends to be incorrect. Now they can get more accurate information from peer leaders, so gradually peer leaders can minimize the misperception and myths that sex workers have. Sex workers feel grateful for getting the correct information about HIV/AIDS and learning ways to protect themselves.

"In the past there would be no way that I will have knowledge about HIV, I'm grateful now that I can know this information. My knowledge is improved." - Female sex worker 3, Jambi

D. <u>Lessons Learned</u>

The peer leader program demonstrates that sex workers are able to reach out to and refer their friends. One thing to note is that continual updating and refreshing of knowledge and skills needs to be provided to peer leaders. This is critical since HIV issue is dynamic and continuously changes, and on some occasions peer leaders do have difficulty responding to technical questions about diseases that their friends ask. Peer leaders also struggle reporting their activities in the required reporting format.

"Yes there is some, like about knowledge. I'm less confident about my knowledge actually, I feel that I still don't know much. I'm also a sex worker, but I try to look confident even if I'm not too familiar with the issue. When I give my friends information, I only say what I understand, so usually when they start asking questions I'm afraid I won't know the answer. That's why I carry this guide book around, so if I'm not sure about something I open this guide book rightaway." - Peer leader Medan

"Basically inadequate knowledge." - Peer leader Jakarta

"Not all sex workers are familiar working with a laptop and writing reports." - Staff of National OPSI

OPSI performs several strategies to optimize the function of peer leaders. The National OPSI also provides technical assistance to continually update and refresh peer leaders' knowledge. Findings from the field however note that some peer leaders still do not have optimum knowledge, so the method of providing technical assistance needs to be looked at, such as the duration of technical assistance, and the materials provided. It is best to tailor the technical assistance to the needs in the field. While adding the general knowledge of peer leaders is important, there also needs to be capacity building on some specific materials that should probably be facilitated by an individual outside OPSI. A community doctor will be one example. Another strategy is to prepare a peer leader guide book that contains information about frequently-asked questions on HIV as reference for peer leaders. Lastly to address peer leader's problem in reporting, the reporting form will be simplified. This is based on a consideration that not all sex workers are good at writing a narrative report.

As peer leaders gain more understanding about the different aspects of an outreach program, this peer-led outreach program should be able to further increase the number of sex workers who are reached and tested. Ultimately, this program also demonstrates that an outreach method that is done by and for sex workers does not simply improve outreach, but is able to create new role models in each sex workers' network and instill a sense of ownership toward the intervention program.

Appendix 3: Best Practice – Responding to Violence Against Sex Workers

A. Stigma and Discrimination as a Form of Violence toward Sex Workers

Sex workers are well acquainted with stigma and discrimination as sex work is categorized as an illegal profession based on the law on public order or disease of society (*pekat*). Sex work is also not in line with the cultural norms and moral values that is prevalent in the society. The type and intensity of stigmatizing and discriminatory attitudes that sex workers experience varies according to the sex workers' gender expression. Transgender and female sex workers are the most vulnerable group while male sex workers and their sexual orientation are generally not easily recognized by people, and sexual transactions are mostly conducted through online platforms. Stigma however is experienced by male sex workers who physically look feminine.

> *"… the possibility of … the possibility of me being arrested in a raid is very small, unlike my transgender friends who have to hang out somewhere. I'm basically one of those who solicit clients through social media, it's safer that way."- Male sex worker 1, Malang*

Transgender sex workers are doubly stigmatized and discriminated against, due to their gender expression that deviates from the social expectation, and their profession. They generally have limited employment opportunities causing them to enter the sex trade as the most feasible source of income that also allows them to fully express their gender identity.

> *"No way, our life is shameful, so we are on the street, it's shameful but what else is there, we have no other options." - Transgender sex worker 2, Malang*

Female sex workers also experience a similar intensity of stigma and discrimination, though the manifestation may be slightly different. This relates to the society's perception of women being powerless, resulting in unjust and inhumane treatment toward female sex workers. They are labeled with a derogatory term of immoral woman, which significantly hampers a female sex worker to return to a normal life in the community. As a result female sex workers tend to build a wall around herself, her family and children. They view themselves as without value or dignity, and are burdened with self-stigma. Compared to other genders, female sex workers have the most negative perception about their profession as a sex worker.

> *"Well the burden is worrying if my son ever finds out about my work. All he knows is that I sell something …Yes I'm ashamed to work at such a job." - Female sex worker 4, Banjarmasin*
>
> *"…my son may find out, we have to carefully guard this as a secret so my son and my family do not find out."-Female sex worker 3, Kupang*
>
> *"It's wrong, my life is despicable. Trash in the society."- Female sex worker 1, Jambi*
>
> *"My job, it's a bad job. The problem is with myself, and my job." - Female sex worker 2, Malang*

B. Type and Perpetrator of Violence Against Sex Workers

Sex workers' inability to defend themselves makes them vulnerable toward violence, which are mostly in the form of verbal, economic, physical and sexual abuse. Based on the perpetrators the abuse are of two types: personal, meaning the abuse is mostly committed by partners and clients of sex workers, and structural, which is violence by authorities such as police officers, civilian police, community group or religious leaders. Partners and clients usually commit more than one form of abuse. A similar situation is also observed with regards to stigma and discrimination, with female and transgender sex workers being the most vulnerable groups.

Personal Abuse

Verbal abuse in the form of derogatory and hurtful terms is the most frequent and common type of abuse that sex workers experience. Being called naughty, or doing non-*halal* work is actually considered mild and can be ignored, as sex workers are accustomed to ridicule, scorn and labeling. However this type of abuse makes sex workers more vulnerable to further violence.

More dominant verbal abuse in the form of yelling and insult usually comes from sex workers' partner and clients. A partner yells out of jealousy or out of frustration during a financial difficulty. Clients yell when their demands are not met, and they feel they have control over the sex worker. Insults usually come from neighbors and friends in the neighborhood. Transgenders experience a similar situation, plus bullying for their gender expression and profession.

Physical abuse in the form of slapping and hitting is commonly committed by clients who are drunk or who become angry when their demands are not met, for example when sex workers refuse to provide service without condom.

> *"Physical abuse by a client. The client is rough, and drunk" - Female sex worker 3, Jambi*

Economically, street-based sex workers have to face thugs who claim to be the guard of the area and extort money as the so-called street tax from sex workers. Thugs also use their power to receive free sexual service from a sex worker, and use threats to get their demands met.

Clients commit sexual abuse as well as economic abuse to female and transgender sex workers. An example of sexual abuse is a demand to have prolonged intercourse or intercourse in an unnatural manner, while an example of economic abuse is withholding payment or paying less than the agreed amount. Sex workers do not seem to have any bargaining power and making demands or fighting clients will only be met with further physical and verbal abuse. In the end sex workers choose to accept the incident.

> *"Well, one incident I had... hmmm... a young man took me,... he promised to pay. We went to a... say it's like... hmmm... it wasn't a hotel, it's like a lodge or something, and he told me to serve him, but he didn't pay me." - Transgender sex worker 3, Banjarmasin*

> *"It's common, by force, quite often there are guys who want it two to three times. Mostly it's like that.."- Transgender sex worker 2, Banjarmasin*

> "*I fell into a ditch, my foot stepped onto a nail or something, I was bleeding and stuff."- Transgender sex worker 1, Banjarmasin*

<u>*Structural Abuse*</u>

The majority of structural abuse that occurs is done by the civilian police (*Satpol PP*). They enjoy making jokes out of the transgender group, which is commonly done when transgenders are arrested during a raid. Transgenders are yelled at and threatened, followed with physical abuse.

> *"One time I got arrested by a civilian police, and there was violence like this and like that. They're the civilian police … yes indeed they want to arrest us, contain us. But I also once was abused, I mean …. I mean not physical violence, but more like yelling." - Transgender sex worker 1, Banjarmasin*

> *"The worst is if transgenders got arrested. They become a laughing stock, a joke. They'll be turned into clowns at the police station."- Transgender sex worker 2, Banjarmasin*

> *"Oh yes, we're used to being bullied, cursed at, what kind of work are you doing. It's common, bullied, all kinds of stuff, stigmatized, discriminated, everyone is stigmatized so just ignore those. What's important is this is my life, not theirs."- Transgender sex worker 3, Makasar*

Some officers would purposefully commit physical violence by pulling sex workers into the truck used for arrests. Some sex workers have also shared how they were hit and kicked during a raid. Transgenders who have been repeatedly arrested will also have their head shaved by force. All these physical abuse makes sex workers afraid of raids and would run and hide anywhere, even by a river, to avoid raids.

> *"If we get arrested until 2 or 3x… they'll shave our head … usually. But if it's only once, then we're given a warning … they make that."- Transgender sex worker 1, Jambi*

> *"What I experience … it's physical violence indeed …like what happened to me the other day, they just pulled me, and kicked me."- Transgender sex worker 2, Jambi*

While officers are rough with transgender, they are relatively gentler with female sex workers. Most of the abuse will be verbal, not physical. Clients and partners are the most common perpetrators of physical abuse toward female sex workers.

Street-based sex workers also face physical harrassment from the community who would throw various kinds of object like stone, plastic bottle to plastic bag that contains urine to sex workers. The harrassment is done as a group, such as motorcycle gangs, young men and thugs. Being in a group give people the boldness to do the harrassment.

Community Legal Services

The previous section has discussed the various violence/abuse that sex workers experience. Stigma and discrimination has put sex workers in a vulnerable position without any bargaining power to fight against the abuses, including to report them to the authorities. At the same time, any reports of abuse often remain as reports and no follow up actions are taken, which becomes another negative experience for sex workers. In response to the situation, in 2014, a Community Legal Service pilot program was created to provide legal assistance to sex workers and ensure fulfillment of their rights for protection from violence. The guiding principle of the program is service that originates from, conducted by and provided for sex workers. CLS is expected to respond to sex workers' need to report cases of abuse and obtain legal protection without intimidation or discrimination.

> *"Sometimes we do experience violence, so such assistance is very much needed.."-Transgender sex worker 3, Banjarmasin*

> *"The hope is for sex workers to be more aware about violence, andbe willing to report them so violence will decrease as it has an impact on HIV. When violence can be overcome and the environment becomes conducive, HIV can automatically be avoided. Based on a study we know that violence is actually the entry point of HIV."- National Coordinator of OPSI*

CLS was initiated in Jakarta with funding support from Aidsfonds. The activity started with recruitment and training of sex workers who are interested to become paralegals. These individuals would then be responsible in mentorship and educational activities within the scope of the community legal services. Since OPSI does not the technical capacity on legal issues, OPSI collaborates with *LBHM* or Community Legal Aid Institute who facilitated the first paralegal training. The first training was attended by 20 sex workers who were trained to be paralegals.

From the 20 sex workers who were trained in the first batch, not all of them go on to become paralegals. In the course of one year, between 2014 to 2015, 23 cases of abuse were reported. These cases have not been pursued to litigation as sex workers are not prepared to do so. The fact that sex workers have the boldness to report cases of abuse to the CLS team has demonstrated promising progress.

> *"After a year the work has been challenging, but we consistently socialize the information. We even printed flyers to inform sex workers, at least the cases are documented. Indeed not all sex workers are willing to follow things up to completion, so they stop at reporting the incident … so we have to reduce our initial expectation that we want to pursue it all the way to litigation. CLS is given critical awareness, and we start establishing paralegals at the sub-national level." - National Coordinator of OPSI*

Based on the lessons learned from the program initiation in Jakarta, in 2015 OPSI introduced the CLS program to the provincial OPSI. The National OPSI did not provide funding support to the provincial OPSI, so initiation at the sub-national level was done in the form of information dissemination regarding the importance of CLS. Each area will then have the discretion to decide whether or not to initiate CLS with minimal influence from OPSI. The National OPSI does facilitate one activity in the form of routine discussion with stakeholders at the sub-national level. The topic of discussion and facilitators are organized by the provincial OPSI. This initiative receives good response. Some areas start to hold routine discussions about legal protection and others try to develop a CLS in their area. The National OPSI also facilitates capacity building to the provincial OPSI in order to better respond to the need in their respective area.

> *"The National OPSI does not select the provinces, we only speak at a meeting with the Provincial OPSI regarding the importance of managing cases of violence that are experienced by sex workers. We also provided training for several provinces." - National Coordinator of OPSI*

The capacity building activity that OPSI provides to the Provincial OPSI is done in stages as training of trainers or training for facilitators. The training consists of three series: (1) SRHR series, (2) Human Rights and (3) specific training for paralegals. The training was facilitated by the National OPSI with some representatives from the Provincial OPSI. The first training for paralegal facilitators was conducted in 2015 with 16 provincial OPSI representatives. Training for SRHR facilitator was also conducted by the National OPSI with 30 candidate SRHR facilitators from 12 provinces. Socialization about CLS and networking with the local legal aid institute (LBH) was also performed so that the Provincial OPSI can be more motivated to initiate a CLS program independently.

The National OPSI currently focuses it attention on monitoring of program implementation, both in provinces that have and do not have the CLS program. The monitoring results are used as consideration for the National OPSI to continue any needed follow up activities regarding the CLS program. Some examples of activities are training on SRHR and human rights at the provincial level, and technical assistance to certain areas. In April 2018, the National

OPSI also initiated an online case documentation for 11 Provincial OPSI (Riau, Jambi, DKI Jakarta, West Java, DI Yogyakarta, South Kalimantan, East Nusa Tenggara (NTT), North Sulawesi, Papua, Bali, and Aceh).

> *"The National OPSI can shift the intervention area depending on the initiative of the Provincial OPSI. Any area that has a good performance can receive additional training." - National Coordinator of OPSI*

As of 2018 among the 19 Provincial OPSI, 11 have started a Community Legal Services program, which is supported with a Memorandum of Understanding (MOU) between the Provincial OSPI and the local Legal Aid Institute (LBH). The MOU specifies that LBH will provide assistance in the socialization process of human rights to sex workers, in capacity building for OPSI members and in legal assistance process. Between September to October 2018, the National OPSI records as many as 87 cases, 33% of which were followed up to completion. In recognition of this as a relatively low number, the National OPSI is working on convincing the paralegal team at the provinces to optimize the approach used with sex workers to manage abuse cases.

C. <u>The Role of Paralegals in the Community Legal Services</u>

The success of the community legel services program is dependent on the capacity of paralegals who are responsible to perform socialization on human rights and SRHR, manage a hotline, guide fellow sex workers who need information and provide legal assistance. Legal assistance is usually provided to sex workers whose case includes the civilian police or sex workers who would like to take a case to trial in which the paralegal would contact the local LBH. Each case that a paralegal manages has to be periodically documented using a form that has been prepared by the National OPSI.

> *"The main task of a paralegal is reach out to sex worker community, both directly and indirectly, and give out the hotline number if available. So if any sex workers experience violence, they can contact the paralegal team. The team also assists any victim of abuse, provide mediation and psychosocial support."- Paralegal 2, OPSI Jambi*

In order to perform their task and responsibilities, a paralegal has to be familiar with information on human rights, policies, and stigma. A paralegal also needs to be empathetic as their clients are sex workers who have been victims of various types of abuses. It is expected that through paralegals who are adequately-equipped, sex workers will have a better chance to utilize the CLS program.

> *"First a paralegal will give sex workers information regarding violence. A paralegal also reports the result of the case to the counselor and program manager, and invite sex workers who have experienced violence. So paralegals play a critical role"-OPSI Jambi*

> *"Sex workers feel more comfortable reporting the incident to members of their community, they trust the paralegal of OPSI Jambi to handle the case." - OPSI Jambi*

For capacity building OPSI works with LBH (Legal Aid Institute) to conduct basic paralegal training. The material consists of basic introduction to human rights, case documentation and referral technique. The training was held for three days and is expected to be able to raise concern among the participants regarding cases of abuse and injustice that are widespread in the field, as well as instill confidence and commitment in each participant to be actively involved as paralegals. Participants to the training were pre-selected by the National OPSI based on their level of commitment to the program as assessed by the Provincial OPSI. A total of 14 participants were trained, but only 2-3 people continue to serve as paralegals and remain committed to follow a case to completion.

> *"The materials that were provided during the training focus on knowledge about law, criminal offense, sanction, articles that relate to human rights. Explanation about trafficking was also given,"- Paralegal of OPSI NTT*

> *"The resource person provided information on law, criminal offense, sanctions and articles about human rights. They also specifically explain about trafficking, criminal offense, civil offense." - Paralegal 1, OPSI Jambi*

The burden of responsibilities on a paralegal is quite significant and can be challenging. The most common challenge is time and distance. For a Provincial OPSI with cases that occur in different cities, a paralegal will have to travel to various places. Cases also typically occur at night so the reporting is also done at night. Quite frequently sex workers who are paralegals feel they no longer have a personal life. They have to keep reminding themselves about their commitment and the overall reason of being involved in the paralegal team.

"The difficult part is to record cases that occur at night, then it has to be done during the night. We continue working even on holidays. The good part is when our friends we are helping are freed from threats, we can help our friends."- Paralegal 1, OPSI Jambi

The majority of paralegals mention that the primary reason they would like to be involved as paralegals is so that their friends have a better understanding about the law. In that way sex workers will not be easily fooled by the authorities, which is currently happening in the field. Paralegals have a deep concern for sex workers as they are aware about the situation in the field. In addition, paralegals also feel more useful and empowered when they can share information with their friends.

"I want to be a paralegal as it makes me feel that myself has more meaning." - Paralegal 2, OPSI Jambi

"The reason why I'm interested to be a paralegal is because I really enjoy telling my friends information about the law that applies in Indonesia particularly in Jambi that has a local regulation. I want my friends at OPSI Jambi to be literate about the law, so they won't be fooled by the local authorities." - Paralegal 1, OPSI Jambi

For sex workers who become paralegals, a paralegal plays a critical role and gives significant benefits for sex workers. As the paralegals are part of the sex worker community, information on human rights and legal issues can easily be provided, unlike in the past when such information is scarce and not easily available for sex workers. Paralegals also assume the role of a friend who provides continuous legal and psychological support to sex workers. Lastly, paralegals also serve as a liaison between sex workers and the legal aid institute in the community. Without paralegals, implementation of the community legal services program will face significant barriers.

"I think the benefit that my friends get with me becoming a paralegal is that they can get access to case handling by a lawyer, I can be their first contact point to report an incident, to get protection or defense, they can get assistance all the way to court." - Paralegal 1 OPSI Jambi

"Paralegals provide a lot of benefits, we reach out to our friends in the field, so they get important information for themselves, since if information about human rights and health is limited , the incidence of abuse on sex workers is very high. HIV/AIDS and health information is also important for them." - Paralegal 3 OPSI Jambi

D. The Benefit of CLS for Sex Workers

The CLS program has a positive impact on sex workers' life as seen from their character and level of participation. As a result of socialization activity about human rights, and CLS, sex workers open up more to the Provincial OPSI. They realize that they need to fight for their rights, and irrespective of the society's opinion about their profession, as human and citizens, they have the same rights as any other individual.

In addition to socialization meetings about human rights, the CLS program also holds routine focus group discussion (FGD) each month. Gradually sex workers start to share their experience about violence in the discussion forum as they hear other sex workers share their story. A sense of togetherness is created as sex workers find friends who share their experience. They become more comfortable with one another and can strengthen each other. Out of trust on OPSI's paralegal team, sex workers have a bigger tendency to access CLS service.

"They're no longer scared as they now have a place to go to report any incident, so they don't have to keep everything to themselves." - OPSI Kupang

Sex workers also no longer hesitate to report problems with the civilian police to paralegals at the provincial OPSI. For example, in the city of Jambi, when a transgender sex worker was arrested in a raid, he remembered one of the paralegals in OPSI and called him to ask for help. The presence of OPSI Jambi's paralegal team is beneficial to guarantee and defend sex workers. The collaboration between LBH and the Provincial OPSI in the CLS activity is expected to convince sex workers to access legal aid service that OPSI offers.

Since the CLS program started, sex workers have also been more active in OPSI's activities. Beforehand they were not eager to attend meetings, but after the legal assistance started they have shown increasing interest to participate in activities. They even started inquiring about the next scheduled activity. Overall the Provincial OPSI has observed positive changes that are brought about by the Community Legal Services program.

"On average sex workers who have received assistance tend to drop by our office more often, and ask about when the next activity will be held. They keep asking about it, while in the past they never did. It used to be so hard for us to even invite them to an activity. If we came to their place, they disappeared. But after they got help from us, they drop by often, they become more comfortable coming here." - Paralegal 1 OPSI Jambi

"Sex workers are aware of their rights that are protected by law. We can see that from the reports that come through the hotline or through direct visit to OPSI Jambi to meet with the counselor." - Coordinator of OPSI Jambi

Sex workers have also started to have enough confidence in countering unfair treatment. Traditionally sex workers simply accept any treatment that they receive, but they now gradually start to be able to defend themselves. Even during an arrest, sex workers have enough boldness to ask the authorities for the exact article in the law that mandates their arrest. Some also ask for the arresting officer's letter of assignment. The CLS program has facilitated sex workers to think critically such that they cannot be easily fooled by authorities.

"The sex workers are also more critical now. If they're accused of violation, they will ask the civilian police which article says that. Sex workers can also discuss things with a lawyer from OPSI, so they're more critical now about legal issues, they don't just accept anything as is." - OPSI Jambi

"I'm arrested, well this is my job, Officer! I'm not bothering anyone around here, this is the place where I work." - Female sex worker 3, Malang

E. Lesson Learned

Despite all the progress the CLS program has obtained, and the benefit reaped by sex workers, the program has not been able to make sex workers pursue their case to a litigation process. This is a challenge for the CLS program. OPSI also finds it difficult to convince sex workers to press charges, particularly if their case is a structural violence. As a powerless group, sex workers do not have the courage to pursue the matter legally based on the thought that the likelihood of them getting justice is slim, and the fear of being imprisoned for being involved in sex work that is against the law. In general sex workers do not want to prolong the case as they are concerned their status as sex workers would be discovered by a lot of people. In the end most sex workers choose to sign a form of settlement for the case.

This condition requires a specific approach to find the root cause why sex workers choose to not pursue their case. A sex worker who is concerned her profession will be discovered can be informed about the principle of confidentiality during an investigation process. OPSI's paralegals have also initiated collaboration with the Witness and Victim Protection Agency (*LPSK*) to ensure the sex worker's safety. CLS network is also continually being expanded to increase the likelihood that justice will be served. OPSI's paralegals are also building relations with several coalitions on human rights protection that tend to side with sex workers. The involvement of these many parties to see justice being served is expected to ease the sex worker's anxiety. Lastly, an explanation is also provided that in this situation sex workers are the victim, so it is unlikely that they will be imprisoned. Knowledge about regulations is critical to convince sex workers more solidly that despite their profession, they are safe.

The most important factor that should be emphasized to sex workers is about the impact of not pursuing their case into litigation. Comprehensive information about the impact is an important consideration. Paralegals can emphasize to sex workers that not pursuing the case means tolerating the violence, indirectly giving the perpetrator another opportunity to commit the same abuse toward that sex worker and other people.

If the above challenge can be overcome, the CLS program holds a great promise to bring more significant impact to the sex worker community. As more sex workers pursue their case into litigation, others will follow their example, such that the case of violence toward sex workers can capture the attention of the general public and the government.