

who lived in Jakarta or other areas outside the agency. They frequently exchanged information, and even possessions. As one girl said "Actually, these trousers belong to T. We swapped our trousers ... we are the same size."

The relationships between the children involved in prostitution in Surakarta are close and mutually supportive. These close relationships are reinforced by the fact that the children often share rooms, toiletry and clothes as well as other things. However, there are also frequent quarrels connected with competition over boyfriends and customers. These types of close relationships between children involved in prostitution were not encountered in Indramayu as the majority of the girls in Indramayu live with their parents.

the moment in Banjarsari."

However, whatever conflicts exist between the children involved in prostitution and the adult commercial sex workers they are quickly forgotten if there is a police raid or a roundup underway. If one of the commercial sex workers discovers that a raid is to be launched, then she will always forewarn all of the others.

Meanwhile in Indramayu, conflicts between the children involved in prostitution and adult commercial sex workers were rare. All of the commercial sex workers felt they were all in the same boat, and would always help each other out. In fact, there appears to be co-operation between the children involved in prostitution and the adult sex workers as regards finding customers, so that the adult sex workers also serve as procurers for the children involved in prostitution. The relationship between the adult sex workers and the children involved in prostitution may be seen from the advice given to these children by some of the adult commercial sex workers, who also worked as procurers for participants:

"If you've already got a house, it's time to get out of this line of work. Just get married and do the right thing. You've got to get out of prostitution".
"In work like this, you shouldn't date a man unless you're going to get something out of it"

Both of these statements show that there is a close and good relationship between adult commercial sex workers and the children involved in prostitution in the Indramayu research locations.

The relationship between the children involved in prostitution and adult commercial sex workers in Surakarta is sometimes marked by competition for favourable places to solicit. However, should a raid be launched, they will all help each other out.

In Indramayu, the relationship between the

children involved in prostitution and the adult commercial sex workers was good. In fact, some of the adult prostitutes willingly gave advice to the children involved in prostitution to settle down and get married. There was little obvious rivalry or competition between the two groups.

3.6.5.2.4 Parents

Major differences were found in the relationships and levels of contact between the children involved in prostitution and their parents in the research locations in Indramayu and Surakarta. In the Surakarta research locations, contact and communication between the children involved in prostitution and their families were generally speaking relatively poor. This was due to the fact that at the beginning the parents of children involved in prostitution were unaware of what their daughters were doing, since the girls tended to conceal the fact that they had become involved in prostitution from their parents and siblings. In fact, some of the children involved in prostitution in Surakarta had told their parents and siblings that they had found regular employment, such as working in a garment factory or as a waitress:
"Mom thought I worked in a salon. She didn't know I was doing this kind of work. She just thought I had left home like many other girls to work in the city."
"When my sister came to the city and found out I was working as a hooker, she started to cry. She thought I was working in a store."

In most cases the children involved in prostitution who hail from outside Surakarta, and who live alone, removed from their families, lie to their parents and siblings about the sort of work they are doing.

The opposite, however, is the case with children involved in prostitution who live in Surakarta with their families, whether they are originally from Surakarta or their families have migrated there. Normally in such circumstances, they are open about what they do right from the very beginning. This is not surprising given that in most cases

they have been indirectly encouraged by their families to become involved in prostitution.

According to Nh1:

"I would be afraid to go home if I didn't bring at least Rp 50,000 for mom. If I didn't cough up the money, mom would get angry. Sometimes, they would order me to go to a hotel to try and earn some money."

In general in Indramayu, there appears to be few problems in the relationships between the children involved in prostitution and their families. This is due to the fact that the families have been aware of what their daughters do to make money right from the very beginning.

According to YK:

"Dad just told me to do whatever I wanted to do so that I could get the things I needed. He said that I shouldn't fall for a guy before I had achieved what I had to achieve."

In Surakarta most of the parents know what their daughters are doing, although they pretend that they do not know. Economic exploitation of the children involved in prostitution by family members is clear and evident – the children are required to regularly pay money to their parents. If they fail to do so, they may be ordered to go to a pension or place of prostitution to earn some money.

Economic exploitation of the children involved in prostitution also occurs in Indramayu. However, the effects on the children are not so pronounced, as many people in Indramayu believe that children are required to help their parents in this way.

6.6.5.2.5 Siblings

In the Surakarta research locations, the children involved in prostitution were closer to their younger siblings than to their elder siblings. The closeness of these relationships would manifest

itself frequently at Idul Fitri (the festival marking the end of the Muslim fasting month), when the children involved in prostitution would give the best gifts – mostly new clothes and toys – to their younger siblings. In fact, the children involved in prostitution would often invite their younger siblings to come to Surakarta to choose the clothes they liked. These younger siblings would normally agree to keep the sort of work engaged in by their elder sisters secret from the family. This is revealed by the statement of Bg:

“Yes, whenever they would ask me at home about what KS did, I would say she worked in a store and as a singer. In fact, I myself was also shocked when I found out what Ks was doing for a living.”

According to NH:

“If I go home, it’s only because I love my younger sister.”

The children involved in prostitution in Indramayu have good relationships with their siblings, and frequently help pay for their education.

According to one participant:

“This is the way it is. I didn’t finish school, and I’m living a life of sin. I don’t want to see my younger sisters having to drop out of school. At the very least, I want to see them getting as far as senior high school.”

In general, whenever the children involved in prostitution return to their home villages they bring gifts for their siblings, cousins and parents.

The relationships between the children involved in prostitution and their siblings is normally good, even if they do not see each other very often. The children involved in prostitution always share the benefits they obtain from their work with their siblings, both on a routine basis and on special occasions such as Lebaran or Christmas. This was the case both in Surakarta and Indramayu.

3.6.5.2.6 Persons Respected by the Children Involved in Prostitution

The persons who are looked up to by the children involved in prostitution in the research locations in Surakarta are the senior members of their group. In general, they are the persons who are capable of controlling the locations where the children involved in prostitution operate, whether it be a café or a public place in Banjarsari, Sriwedari or Manahan. The bonds between the children involved in prostitution and these persons are more emotional than structural so that communication between them tends to be informal. The type of persons who are respected and looked up to differs between each group of children involved in prostitution. Such persons are usually regarded as being capable of assisting and protecting the girls, and helping them to resolve the problems that they face in their daily lives.

The participating prostituted children in Indramayu tended to look up to their elder brothers, while the participating prostituted child working in Jakarta looked up to her uncle, who also worked in Jakarta. This uncle provided a place of refuge, and represented someone who could help in resolving the girl’s problems. With regard to the children involved in prostitution who lived with their parents, they normally looked up to their pimps, as well as their older brothers. This was because the pimp was responsible for putting them in contact with potential customers.

The persons who are looked up to by the children involved in prostitution in the research locations in Surakarta are the senior members of their group. In general, they are the persons who are capable of controlling the locations where the children involved in prostitution operate. Meanwhile, the children involved in prostitution in Indramayu tend to look up to their older brothers, while the prostituted child from Indramayu who worked in Jakarta said she looked up to her uncle,

who provided a place of refuge for her. With regard to the children involved in prostitution who lived with their parents, they normally looked up to their pimps, as well as their older brothers.

other problems that we face ... who wants to become a hooker if they can avoid it?”

According to H:

“A hooker must know her time and her place. I was in the police station in the afternoon. They all started shouting ‘Banjarsari-Banjarsari’ at me. It was really embarrassing. I mean, I was only there to make a report. I wasn’t looking for customers. So, I just shut up and sat there ... really mortified.”

Mental violence is frequently inflicted on the children involved in prostitution by their customers. This was not just the experience of girls who had only recently entered the world of prostitution, but also of girls who had been involved in prostitution for two or more years. The field findings reveal that the sorts of mental violence perpetrated on the girls by customers include their refusal to pay for the hotel room, even though this was part of the agreement, or leaving the girl drunk in the hotel room, thus forcing her to pick up the tab.

“A really bad thing happened to me last night. I was left in Hotel SK sleeping ... I was really drunk. Later when I woke up I discovered that the guy wasn’t there, so I had to walk home as I had no money. Now, I still have to pay the hotel bill.”

Another form of mental violence suffered by the children involved in prostitution is being dumped at the side of a deserted road, far away from Surakarta, in the middle of the night.

“Who would have thought I’d end up getting conned like that. I was invited for a date in Boyolali, and was promised Rp 150,000. But he dumped me at the side of the road – I didn’t know where I was!”

Their customers frequently mentally abuse the girls in other ways, such as through making comments like:

“Your vagina stinks, and yet you have the nerve to ask for money?”
 “You’re just a hooker, and yet you think you’re the bee’s knees.”

3.7 Risks Faced by Children Involved in Prostitution

3.7.1 Violence

The nocturnal existence led by the children involved in prostitution contains within it many risks and dangers, including threats to their personal safety and well-being – threats that they themselves are not aware of. According to empirical findings in the field, the children involved in prostitution are at great risk from physical, mental and sexual violence.

3.7.1.1 Mental Violence

Mental violence is also frequently referred to as non-physical violence. This type of violence is psychological in nature, and can emotionally damage the victim, as well as lower her self-esteem. Differentiating mental violence from physical violence in the case of the child victims of prostitution is not always easy. Frequently in the field it was found that mental violence was also accompanied by physical violence, whether it was perpetrated by a customer, pimp, boyfriend, adult commercial sex worker or procurer.

Mental violence was also frequently inflicted on the children involved in prostitution by members of the community, customers, fellow prostituted children and adult commercial sex workers. The mental violence inflicted by members of the community on these children takes the form of baiting and calling names such as “loose woman”, “tart” and “bad girl”. It also takes the form of social exclusion. This is clear from the revelations made during a focus group discussion involving the girls:

“... the people only insult and bait us ... but they don’t care a fig about how poor we are or the

The question of seniority in the places where the children involved in prostitution ply their trade can also give rise to quarrels, often accompanied by beatings in the case of children involved in prostitution who have recently just arrived on the scene. En had recently arrived in Banjarsari, when she was attacked and beaten by Js for no apparent reason:

“New girls need to watch themselves around here, and stay away from the boyfriends of the other girls. After that, Js started pulling my hair and W hit me on the head”.

Based on the results of social network interviews, the types of mental violence normally experienced by the children involved in prostitution in Indramayu Regency involve being duped by customers, such as not being paid the full agreed price; being dumped at the side of a lonely road; being insulted by customers and members of the community; being conned by pimps; and having to listen to the derogatory names used for commercial sex workers by both customers and members of the community. In addition, the children involved in prostitution are also really hurt by a failure on the part of their pimp to defend them or when their pimp is angry with them. As for the children involved in prostitution in the brothels and boarding houses, they would normally seek the help of the brothel keeper/pimp or pimp if a customer tried to escape paying.

conned by pimps, and having to listen to the derogatory names used for prostitutes by both customers and members of the community

3.7.1.2 Physical Violence

The physical violence suffered by children involved in prostitution is not always connected with their sexual activities. Quarrels among the children involved in prostitution working in a particular place are common occurrences. The causes of these quarrels include jealousy, disputes over boyfriends, and problems regarding borrowed clothes that have not been returned. In addition, the question of seniority in the places where they work also has the potential to give rise to quarrels, often accompanied by beatings.

Table 3.22 shows the violence experienced by participating children involved in prostitution. Among the body parts subjected to violence were the head, torso, arms, legs, and vital parts of the body such as the vagina and anus. These figures clearly show that the lives led by children involved in prostitution are intimately connected with violence.

Table 3.23 reveals that two participating children involved in prostitution had experienced violence to the head. The fact that only 2 participants said they had experienced such violence does not, however, mean the other participants had not experienced violence. These two cases consisted of slaps to the face from customers who were jealous because the girls had spent too long entertaining other customers, who by coincidence happened to work in the same place as the customers who became violent.

The children involved in prostitution in both the Surakarta and Indramayu research locations were subjected to mental violence by members of the community, customers, fellow children involved in prostitution, and adult commercial sex workers. Based on the results of social network interviews, the types of mental violence normally experienced by the children involved in prostitution involve being duped by customers, such as not being paid the full, agreed price, being dumped at the side of a lonely road, being insulted by customers and members of the community, being

Table 3.22 Incidences of Violence Experienced by Participants in Surakarta

Participant Type	Number of Participants	Number of Participants Stating that They had Experienced Violence (%)					
		Head	Torso	Legs	Vagina	Anus	Other parts of the body
Prostituted Children	19	100.0	100.0	100.0	100.0	100.0	100.0
Former Prostituted Children	13	-	-	-	-	-	-
School Drop-outs	9	-	-	-	-	-	-
School Students	6	-	-	-	-	-	-
Others/Boyfriends	3	-	-	-	-	-	-
Total	50	100.0	100.0	100.0	100.0	100.0	100.0

Source: Analysis of Body Map Data

Table 3.23 Physical Violence to the Head Experienced by the Participants

Location	Violence to the Head (%)		Total
	Yes	Not Stated	
Banjarsari	-	-	-
Laweyan	100.0	-	100.0
Karangampel	-	-	-
Arahan	-	-	-

Source: Analysis of Body Map Data

Table 3.24 Physical Violence to the Torso Experienced by the Participants

Location	Violence to the Torso (%)		Total
	Yes	Not Stated	
Banjarsari	33.3	66.7	100.0
Laweyan	66.7	33.3	100.0
Karangampel	-	-	-
Arahan	-	-	-

Source: Analysis of Body Map Data

Table 3.25 Cross-tabulation of Participant Type and Violence to Other Parts of the Body by Research Location

Location	Participant Type	Violence to Other Parts of the Body (%)		Total (% Number of Participants)
		Yes	Not Stated	
Surakarta	Prostituted Children	50.0	14.6	16.0
	Former Prostituted Children	-	2.1	2.0
	School Drop-outs	-	12.4	12.0
	School Students	-	4.2	4.0
	Other	-	4.2	4.0
	Subtotal	50.0	37.5	38.0
Laweyan	Prostituted Children	50.0	10.4	12.0
	Former Prostituted Children	-	12.4	12.0
	School Drop-outs	-	4.2	4.0
	School Students	-	8.3	8.0
	Other	-	2.1	2.0
	Subtotal	50.0	37.4	38.0
	Subtotal for Surakarta	100.0	74.9	76.0
Indramayu	Prostituted Children	-	4.2	4.0
	Former Prostituted Children	-	4.2	4.0
	School Drop-outs	-	-	-
	Prostituted Children	-	8.4	8.0
	Former Prostituted Children	-	6.3	6.0
Arahan	Former Prostituted Children	-	8.3	8.0
	School Drop-outs	-	2.1	2.0
	Subtotal	-	16.7	16.0
	Subtotal for Indramayu	100.0	25.1	24.0
	Total	100.0	100.0	100.0

Source: Analysis of Body Map Data

Violence to other parts of the body includes druging or doping of the children involved in prostitution by customers. Such cases were encountered frequently in the field.

According to Mc:
 “This guy was really handsome, tall, long-haired. I really fell for him, especially after he promised me Rp 400,000 for the night. He was also nice in the bedroom. He invited me to take a drink. Shortly after I had some, I began to feel really sleepy and was then out for the count. When I woke up, he was gone – together with my watch and all my money. What a bastard!”

Children involved in prostitution in Surakarta experienced both physical and sexual violence. Violence was inflicted on the head, torso, arms and legs, as well as vital parts of the body like the vagina and anus. Such incidences of physical violence were not related by Indramayu children involved in prostitution.

3.7.1.3 Sexual Violence

The fact that the children involved in prostitution engage in sexual activities with a wide variety of customers, most of whom they have known for only a very brief period of time, contains within it a high risk of sexual violence. The short time spent in concluding an agreement before going to a room for sexual intercourse means that the girls do not have the opportunity to get to know the customers before they find themselves alone in a room with them. This obviously puts them in great danger of being abused or mistreated sexually. Among the risks they face are being gang-raped or being sold by their own friends.

It will be seen from Table 3.26 that the children involved in prostitution in Surakarta had suffered violence to the vagina. A total of 50 percent of the children involved in prostitution in Banjarsari and 50 percent in Laweyan said that violence had been perpetrated on their vaginas at one time or another. Normally, such violence was totally unexpected by the girls as the customers had at

Fact Box

Findings in the field in Surakarta: One participant was slapped so hard that her cheek became bruised and swollen. Cases were found in the field where participants had been hit on the head by their boyfriends. In fact, one of the participants had had her head slammed against a wall by her boyfriend. Another participant said she had been hit on the head by an adult commercial sex worker when the former arrived for the first time at the location. She had her hair pulled, was slapped around, and firmly told to get out of the area.

Another participant said that she had been slashed with a machete by mistake when soliciting near the Jalan Slamet Riyadi flyover in Surakarta. The assault was perpetrated by a drunk motorcyclist. As a result, the participant suffered a gash to her head and had to get seven stitches.

The findings in the field also show that the participants experienced violent attacks on the torso.

Table 3.24 shows that three participants experienced violence to some part of their torsos. The violence consisted of being punched in the back by a prostituted child from another prostitution area. This was because the attacker felt betrayed by the victim. In another case, a prostituted child was forced by two motorcyclists onto one of the motorcycles and brought against her will to a party being held by a group of youths. As a result of this, the girl suffered grazes all over her body as her assailants dragged her 10 meters across Jalan Slamet Riyadi.

Among the other incidents of violence inflicted on the torso was that of Lw, who was dragged from a pedicab by her boyfriend because she had stayed with a customer too long. As a result, she fell heavily and suffered injuries to both of her upper arms. She also suffered a split lip and grazes to the left side of her face.

Table 3.26 Cross-tabulation by District between Research Location and Incidents of Violence to the Vagina

Location	Violence to the Vagina (%)		Total (% Number of Participants)
	Yes	Not Stated	
Banjarsari	50.0	50.0	100.0
Laweyan	50.0	50.0	100.0
Karangampel	-	-	-
Arahan	-	-	-

Source: Analysis of Body Map Data

the beginning shown no signs of being violent. Among the types of violence to the vagina inflicted on the children involved in prostitution was insertion of some alien object, for example, the handle of a knife, into the vagina. One prostituted child said that before she had sexual intercourse with two customers in a hotel bedroom, they had administered an electric shock to her vagina¹³. Other forms of violence included what the children involved in prostitution referred to as “three in one”, that is, where one prostitute is forced to service two customers at the same time, with one customer inserting himself into the girl’s vagina while the other inserts himself into her anus. There were also cases where more than two customers were involved. In one case, seven customers had taken turns to have sexual intercourse with the girl. This girl said that afterwards she had suffered swelling to the vagina and was unable to work until the swelling had subsided.

In Indramayu, none of the participants said they had experienced violence to the vagina.

The incidents of sexual violence perpetrated on the children involved in prostitution do not just concern the vagina, but also the anus.

The sorts of violence to the anus experienced by the children involved in prostitution included being forced to engage in anal intercourse. As a result, one of the children involved in prostitution suffered severe bleeding. If a girl refuses to engage in anal intercourse, she may be threatened. The prostituted child mentioned above admitted that she had agreed to anal intercourse as she was new to the world of prostitution and was afraid to refuse to do what the customer wanted. In the case of the transsexual participants, he admitted that he had been raped by local youths on a flyover. As a result, he suffered severe bleeding and had to get two stitches to the outer part of his anus.

Sexual violence to the anus had been experienced

by 100 percent of the children involved in prostitution in Laweyan District, Surakarta. Meanwhile, in Banjarsari, Karangampel and Arahah Districts, none of the children involved in prostitution said they had experienced sexual violence to the anus.

When working, the participants make various efforts to avoid the possibility of violence, including only frequenting places where they are known. However, in order to conduct sexual transactions, the participants have little option but to follow the customer to a hotel. Despite the efforts made by the participants to pre-empt the possibility of violence, they nevertheless have many tales to tell of being subjected to abuse and mistreatment at the hands of customers.

As for the children involved in prostitution in Indramayu Regency, the problem of violence normally arose when a consumer demanded sexual services even though the girl was unwilling to provide them. One of the common incidents of violence they suffered at the hands of customers was being forced to perform oral sex. One participant attempted to resist a demand for oral sex, but was nevertheless physically forced to do so. The situation is somewhat different for those children working in brothels. If a customer attempts to force a girl to perform a sexual act against her will, she can always rely on the brothel keeper/pimp to sort the matter out.

Incidents of sexual violence to vital parts of the bodies of children involved in prostitution were only encountered in Surakarta. The parts of the body affected were the vagina and the anus. A total of 50 percent of the girls in both Banjarsari and Laweyan had experienced sexual violence at one time or another to the vagina, while 100 percent of the girls in Laweyan district had experienced sexual violence to the anus. No incidents of violence to the vagina or anus were encountered in Indramayu.

3.7.2 Health Problems and Remedies

3.7.2.1 Sexual health

Children involved in prostitution are highly susceptible to health problems, both physical and mental. They are particularly susceptible to sexual health problems. Their level of sexual experience at a young age is not matched by a sufficient level of knowledge regarding the hazards of having many different sexual partners.

In the Surakarta research locations, many of the children involved in prostitution were found to be suffering from one sexual health problem or another, including vaginal swelling, anal bleeding and malodorous discharges (this latter problem affected both the children involved in prostitution and their boyfriends).

According to the information obtained from the participants in Indramayu, sexual health problems were not particularly widespread in the research locations there. If a prostituted child felt that there was something wrong with her, she would normally go to her doctor. Only

one prostituted child had suffered from lack of vaginal lubrication so that it hurt whenever she had sexual intercourse. She had consulted her doctor about this problem, and was also using traditional medication recommended by her friends.

3.7.2.1.1 Sexually transmitted diseases

When talking about sexually transmitted diseases, the participants tended to use various names in an apparent attempt to conceal the seriousness of these diseases, which are regarded as being shameful in the eyes of the public at large, and are one of the biggest areas of secrecy among the children involved in prostitution themselves. This is because these diseases are directly related to the sexual activities engaged in by the children involved in prostitution as well as their ability to attract customers. Collecting data on the incidence of sexually transmitted diseases and other sexual health problems was not easy, and needed intensive persuasion in order to get the girls to open up. The following table shows the incidence of sexually transmitted disease among the children involved in prostitution.

Table 3.27 Cross Tabulation between Participant Type and Incidence of Sexually Transmitted Disease by Research Location

Location	Participant Type	STDs (%)		Total (% Number of Participants)
		Yes	Not Stated	
Banjarsari	Prostituted Children	87.5	12.5	100.0
	Former Prostituted Children	-	100.0	100.0
	School Drop-outs	66.7	33.3	100.0
	School Students	-	100.0	100.0
Laweyan	Prostituted Children	83.3	16.7	100.0
	Former Prostituted Children	16.7	83.3	100.0
	School Drop-outs	-	100.0	100.0
	School Students	-	100.0	100.0
Karangampel	Prostituted Children	-	100.0	100.0
	Former Prostituted Children	50	50.0	100.0
	Prostituted Children	-	100.0	100.0
Arahah	Former Prostituted Children	75	25.0	100.0
	Former Prostituted Children	-	100.0	100.0
	School Drop-outs	-	100.0	100.0

Source: Analysis of Body Map Data

¹³ According to the victim, she had only been involved in prostitution for two weeks at the time. She had no suspicions when invited by two customers to accompany them.

Table 3.27 shows that in the Surakarta research locations two types of participants (prostituted children and school drop-outs) stated that they had at some time suffered from a sexually transmitted disease. In Banjarsari district, a total of 64 percent of the prostituted children and 36 percent of the school drop-outs admitted that they had at one time or another suffered from a sexually transmitted disease. Meanwhile, the participating school students and former prostituted children did not state they had suffered from a sexually transmitted disease. In Laweyan, 83 percent of the prostituted children and 17 percent of the school drop-outs had suffered from a sexually transmitted disease, while the former prostituted children and school students said they had never suffered from a sexually transmitted disease.

Meanwhile in Indramayu, none of the prostituted children in Arahana and Karangampel admitted they had ever suffered from a sexually transmitted disease, while 100 percent of the former prostituted children in Arahana and in Karangampel said they had at one time or another suffered from a sexually transmitted disease.

Among the sexually transmitted diseases that were mentioned in the written data were syphilis (which is often referred to in the community of prostituted children as "Oskadon SP", a name derived from a local brand of headache tablets, with the stress being placed on SP – an abbreviation for syphilis). This was ascertained from responses such as the following:
 "Gn got Oskodon (syphilis) when she slept with Kw ..."

Besides syphilis, other sexually transmitted diseases are known by the local term "Rajasingar". Another name that is used is "Mbah Singo". Both of these terms may be translated into English as "King of the Lions". Genital herpes is also quite prevalent. Discussion of genital herpes arose after one of the children involved in prostitution said that she would no longer service a customer whose sexual organ displayed small white spots or pimples. The last

time she had done so she had suffered intense itching of her sexual organs as a result.
 "Now, I always check his penis to see whether there are any white spots or hard pimples on it. If there are, I won't sleep with him, even if he really insists. The last time I did, my vagina got really itchy. I used ointment, but it took a really long time to heal up."

When asked what kind of ointment she had used, she replied that she had been given the ointment by one of the adult commercial sex workers. However, she did not know from where her friend had obtained it. Once again, this displays the solidarity that exists between the girls when they contract some form of sexually transmitted disease.

The children involved in prostitution normally only confide about sexually transmitted disease problems to their closest confidants. This is reflected by the fact that the body map instrument failed to produce any data on this issue. The information contained in this report on the incidence of sexually transmitted diseases was obtained using other instruments, namely, the child history and in-depth interview instruments.

From Table 3.28 it will be seen that one prostituted child working in Banjarsari and two former prostituted children in Arahana had at one time or another treated a sexually transmitted disease. The other participants gave no response. This was because the researchers in Indramayu were males and this led to the participating children involved in prostitution being embarrassed and refusing to answer the questions that were asked regarding sexually transmitted diseases and their treatment. Meanwhile, in the Surakarta research locations the children involved in prostitution were unwilling to write down how they treated sexually transmitted diseases. However, they were prepared to verbally recount how they did this, and permitted the researchers to record their statements in writing:

"I always take ampicillin or amoxicillin before I have sex with a customer in order to avoid

Table 3.28 Cross-tabulation by Research Location between Participant Type and Remedies Employed to Treat Sexually Transmitted Diseases

Location	Participant Type	Method of Treating STDs (%)		Total
		Traditional	Not Stated	
Banjarsari	Prostituted Children	10.0	90.0	100.0
	Former Prostituted Children	-	100.0	100.0
	School Drop-outs	-	100.0	100.0
	School Students	-	100.0	100.0
Laweyan	Prostituted Children	-	100.0	100.0
	Former Prostituted Children	-	100.0	100.0
	School Drop-outs	-	100.0	100.0
	School Students	-	100.0	100.0
Karangampel	Prostituted Children	-	100.0	100.0
	Former Prostituted Children	-	100.0	100.0
Arahana	Prostituted Children	-	100.0	100.0
	School Drop-outs	50.0	50.0	100.0

Source: Analysis of Body Map Data

contracting a sexually transmitted disease."

"If I get vaginal swelling, I take antibiotics. If I have vaginal discharges, then I take 'si putih' (traditional medicine)".

"In order to avoid getting Oskadon (syphilis), I take 'biokol' every day. Sometimes, I also take penicillin, ampicillin, or I just make sure the customer uses a condom."

"If I had syphilis, I'd get some ointment or I'd go to a doctor."

"In order to not to pick up a venereal disease, I take "super tetra" twice a day."

"I drink "air sirih" (traditional herbal remedy) so as to prevent vaginal discharges."

"I don't know what you should take for vaginal discharges. But for syphilis, I'd take "binotal" or antibiotics."

These various methods of treating sexually transmitted diseases are passed on between the children involved in prostitution by word of mouth, or are learned from friends or boyfriends who have themselves had experience with sexually transmitted diseases. Thus, when a prostituted child suffers from a sexually transmitted disease or sexual health problem for the first time, she will tend to adopt the same method of treatment as that used by her friends for the same problem. The statements of the children involved in prostitution show that they normally treat sexually transmitted diseases themselves based on information they have gained from those close to them, their seniors in the commercial sex industry or members of their families.

"Whenever I return home, mom always gives me "godog" (traditional tonic), so that I stay healthy. I don't have any smelly discharges as a result."

"I don't eat eggs so as to avoid having to urinate. I don't want the customer to laugh at me."

The types of medicines and treatments selected by the children involved in prostitution are normally predicated on the information they have received from their friends. And according to these children, all of these medicines, ointments and treatments are easily available in drug stores.

"If I get sick, Mr. Ttg gives me medicine even though I've never slept with him. Mr. Ttg really likes the new girls. He has a lot of sympathy for the girls who get sick and often gives them medicine ...".

Among the treatments that are frequently resorted to by the girls to cure themselves of sexually transmitted diseases are Super Tetra, Binotal, Amoxilin and Ampicillin. Traditional remedies, such as betel and turmeric leaves, are also popular among the children involved in prostitution.

In Surakarta, two categories of participants (the children involved in prostitution and school drop-outs) stated that various types of STDs were prevalent in Banjarsari, with 64 percent of the children involved in prostitution and 36 percent of the school drop-outs having contracted an STD at one time or another. Meanwhile, the participating former prostituted children and school children said they had never suffered from STDs. In Laweyan, 83 percent of the prostituted children and 17 percent of the school drop-outs had contracted an STD at one time or another, while the former prostituted children and school students said they had never suffered from an STD.

In Indramayu, both in Arahana and Karangampel districts, none of the children involved in prostitution admitted that they had ever suffered from an STD. However, 100 percent of the former prostituted children in Arahana and 100 percent of the former prostituted children in Karangampel admitted that they had contracted an STD at one time or another. The prostituted

ointment."

According to Cs:

"If I could, I'd love to get out of this kind of work. I'm afraid of getting AIDS. If I contracted AIDS, I wouldn't be able to help my dad out any more. They say you can even die of AIDS".

"I'm really afraid of catching AIDS as you can die from it."

As may be seen from the above statements by the children involved in prostitution, their knowledge and awareness of the symptoms and causes of HIV/AIDS are low. This lack of attention to the dangers of HIV/AIDS on the part of the children involved in prostitution will clearly require more detailed and in-depth research.

In both Surakarta and Indramayu, the understanding of the nature of HIV/AIDS by the children involved in prostitution was deficient. From their responses during the discussions on health, it also appeared that they were not overly concerned. Their principal fear as regards HIV/AIDS revolved around the fact that it was fatal. However, they adopted a passive approach as regards prevention. Given these findings, it is clear that special attention will need to be paid to this problem by the authorities and those who are competent in this field.

3.7.2.2 Reproductive Health

The high level of sexual activity and swapping of partners among the children involved in prostitution means that they run great risks in the area of reproductive health. Among the reproductive health problems experienced by the children involved in prostitution are unwanted pregnancies, abortions, and discomfort, including stomach cramps and shifts in the position of the womb, resulting from engaging in different styles of sexual intercourse.

From Table 3.29, it will be seen that the prostituted children, former prostituted children, and school drop-outs in both Banjarsari and

Laweyan have experienced reproductive health problems at one time or another.

Among the participants in the Indramayu research locations there was one who suffered from a lack of vaginal lubrication so that she suffered quite a considerable amount of pain when engaging in sexual intercourse. Meanwhile, a former prostituted child had experienced bleeding.

In the Surakarta research locations, the problems concerning reproductive health experienced by the children involved in prostitution were quite varied, and included unwanted pregnancies, abortions, late menstruation, and shifts in the position of the womb.

Among the reproductive health problems experienced by the children involved in prostitution in Surakarta were unwanted pregnancies, abortions, and discomfort.

3.7.2.2.1. Use of Condoms and Other Contraceptive Devices

In both Surakarta and Indramayu, the children involved in prostitution did not like using condoms despite the fact that they were aware of the benefits of condom use in preventing the spread of sexually transmitted diseases and HIV/AIDS. Their unwillingness to use condoms was primarily the result of their short-term way of thinking. If a customer were to use a condom, then he would take longer before ejaculating, meaning more work for the children involved in prostitution. Time is of the essence for these children as the more customers served, the more money the girls make. It was only if the customers insisted on using a condom that the children would accede to their wishes, but this rarely happened.

3.7.2.2.2. Abortion

Information regarding the prevalence of abortion or induced miscarriages is not difficult to come by among the children involved in prostitution. Eleven of these children in the field had

Table 3.29 Cross-tabulation by Research Location between Participant Type and Reproductive Health Problems (%)

Location	Participant Type	Reproductive Health (%)		Total
		Yes	Not Stated	
Banjarsari	Prostituted Children	87.5	12.5	100.0
	Former Prostituted Children	-	100.0	100.0
	School Drop-outs	66.7	33.3	100.0
	School Students	-	100.3	100.0
Laweyan	Prostituted Children	83.3	16.7	100.0
	Former Prostituted Children	16.7	83.3	100.0
	School Drop-outs	-	100.0	100.0
	School Students	-	100.0	100.0
Karangampel	Prostituted Children	-	100.0	100.0
	Former Prostituted Children	50	50.0	100.0
Arahan	Prostituted Children	-	100.0	100.0
	Former Prostituted Children	75.0	25.5	100.0
	School Drop-outs	-	100.0	100.0

Source: Analysis of Body Map Data

experienced late periods by between 2 and 4 months after which they underwent abortions.¹⁴

One prostituted child admitted that she had paid Rp 1,800,000 for a medical abortion in Surakarta. Ten children involved in prostitution admitted that they had received no medical attention for bleeding they experienced after inducing miscarriages. They did this by consuming a concoction made from pineapple scrapings and pepper, drinking alcohol to excess every day, and taking “jamu peluntur” (traditional remedy for late periods) in large quantities. The children in such cases allowed the bleeding to continue until it stopped by itself.

“I never went to the midwife. I just let it bleed until it stopped of its own accord. The bleeding did stop, but then started up again whenever I

had sex. So in the end, it was bleeding all the time. It’s no joke to have just had a miscarriage and to still have to entertain customers. The bleeding continued for a long time but eventually it stopped. I used to use “arum rapet” (traditional remedy) at Rp 1,500 a packet.”

“In February 2003, I induced a miscarriage after being two-and-a-half months late with my period. I used pineapple scrapings mixed with pepper. I heard about this method from my friend. Kntr...”.

“All of the girls around here use pineapple scrapings if they are late with their periods. If you’re not real careful, you’ll end up pregnant... like I r. Now she’s three months late and is trying to work out how to get rid of the baby.”

From the above statements by the children

involved in prostitution, it can be seen that they believe that the problem of unwanted pregnancies can be dealt with by using traditional medicines and remedies. They regard themselves as being healthy again once the vaginal bleeding stops.

In the Indramayu research locations, none of the prostituted child participants said that they had ever had an abortion. According to these girls, if they became unexpectedly pregnant by a boyfriend whom they loved, they would go ahead and have the baby, even if the boyfriend did not want to take responsibility by getting married. In such a case, the girls said they would still be willing to rear the child based on the reasoning that it was the child of someone whom they loved.

In both Surakarta and Indramayu, the children involved in prostitution did not like using condoms, even though they were aware that condom use could prevent pregnancy, the spread of sexually transmitted diseases and HIV/AIDS. Their unwillingness to use condoms was primarily the result of their short-term way of thinking. If a customer was to use a condom, then it would take longer to finish the transaction.

Abortion among the children involved in prostitution in Surakarta is not something unusual or difficult to come by. Eleven of these children had experienced late periods by between 2 and 4 months after which they underwent abortions or induced miscarriages.

None of the participating children involved in prostitution in Indramayu admitted that they had ever had an abortion.

3.7.2.2.3. Treatment of Reproductive Health Problems

Many of the children involved in prostitution also suffer discomfort from shifts in the position of the womb. According to the participants, this

is due to the wide variety of sexual activities and styles they engage in when entertaining customers. Frequently, the girls are on top and they believe that it is this that causes pain in the womb. Among the sexual styles practised by the children involved in prostitution are the following: “Mimakjingo” (a contraction of the Javanese terms *miring kepenak*, *njengking nggih monggo*, *mlumah dik podho*, which may be loosely translated as “Both partners lying on their sides – good,” “doggie style” – also good, and where the female lies on her back – no problem”). Other terms used to describe sexual positions include “*kodok njengking*” – this means a position where the female sits on the male’s member in a manner resembling that of a frog – and “*es gosrok*”, which means the conventional sexual position whereby the female is beneath and the male on the top. This is the position that the children involved in prostitution prefer as this way they do not need to expend so much energy. They also said that they only employed the “69” position with their boyfriends, or sexual partners with whom they were friendly, so as to ensure their mutual sexual pleasure.

According to the children involved in prostitution, they rarely performed oral sex on their customers. This was particularly the case if the customer’s organ displayed hard pimples or white spots, or was malodorous. In order to dissuade a customer who was intent on having oral sex performed on him, a girl would normally tell him that she had just eaten chilli.

“If a customer tells me to perform oral sex on him, I tell him that I’ve just eaten chilli. This (pointing to the mouth) is for eating chilli, not for anything else.”

In order to avoid getting pregnant, the children involved in prostitution use various methods, both medical and traditional. The strategies they adopt in order to avoid getting pregnant are usually the result of what they have learned in their environment.

The fact that the way in which reproductive problems are dealt with is not shown in the

table does not mean that the children involved in prostitution do not take steps to cure their reproductive health problems. In the field, information was elicited on how these problems were dealt with, although this information was obtained outside of the formal discussions, such as when the researchers stayed in the rooms of the children involved in prostitution, or ate with them in their places of abode. It was in these circumstances that the children involved in prostitution opened up and recounted how they dealt with their reproductive health problems.

According to W:

"I just got a massage. My stomach hurt. According to Wik, my womb had shifted position."

"If I was on top, sometimes my womb would hurt. Especially if I used the "Minakjinggo" position ... that's when it would happen."

"One New Year's Eve, I had four customers. At 5 sharp the next day, a customer wanted to make a date. My vagina was swollen. After that, for four days my breasts hurt."

"If I have a customer, I don't make him wear a condom. It depends on the customer. I never bring condoms myself ... it takes the customers too long to ejaculate."

"When I knew that my period was late, I took "Em Kapsul" (traditional remedy)."

"So as not to get pregnant, before we have sex I always try to get the customer drunk."

"To avoid getting pregnant, after I have sex with a customer I always squat down to let the semen run out, and wash myself with "Absolut" (vaginal douche). Sometimes, I use "air sirih" (traditional herbal remedy)."

"I service three customers per night. I believe that my Susuk will stop me getting pregnant."

"I take the pill every day so as not to get pregnant."

"Prostitutes need to use contraception. It's dangerous if you get pregnant, the father could be anyone in the town!"

In the Indramayu research locations, no data emerged regarding the methods used by the children involved in prostitution to look after their reproductive health. According to the children who worked in brothels, they had weekly health check-ups provided by the brothel keepers/pimps. Part of the cost of this was deducted from the earnings of the girls. As for the children involved in prostitution who did not work in brothels, they would go to their local doctor if they had a problem. In Indramayu, the male researchers had difficulties in eliciting further information as the children involved in prostitution tended to view these sort of matters as being highly personal and confidential – women's problems – as may be seen from the following response to a researcher's question:

"What are you asking me about that for? That's women's matters ... if you don't believe me, have a look ... why do you keep on asking about these sort of things? ... Don't you believe me? ... If you don't believe it, come with me to a hotel and you'll see for yourself."

Given this sort of reaction, the researchers apologised to the girls and decided not to ask any more questions on the topic. Thus, the data that was obtained is limited to matters covered by the questions that the girls were prepared to respond to.

In Banjarsari and Laweyan, the researchers came across a transvestite/transsexual prostituted child, who agreed to participate in this research. From what he told the researchers in the field, it appeared that every day he used women's sanitary napkins to cover up his genitals. He also used these when engaging in sexual activities. He played the female role and said he preferred to be regarded as a woman. He dressed fully like a woman, with a dress and false breasts made from handkerchiefs.

This transsexual/transvestite said that he also had sexual intercourse with women. During such sexual intercourse, he would play the role of a normal man, but he needed quite a long time to get an erection. He said he had intercourse with women in order to "try out" his sexual organ. He had been taking contraceptive pills regularly in an attempt to develop breasts. By the time the research had been completed in the field, however, he still had not been successful in this regard. He admitted that he experienced anal bleeding and malodorous anal discharges if he had anal sex too often. He also said that his penis was quite healthy as it was rarely used or touched by his customers. However, he had to be very careful about oral hygiene as he frequently performed oral sex on customers.

When dealing with reproductive health problems, such as unwanted pregnancies and discomfort and pain resulting from the sexual intercourse, the children involved in prostitution use traditional healing methods or medicines available over the counter.

3.7.2.3 Psychological Problems

The psychological problems and disturbances suffered by the children involved in prostitution are primarily the result of drug and alcohol abuse. Excessive drug and alcohol consumption frequently destabilises their emotions, which is manifested in behavioural problems such as short temper, financial extravagance, refusal to obey their parents, hopelessness and stubbornness. This type of behaviour also results from the girls' disappointment at having ended up earning their living from prostitution. The sense of desperation in some of these children is reflected in their becoming enraged for no apparent or justifiable reason.

"If Kw is drunk and gets angry, she starts screaming and shouting all over the place. But, if she's sober and relaxed, she's the best you could wish for."

"How come you want to get to know people like us, Miss? Aren't you embarrassed? There are lots of times when I really need to have a heart-to-heart talk with someone. But, normally I just bottle up my feelings. If I can't take it anymore, then I'll take drugs and drink until I'm intoxicated. When you're drunk, you can scream and shout as much as you like ..."

One of the emotional problems that affects many of these children is a very low self-esteem level. The sense of alienation of the children involved in prostitution in the research locations, particularly in the Surakarta research locations, is due to the fact that they are well aware that their behaviour and source of livelihood diverges from what is commonly regarded as acceptable in the community. As a result, the girls feel they are dirty, sinful and an embarrassment to their families. This feeling of worthlessness on the part of the children involved in prostitution leads them to consider themselves excluded from society. Thus, they believe that the norms binding on other members of society are no longer applicable to them.

"How do you expect a hooker not to end up drinking? The drink is like a friend. Who else is going to keep a hooker company? The only people who want to hang around with hookers are other hookers."

From observations conducted in the research locations, the sort of nocturnal existence led by the children involved in prostitution is rife with various forms of hazard, including smoking, drinking, and exposure to narcotics and ecstasy. However, not all of the children involved in prostitution who participated in this research used narcotics and ecstasy. Some of them understood the dangers of these to their health.

In addition, the permissive and easygoing lifestyles led by the children involved in prostitution encourage them to engage in the forms of behaviour that diverge from the societal norm, such as: sleeping late in the day, running up debts, gambling, neglecting their religious duties, dropping out of school, staying out late

at night, painting graffiti on walls, not looking for work, acting destructively when drunk, throwing out clothes, and running away from home.

The children involved in prostitution are also very extravagant with the money they earn – using it to buy drink and drugs, and buying things they generally do not need. Many of them are unable to pay their hotel bills and end up being evicted or fleeing from their hotels, thus getting into more debt.

The participating children involved in prostitution in Indramayu did not drink to excess. Neither was drug consumption a major problem. If they did drink, it was only to accompany a customer, or to celebrate the birthday of a friend in the friend's home or a hotel. In such circumstances they might drink until they were drunk, but these occasions were rare, and they never got drunk with customers. One participant would get particularly irate if she was woken up before 12 mid-day: "Yes, I get angry if someone wakes me up before midday. After all I work at night and have to sleep sometime."

The psychological problems and emotional disturbances suffered by the children involved in prostitution in Surakarta were primarily connected with their excessive consumption of alcohol and drugs. Most of these children suffered from low self esteem and found it difficult to share their problems with persons other than their fellow co-workers.

3.7.2.4 General Health

The sort of life that is led by the children involved in prostitution is inextricably linked with health problems. From the perspective of their sexual behaviour and activities, they are highly susceptible to contracting various forms of sexually transmitted disease. In general, the health of the children is not properly looked after as can be seen from their lack of attention to personal hygiene and the cleanliness of their surroundings. This lack of attention to personal

hygiene and the cleanliness of their surroundings results in their high susceptibility to skin and other types of disease.

3.7.2.4.1 Diseases other than Skin Diseases

For the children involved in prostitution, ailments such as coughs, mouth ulcers, respiratory difficulties, chills, eye complaints, throat infections, and stomach complaints are part and parcel of the sort of lives they lead. In the case of problems such as dizziness, coughs, respiratory difficulties and stomach ailments, the children are aware of the causes. They say that these ailments are mainly due to excessive smoking and drinking. Frequent chills are the result of staying out late every night, while throat infections are believed, once again, to be the result of too much drinking. With regard to leg cramps, they say they do not know what causes these, but they treat them by applying a bottle containing hot water to the part of the leg that is affected. Table 3.30 shows the incidence of ailments other than skin disease.

All participant types had at one time or another experienced non-skin ailments. The data given in Table 3.30 shows that 37.5 percent of the participating prostituted children had at one time or another experienced a non-skin ailment. A low level of awareness was identified by the investigations in the field as regards the importance of maintaining their health, and how to deal with the health problems they face, as may be seen from the Table 3.31.

As may be seen from Table 3.31, 50 percent of participants did not state how they treated non-skin ailments, while 18.2 percent tried to treat the ailments themselves using over-the-counter medicines. Two of the children involved in prostitution had received medical treatment for the ailments they had suffered.

The non-skin ailments suffered by the participants were considered by them to be minor complaints that were perfectly normal. All of them said that these sort of ailments could affect anybody, not only the participants. They were also relatively easy to cure. When faced with such ailments,

Table 3.30 Cross-tabulation by Research Location between Participant Type and Non-skin Ailments

Participant Type	Non-Skin Ailment (%)		Total
	Yes	Non Stated	
Prostituted Children	37.5	62.5	100.0
Former Prostituted Children	27.1	72.9	100.0
School Drop-outs	18.8	81.2	100.0
School Students	10.3	89.7	100.0
Other	6.3	93.7	100.0

Source: Analysis of Body Map Data

Table 3.31 Cross-tabulation by Research Location between Participant Type and Method of Dealing with Non-skin Ailments

Participant Type	Method of Dealing with Non-skin Ailments (%)				Tidak ada jawaban
	Traditional	Medical	Drink over the counter Medicines	Lainnya	
Prostituted Children	-	50.0	18.2	-	48.4
Former Prostituted Children	100.0	50.0	54.5	-	12.9
School Drop-outs	-	-	-	-	29.0
School Students	-	-	27.3	33.3	6.5
Other	-	-	-	66.7	3.2
Total	100.0	100.0	100.0	100.0	100.0

Source: Analysis of Body Map Data

the participants avail of the medicines available over the counter. However, if the ailment is more serious and shows no sign of improvement, they will go to see a doctor – as in the case of a kidney complaint that required an operation, and injuries sustained as the result of an accident.

Traditional remedies are employed to deal with such problems as chills – which they treat by having a friend scrape a coin up and down their backs, upper arms and/or chests. Many of the school drop-outs mentioned that they suffered problems with mouth ulcers or were often dizzy (due to anaemia).

In general, the children involved in prostitution fail to properly look after themselves. The health problems they experience are the result of their lifestyles,

behaviour and the conditions in which they live. They are not concerned about personal or environmental cleanliness and hygiene. For these children, ailments such as coughs, mouth ulcers, respiratory difficulties, chills, eye complaints, throat infections, and stomach complaints are part and parcel of the lives they lead.

In general, they resort to self-treatment using readily available over-the-counter medicines, with the dosages being in accordance with the instructions given on the packaging. They rarely consult with trained medical personnel.

3.7.2.4.2 Skin Diseases

The problems posed by skin diseases receive

insufficient attention from the children involved in prostitution. This is clear from the fact that the participants frequently allow such diseases to spread without treating them.

The types of skin diseases identified by the researchers as affecting the participants were as follows: skin fungus, herpes (non-genital), flea bites, dandruff and acne. Based on the findings in the field, some of the children involved in prostitution were found to be suffering from skin ailments that they had not stated in their personal data. Even though the ailments could be clearly seen by the researchers, they were still not written down by the participants.

In the Surakarta research locations (Banjarsari and Laweyan), all of the participants (prostituted children, former prostituted children, school drop-outs, and school students) said that they had suffered at one time or another from some form of skin ailment. Meanwhile in the Indramayu research locations (Karangampel and Arahani), the participants did not state whether they had ever suffered from a skin ailment. The types of skin disease that the children involved in prostitution were particularly prone to were skin fungus, herpes (non-genital), and itching.

In the Surakarta research location, the spread of skin diseases among the children involved in prostitution who participated in this research was facilitated by the children's behaviour, and the fact that they paid little attention to looking after their health. They often share towels, clothes, and trousers among themselves. The girls are very willing to allow those whom they know to stay in their rooms so that no place is private for them. If they are drunk, their friends are more than welcome to stay over, or they may spend all day in their rooms playing cards. In addition, the researchers found that the children involved in prostitution had no special place to keep their clothes in, and that their rooms were not kept clean. Stacks of dirty clothes were frequently to be found in the bathrooms, as well as cigarette butts and stacks of dirty dishes. The fact that the girls often swap clothes gives rise to conflicts between them – although these are normally

fleeting in nature.

"I don't care if my friend borrows my trousers, as long as she returns them. But, she's always causing trouble ... using my clothes and then not returning them. This drives me crazy."

"We did a runner, and she took all my clothes with her. This blouse belongs to Dik, and these trousers are Wt's. She left all the dirty stuff behind her ..."

In the Surakarta research locations, 2 or 3 children involved in prostitution often share a hotel or rented room. Practical factors, dislike of cleaning up, and frequent borrowing of clothes all encourage the spread of skin ailments. In addition, their habit of building up piles of dirty clothes in the bathroom encourages the growth of the microbes that cause skin ailments.

In Indramayu, the most common skin ailments suffered by the children involved in prostitution were skin fungus, non-genital herpes and itching.

In the Indramayu research location, children involved in prostitution often exchange clothes as keepsakes with friends who live outside the Indramayu area. This obviously encourages the spread of skin disease as they do not wash the clothes before giving them to their friends. As the girls still live with their parents, they do not spend much time with other children involved in prostitution outside of the time they spend together in the places where they operate. However, exchanges of clothes do sometimes take place. As for the former prostituted children, itching was the main type of skin complaint that they had suffered from at one time or another. With regard to the school drop-outs, they were mostly affected by dandruff and flea bites, while in the case of the school students, their main skin problems were acne and dandruff.

In the Surakarta research locations, 2 or 3 children involved in prostitution often share a hotel or rented room. Dislike of cleaning

up, and frequent exchange of clothes and towels encourage the spread of skin ailments. Among the skin ailments that had been suffered by the children involved in prostitution in Surakarta at one time or another were skin fungus, herpes (non-genital), flea bites, dandruff and acne.

In Indramayu, the most common skin ailments suffered by the children involved in prostitution were skin fungus, non-genital herpes and itching.

3.7.3 Drug and Alcohol Abuse

Drug and alcohol abuse are commonplace among the children involved in prostitution. In the lives that they lead, alcohol, psychotropic drugs and particular brands of cigarettes are means by which they show their social status. When the girls enter the world of prostitution for the first time, they normally know little or nothing about alcohol, drugs or cigarettes. So, they try to get to know all about them by starting to use them so that they will have a medium of communication with the other children involved in prostitution and be able to make friends with them.

"It was V who introduced me to cigarettes. How can a hooker not smoke, I mean, it's not what's expected, is it? As for the drink, I learned about this from all of the girls here. The first time I drank, I got really legless. I didn't like the smell back then. But if I smell it now, I am almost dribbling. ... I really like to drink ... on Saturday nights, myself and the rest of the girls normally have a drinking party at Tugu until morning."

The frequency with which the children involved in prostitution are exposed to alcohol, drugs and cigarettes in their everyday lives leads to addiction.

In the Indramayu research locations, while many of the girls smoked, they only drank alcohol if they were treated by a customer. Drugs were not

commonplace. As one of the participants said: "I don't really like alcohol. If I'm given a glass by a customer, I'll sip at it but I never get drunk. I smoke, though, and normally go through a pack a day."

The frequency with which the children involved in prostitution in Surakarta are exposed to alcohol, drugs and cigarettes in their everyday lives leads to addiction.

The Indramayu children involved in prostitution, while often smokers, were not fond of or addicted to alcohol. The girls there normally only drank alcohol if they were treated by a customer. Even then they would avoid getting drunk. They did not use drugs.

3.7.3.1. Alcohol abuse

In the Surakarta research locations, almost all of the children involved in prostitution consumed alcohol as part of their everyday lives. The types of alcoholic beverages that they normally drank included both national branded products and local, traditional brews.

The children involved in prostitution in the Surakarta research locations did not depend on alcohol only when they experienced personal problems, but also when they wanted to celebrate, for example, the arrival of a friend from out of town, a birthday party or a stroke of good fortune. Alcohol abuse allows them to give free rein to their emotions which can sometimes involve inflicting slash wounds with a razor on their arms.

"I sold my bracelet for Rp. 400,000 to get enough money to celebrate the arrival of my friend from Semarang with a party in a café."

"Sorry, Miss, I've just had a few drinks. I'm really pissed off ... my boyfriend followed me when I was out on a date with a customer."

"Last night one of the girls got herself really

Table 3.32 Cross-tabulation by Research Location between Participant Type and Alcohol Consumption

Location	Participant Type	Alcohol Consumption (%)		Total
		Yes	Not Stated	
Banjarsari	Prostituted Children	87.5	12.5	100.0
	Former Prostituted Children	-	100.0	100.0
	School Drop-outs	66.7	33.3	100.0
	School Students	-	100.0	100.0
Laweyan	Prostituted Children	83.3	16.7	100.0
	Former Prostituted Children	16.7	83.3	100.0
	School Drop-outs	-	100.0	100.0
	School Students	-	100.0	100.0
Karangampel	Prostituted Children	-	100.0	100.0
	Former Prostituted Children	50.0	50.0	100.0
	Prostituted Children	-	100.0	100.0
	Former Prostituted Children	75.0	25.0	100.0
Arahan	School Drop-outs	-	100.0	100.0
	Prostituted Children	-	100.0	100.0
	Former Prostituted Children	50.0	50.0	100.0
	School Drop-outs	-	100.0	100.0

Source: Analysis of Body Map Data

the head with an iron bar by an intoxicated friend. Besides quarrelling when drunk, they are often duped or have their belongings stolen. After a night of excessive drinking many of the participants stay in bed all day the following day.

"I had real bad luck. I was legless, and had all my stuff stolen."

The children involved in prostitution are aware that their drinking habits are of no benefit to them, but are, in fact, of great detriment. However, they are loath to stop. According to them, alcohol is what keeps them sane.

"If you're drunk, you can imagine yourself to be anyone you want to be".

By contrast, such conditions of alcohol dependency were not encountered among the children involved in prostitution in the Indramayu research locations.

Table 3.32 shows that there is a major difference between the participants in the Indramayu research locations and those in the Surakarta of the participant groups in Indramayu said that they drank alcohol. This is connected with the fact that the people in the research locations in Indramayu lead very simple lives. Besides this, the Indramayu participants had set themselves targets, such as building a house for their parents, so that when working in the Warung Remang-Remang, they avoided getting drunk. However, when sitting with potential customers the girls would encourage them to drink as much as possible. This was because the more the customers drank, the higher the earnings of the girls based upon their percentages of the Warung's takings for the evening. Thus, according to the Indramayu participants, there was no way they would allow themselves to become drinkers

drunk. She got the treatment (traditional abortifacient) from Bw, her boyfriend, because she was pregnant. The next morning she had a miscarriage."

In the field, it was found that bottled alcoholic beverages were sold freely, and were very easily obtained by the children involved in prostitution. The favourite local brew is known as Ciu¹⁵, which is also known by a number of other local names, such as tiga huruf, puthan, polosan, or wungkulan.

Ciu is often frequently mixed with fruit juices, in which case it takes the name of the fruit in question, for example: ciu duren (ciu and durian), ciu pisang (ciu and banana), ciu ketan (ciu and sticky rice), ciu tape, ciu mentol and ciu mountain. Among the other combinations are Cinta (ciu and Fanta), and Citro (ciu and Coca-cola).

When Ciu is mixed with an energy drink, then it is known as "X-Team" – a combination of Ciu and Sprite, Hemaviton, Lipovitan and Ginseng.

Ciu Wungkal (pure Ciu that has not been mixed with anything else), is normally purchased by the children involved in prostitution when they want to drink alcohol but do not have much money. If they have money, however, they generally prefer to purchase alcoholic beverages such as Juice Vodka, and other well-known types of alcohol beverage, such as Whiskey and Meansen.¹⁶ Among the other types of alcoholic beverage that are popular in the community of children involved in prostitution are Anggur cap Orang Tua, normally abbreviated as AO or OT, and Anggur Puthi, which is abbreviated as AP.

Excessive consumption of alcohol by the children involved in prostitution frequently gives rise to quarrels and violence. One of the children involved in prostitution had once been hit on

¹⁵ Ciu is an alcoholic beverage produced from fermented rice that, like any other alcoholic beverage, will result in drunkenness if consumed in excess. The main area for the production of Ciu in Surakarta is Bekenang area.

¹⁶ Another name for Meansen is geping meaning slim due to the shape of the bottle. Other terms used are Marina or tomings, an abbreviation for topi miring seblalah, or "hat cooked at an angle". In English, as the bottle label shows a cowboy wearing his hat tilted to the side.

as this would thwart their plans to build new houses for their parents.

Fact box

In Indramayu, the girls working in the warung remang do not receive wages from the owners. Their income is based on the number of bottles (of various types of beverage) sold to the customers. The cut that the girls get from the price of each bottle is determined by the owner. Thus, the price of a bottle of stout as determined by the owner is, for example, Rp 14,500, and is sold by the waitress for Rp 18,000, while the price for a bottle of lager as set by the owner is Rp 14,000, while it is sold for Rp 17,500 by the waitress to the customer. As for soft drinks, the set price is Rp 2,500 per bottle, while each bottle being sold by the waitress at Rp 5,000. Meanwhile, the set price for a 2 ounce packet of peanuts is Rp 1,500, while the price to the customer is Rp 3,000, and the set price for a pack of any brand of cigarettes is Rp 7,500, while

the price to the customer is Rp 10,000. The difference between the set price and the price charged to the customer represents the waitress's share. In addition, she is also entitled to keep the tips she receives from the customers. The amount of the tip is entirely up to the customer. According to the children involved in prostitution, the tips for waiting service normally vary between Rp 20,000 and Rp 50,000. Tips may also take the form of cigarettes. Thus, the earnings of the waitresses depend entirely on the number of bottles sold and the generosity of customers.

Besides the above considerations, the children involved in prostitution in the Indramayu research locations still lived with their parents. Thus, the girls' behaviour was still being supervised by their parents. There was, however, one participant in the Indramayu research location who admitted that she had consumed alcohol to get drunk when she was working in a brothel in Jakarta. This was because of frustration arising

from the fact that her boyfriend had abandoned her when she was working in Jakarta to marry another woman. Nevertheless, after she returned to Arahau District in Indramayu, she began to act like a regular country girl again.

Thus, the situation as regards the children involved in prostitution in the Indramayu research locations is very different from that of the children involved in prostitution in Surakarta – a modern, urban area. This difference between town and country has a profound influence on the behaviour of the children involved in prostitution in the two locations.

The children involved in prostitution in Surakarta consume both traditional and modern, bottled alcoholic drinks. The favourite traditional drink is known as Ciu (which is produced in Sukoharjo regency, only some 20 kilometres to the south of Surakarta). Ciu is consumed in various ways by the children involved in prostitution, and is often mixed with fruit juices. The children also mix Ciu with various energy supplement drinks. This habit of mixing alcohol and energy supplement drinks is quite dangerous, and has led to a number of deaths among school drop-outs in Surakarta since 2000, as reported in local newspapers.

These sort of phenomena were not encountered in the Indramayu research locations.

3.7.3.2 Drug Abuse

What the children involved in prostitution know of the dangers of misusing prescription drugs they have learned from their friends by word of mouth in the places where they work. According to the children involved in prostitution, they usually learn about prescription drugs from friends or customers who use them. However, if they want to try them themselves, they face no difficulties in getting them in drug stores without prescriptions.

The children involved in prostitution in Surakarta use the following types of prescription drugs: Destro (rabies drug), Nipam (“red beret”), and CTM (to get rid of frustration when the have problems with their boyfriends or are depressed).

They are also familiar with various types of psychotropic drugs, including shabu-shabu (crystal methamphetamine), and various kinds of ecstasy (Bintang, Valentin, Magadon, and butterfly).

According to the participants, these drugs had become quite difficult to obtain at the time of the research as the distribution networks were highly secretive and there were a lot of fake drugs on the market. However, between 2001 and 2002 these drugs had been very easy to come by and were usually genuine.

With regard to shabu-shabu, the investigations in the field identified one prostituted child and one girl who was on her way to becoming a prostituted child who had become victim to this drug. As of the time of writing of this report, the police were on the look out for both of these girls.

According to the children involved in prostitution, they obtain information about drugs from their friends and customers who themselves used drugs. They frequently consume drugs when gathered together with friends or entertaining customers. Sometimes they keep drugs in their possession for use on special occasions.

When they want drugs, the children involved in prostitution either buy them themselves or obtain them from friends or customers. As related in the following story:

“I really wanted to get some Destro, but it was quite late at night – around 10 p.m. So I asked a friend to come with me to the 24-hour pharmacy in Purwosari, where I knew they sold Destro. After I was in the pharmacy, I asked them for Rp 5,000 worth of Destro. I got 50 capsules. Sometimes my friend pays. Destro makes me really high ... like I’m in a dream.”

According to Rz:

“To get ecstasy, I normally go with a customer to a discotheque. Ecstasy makes me shake all over and I just want to keep moving.”

According to Sc:

“Speaking about Cimeng, I was invited one night to go to the Hotel Jati Baru RRI. I was taken up to a room and the customer told me to smoke a joint. It was just like a cigarette. I smoked it while drinking Anggur Putih. After that, I started to float. It was as if I was flying.”

“The first time I tried Leksotan, I was given two pills by a friend. After I took them, I didn’t know where I was. I didn’t remember a thing after that.”

“I wanted to get my hands on some Trihad, so I invited a friend to go with me to the pharmacy. It was around 10 p.m. For Rp 3,500 I got 10 pills, but I only took 5 of them. After I take Trihad, I just want to laugh, and it’s as if all the liquids in my body have dried up. It’s like you’re floating.”

Besides the children involved in prostitution, quite high levels of alcohol and drug dependency are also found among the school drop-outs.

In Surakarta, the misuse of prescription and illegal drugs is commonplace among the children involved in prostitution, with the following types of prescription drugs being popular: Destro (rabies drug), Nipam (“red beret”), and CTM. These children use the drugs alleviate the frustration when they have problems with their boyfriends or are depressed. They are also familiar with various types of psychotropic drugs, including shabu-shabu (crystal methamphetamine), and various kinds of ecstasy (Bintang, Valentin, Magadon, and butterfly).

Drug abuse and addiction was not encountered among the children involved in prostitution in Indramayu.

3.8 Profiles of the Offspring of the Children Involved in Prostitution

Almost all of those children involved in prostitution who had babies said that their pregnancies had been the results of mistakes and were unwanted, and that they had attempted to abort the foetuses or induce miscarriages. When these attempts failed, they had no other choice but to go through with their pregnancies and give birth.

The problem that both the mothers and infants faced was how the infants were going to be raised and cared for. A number of different child care patterns were encountered in the field and these are described below.

Phrases such as “Every man in the village is her father” are often used to describe children born to children involved in prostitution and adult commercial sex workers. This sort of labelling results from the fact that the mother may often have difficulties in knowing exactly who the child’s father is. While there is normally a tendency to fix on one man as the father, the mother will only disclose this to trusted confidants. Gossip also frequently arises in the community. IR, who was three months pregnant at the time, expressed her worries about the identity of the father of her unborn child:

“J would often have sex with me 5 or even 7 times a day, but I don’t know exactly who’s responsible for the baby. The customers often don’t wear condoms. J said nothing when he found out I was late with my period. There’s no way J’s going to marry me. Anyway, he’s got no money. It’s not like what Bw did. Even though he didn’t have any money, he still took responsibility when Rz got pregnant. The important thing was that Bw said that if Rz was pregnant, then he was the father of the baby. She used to be with Bw every day. But lots of the girls’ boyfriends don’t want to take responsibility. Just imagine, Na’s baby was sold by her boyfriend as he didn’t believe that the kid was his. Na’s boyfriend claimed that the kid belonged to Na’s

ex-boyfriend. So, the boyfriend sold the baby as he said they couldn't pay the hospital bills. From what I've heard, the baby was sold for Rp 2 million, but the boyfriend only gave Na Rp 300,000".

2 million, but the boyfriend only gave Na Rp 300,000".

Table 3.33 shows that at the present time there are children of the children involved in prostitution living in the Surakarta research locations. In the Indramayu research locations, it was discovered that one of the children had given birth to a baby and that this baby was now being looked after and cared for by the mother with the help of her family.

The fact that only one child involved in prostitution who had given birth to a baby was encountered in Indramayu is due to the perception of the children involved in prostitution in Indramayu that if a sex worker gets pregnant, then she should no longer work as a sex worker. If she wants to keep working, she should see a doctor to procure a miscarriage. "Only fools continue to work if they are pregnant," appears to be the general feeling.

3.8.1 Characteristics of the Offspring of the Children Involved in Prostitution

The field data shows that 9 of 21 participating children involved in prostitution had given birth. Two of these had given birth to twins. Some of the children involved in prostitution had given birth at the age of 15. The pattern of care given by the children involved in prostitution to their children is as follows: of the 9 girls who gave birth, 5 had given their babies to some other person who had a close or familial relationship with them, such as their grandmother, a sibling, or a sibling of one of their parents, while 2 of the babies were being cared for and brought up by their natural mothers. Two other babies had been

This attitude on the part of the children involved in prostitution in Indramayu meant that they take preventative measures to avoid becoming pregnant. This involves availing of the family planning services provided by practising doctors. As a result, the possibility of them becoming pregnant is quite remote.

Profile of R

R is the child of A
R, who is 23 months old, is A's second child.
A has two children by different partners. The first child was given to the parents of A's first boyfriend. A then entered into a new relationship and became pregnant again. This baby was given the name of a well-known Brazilian soccer player.
Now R is 2 and is looked after and cared for by A
R with her parents if she has to go out of town with a customer (usually to Yogyakarta).

R has not been breastfed by A since the age of 2 months. Instead, he is given "Bendora" milk to drink. Since the birth of R, his father has left A. Now, A has a new boyfriend, and R calls him daddy.

R is underdeveloped for his age, and only started to walk at 17 months.

Profile of Ld

Ld is the child of IR.
Ld is 7 months old. A boy with a well-formed nose, narrow skin and narrow eyes, he is the first child of IR (who comes from Jakarta). His father had promised to marry IR when they were living together in Surakarta. IR herself is 15 years and 7 months old. When IR was 6 months pregnant, her boyfriend left her to return to his home town in West Java, and she has not heard anything from him since then. Ld has been sick and is currently being nursed by IR's parents. Whenever IR leaves her baby with her parents, she always gives them money to buy canned milk for him and pay for his other needs. Ld sometimes stays with his mother in the hotel where she lives. However, if he is ill or IR has to go out of town, IR leaves him with her parents.

Children involved in prostitution with babies were encountered both in Surakarta and Indramayu. Of the mothers in Surabaya, 70 percent were unmarried, 10 percent married, 10 percent separated and 10 percent divorced. Their children were all under 5 years of age, with 20 percent being girls and 80 percent boys. Only 40 percent of the children possess birth certificates, while 60 percent do not.

3.8.2 Environment in which Offspring of the Children Involved in Prostitution Live

The environment in which the children of the children involved in prostitution live is very closely connected with the level of care they receive. The investigations conducted by the researchers in the field concerned the life led by the children when in the custody of the parents of the mothers, and when they were being cared for directly by their mothers. As for the sort of life led by the children who were being cared for by close relatives or the children who had been sold, all the information received by the researchers was from the parents of the mothers and the mothers themselves.

According to C:

"My baby is currently living with my father's brother. He has a timber business and is quite well off. As he doesn't have any kids of his own, he looks after my baby as if it was his. If his wife is away, my uncle gives the kid to the neighbours to look after, and his wife pays them." Based on C's story, her child is being well looked after in a normal, healthy family environment.

According to the prostituted child in Indramayu who had a baby, she normally left the child with her parents whenever she went out to find customers. But when she was at home, she took charge of caring for the child herself. The child appeared to be living in quite a healthy environment as he got lots of attention from the

Table 3.33 Data on Children Involved in Prostitution who have given Birth, and on their Children

No	Initials of Mother	Number of children	Sex	Age of child (in years)	Marital status of Mother	Birth Certificate?	Where child lives
01	SR	1	Male	2	Married	Yes	Parents of mother
02	TN	2	Male	2	Divorced	Yes	Orphanage
			Female	2		Yes	
03	An	2	Male	4	Separated	Yes	Parents in law Being looked after by mother
				4			
04	P	1	Male	2	Unmarried	-	Sibling of mother's parent
05	C	1	Female	2	Unmarried	-	Sibling of mother's parent
06	Ir	1	Male	0.5	Unmarried	-	Mother's parents
			Male	2			
07	Er	1	Male	2	Unmarried	-	Sold
08	Ri	1	Male	1.5	Unmarried	-	Being looked after by mother
09	Ar	1	Male	4	Unmarried	-	Sold

Source: Analysis of Primary Data

prostituted child's mother and grandmother. The prostituted child also said that whenever the baby was sick, she would bring him to the community health centre (PUSKESMAS), and she always made sure that he received his immunisations.

Some of the offspring of the children involved in prostitution live in unhealthy urban slums, while some of them live in rural areas. The latter are normally being taken care of by relations of the mothers. At the time of the research, one of the babies was living with his mother in her rented room. Whenever she is with a customer, the baby is left with her neighbour. Given these circumstances, it is clear that the child's normal growth and development are far from being guaranteed.

The environments in which the offspring of the children involved in prostitution live are varied. Some of the babies are cared for by relatives in harmonious family environments where they will be able to properly grow and develop like other children. However, some of the babies are looked after by relatives who live in urban slums – places that are far from ideal for the rearing of children. One of the babies lives with his mother in her rented room, which she also uses for servicing her customers. This is clearly nonconducive to the baby's proper physical, psychological and social development.

3.8.3 Care of the Offspring of the Children Involved in Prostitution

3.8.3.1 Care Provided by Natural Mother
A prostituted child normally cares for her child with the assistance of her fellow prostituted

children, or members of her family if the child falls ill. Of the 9 children involved in prostitution who had become mothers, none of them were willing to breastfeed their babies. Instead, the babies were fed with substitute milk. This course of action was adopted as the children involved in prostitution felt that their breast milk would affect the babies emotionally, and the babies would become totally dependent on their mothers. A further reason was that breastfeeding might destroy their figures. They had discovered from their fellow prostituted children as well as from adult commercial sex workers that breastfeeding their babies had this potential. Another reason was that if they were breastfeeding, this would make it difficult for them to go out to work at night.

"Although my baby is my responsibility, I haven't breastfed him since he was born. This was because I didn't want to have any problems with my work. It would be really funny to breastfeed the baby first and then go out working. Seeing that the kid has been trained since birth to accept canned milk and that I always leave some money, my boyfriend or one of my friends can feed him..."¹⁷

Ai had this to say about raising her child:
"I am actually officially married and have a lawful husband. However, my husband went off to Jakarta and never sends me any money. In reality, I don't want to go out at night to get money, but how else am I going to get money to look after my baby? So, I've got no option. While officially I'm still a married woman, my status is not clear as my husband hasn't sent me any money for the last two years and he never comes home. There are lots of people who want my baby, but I have decided to keep him, even though I have to go out at night to get the money to buy food and clothes. I also have another kid, who is being raised by my mother-in-law. If my baby is sick, I

bring him home and ask my mother to nurse him back to health."

Ai also leaves her baby with the girl in the room next door to her in her boarding house, who also has a young baby, and pays her Rp 10,000 per day for looking after the child. Ai spends time with her baby in the afternoon after she wakes up. This time with the baby normally lasts from 12 midday until later in the evening when Ai is preparing once again to go out to work. However, if a customer calls her for a liaison during the day, Ai will immediately give her baby to the neighbour to be looked after until she comes back.

3.8.3.2 Care Provided by Relatives of Natural Mother

The data on the childcare patterns established in the case of the offspring of the children involved in prostitution was obtained from nine girls in their workplaces, in the houses of their pimps and in cafes. This data was not elicited using a special research instrument designed for the purpose, but rather emerged as a result of the close relationships that developed between the researchers and the girls. The experience of the researchers in the social science field had a positive impact on the accuracy and usefulness of the data obtained.

In a case where the natural mother is unable to look after her baby, the child is not always given to the mother's parents. Three cases were found where the baby of a prostituted child had been given to a close relative of the natural mother. This was because it was felt in each case that the mother's parents would be upset at having to take care of an unexpected and unwanted grandson or granddaughter. However, in most cases the parents of the natural mother eventually came around helped out with the care and upbringing of the baby.

P's parents had this to say about the birth of P's baby in Surakarta:

"No one in my family had ever become a

prostitute. I don't know where P got it from. I warned P repeatedly. I told her that if she didn't want to listen to her parents' advice anymore, so be it. She could go ahead and do whatever she wanted. But I told her if she had a baby, not to bring it back here and dump it with us. But when it happened, I mean ... when she got pregnant outside of marriage ... we didn't know what to do. We have enough to think about without having to take care of another baby. Luckily, I have a friend from the same village who lives in Surabaya, and who doesn't have any kids of her own. So I decided that the interests of the baby came first, poor thing ... after all, he's not to blame ... and gave him to my friend in Surabaya. What I really want to see is P getting out of the prostitution racket. It'll only end up hurting her even more. Quick money goes just as quickly."

The fact the parents of the children involved in prostitution often feel obliged to take care of the unwanted babies may be seen from the following statement by IR's mother:

"We used to live happily in Jakarta. The trouble started when my husband started going out with younger girls. He married one of them. I already had five children. I got divorced, and was really fed up. I stopped looking after the kids properly. I lost control of the children. IR got pregnant by one of her friends. He wouldn't take responsibility for the baby as he claimed he had already paid IR enough. So in the end I had to take the baby as there was no way that IR would have been able to look after him. I was afraid IR would give the baby away. So even though I was angry and upset, I couldn't see the baby being left without love. So I took him in, even though I have two more children by my new husband, making a total of 7. So, with IR's baby, I now have 8 relying on me. IR was only 16 years and 2 months old when she had her baby. A was born on 22 November 2002. IR rarely comes home now ... only once a week at the most. She brings some milk for the baby, and gives me some money for food. She only stays here for about an hour at a time, and then she's gone again. I never thought a child of mine would end up like this. It's so frustrating, and it's all the

¹⁷ M looked after her baby for 2 years. After M split up with her live-in boyfriend, the baby was given to the boyfriend's parents. M now lives alone and plans to go to Malaysia to seek work. She would still like to take care of and raise her child, but as she was angry with Te, who has since moved in with another girl, M decided to leave the child with his parents.

fault of her father ... it's so unfortunate."¹⁸

The parents of the prostituted child with a baby in Indramayu look after the child as if it were their own. This is because the mother contributes financially to the family. The father of the baby, however, has refused to take any responsibility for the child's care and upbringing.

The offspring of the children involved in prostitution are cared for by other family members, including the mother's parents, parents-in-law and uncles and aunts. The mothers provide what money they can to help pay for their children's needs.

The amount of money contributed by the mothers depends entirely on how much money they earn.

3.8.3.3 Care provided by Fellow Prostituted Children

In Surakarta, it was found that one of the babies was being cared for by the girls in her group. This group consisted of more than 15 children involved in prostitution who lived in the same hotel.

In baby R's case, the physical surroundings in which he lives are quite good. A's room is quite large and airy. However, R's general, psychological and physical health is placed at considerable risk in these circumstances. R is growing up in the midst of a community that adheres to a value system that substantially deviates from what is generally accepted in society. In addition, he is continuously surrounded by cigarette smoke, alcohol and drugs.

A's friends come and go from her room at will, whether they are sober, intoxicated or in the grip of emotional turmoil. R has been witness to the hard and fast lifestyle led by the children involved in prostitution since he first became aware of his surroundings. Sometimes, more than 7 persons occupy A's room so that it is often unkempt and dirty. The smell of cigarettes, alcohol and urine pervades the room.

When the children involved in prostitution decide to keep their babies, the infants are forced to move from one hotel to another, or from a hotel to a rented room and vice versa, on a regular basis with their mothers. The mothers spend normally only one or two weeks in each hotel, and one month at the most. In the case of the prostituted child who has a baby in Indramayu, as she lives with her parents the child is spared being farmed out among the other children involved in prostitution.

When we talk about care being provided by the mother's fellow prostituted children, we are talking about a situation where the baby is primarily cared for by his mother. However, whenever she is with a customer, then the baby is placed in the care of the other girls who stay in the same pension or boarding house.

The dangers that arise in such circumstances as regards the proper growth and development of the babies are primarily concerned with their tender ages (normally under 5), the high level of mobility of the mothers between pensions and boarding houses, and the rough and tough nature (both physical and psychological) of the girls themselves, and those whom they associate with.

¹⁸ At the time when this report was being written, IR was three months pregnant. IR claimed that she had always used the pill but had somehow still gotten pregnant. She wanted to procure a miscarriage or have an abortion as her first child was only 7 months old at the time so she was not ready to give birth again. IR said that the unborn child's father would never accept responsibility. In fact, it was IR who had been supporting the father. At the time of writing, IR was trying to induce a miscarriage using raman local (pineapple scrapings mixed with pepper), a recourse frequently resorted to by the children involved in prostitution, as well as commercial sex workers in general.

3.8.4 Health of Offspring of Children Involved in Prostitution

The health of babies of the children involved in prostitution who are placed in the care of the mothers' families or relatives is generally quite good, and they are quite well nourished compared to the children who are retained by the children involved in prostitution. The children who are kept by their mothers generally suffer from delayed development.¹⁹ The low levels of knowledge and education among the children involved in prostitution as regards nutrition results in improper feeding of the infants. The infants often have to eat the same food as adults, such as rice porridge with the gravy from meatballs or instant noodles. In general, the children involved in prostitution cannot, and do not like to cook. So, in practice, what their babies get to eat normally depends on what is available at the nearest warung. In order to keep their children quiet, the mothers frequently feed them snacks and candy, most of which contain high levels of artificial preservatives and colorants. The need for proper nutrition so as to safeguard the health of their babies often does not even enter into the mothers' minds.

According to Ai:
"My kid likes eating instant noodles and meatballs. If he won't eat, I just buy him a plate of meatballs. He always laps it all up. It's better to feed him meatballs and crackers than have him not eating."

"When I was on vacation, I went back to my parents house. My kid had diarrhoea. After three days of this, I brought him to Brayat hospital. The doctor said that he needed to stay in the hospital. But I just asked the doctor for some medicine. According to my mum, the kid was sick because of the malignant influence of the new baby I was carrying. Ld was being affected by my unborn baby. So, it was not surprising that he was sick all

the time. If I wasn't pregnant, Ld would be OK. If I could, I would have an abortion as I don't want another baby ..."

Besides the lack of attention to what feed their children with, the mothers are also careless about the milk they give to their babies, often not mixing the milk correctly or giving the wrong dosages.

According to Ai:
"If I have the money, I buy expensive milk for R. There was one month when R got thick, sweetened milk all the time. But if I don't have the money, then he only gets sweet tea. I know it shouldn't be like this. But that's the way it is in this line of work. One night you get a customer and the next night you don't. And the milk is really expensive. The cost of the powdered milk is the same as the price of a meal out with my friends. I still have to pay for the hotel, clothes. If I don't pay the hotel, then I'll be out on the street ..."

The babies who live with their mothers in the places where they work are generally in poor health.

The food they are given to eat is the same as the food eaten by their mothers, including lots of instant noodles and meatballs – both of which are high in monosodium glutamate and preservatives. There are also no guarantees as regards hygiene. The mothers normally buy their food on the streets as they have an aversion to cooking their own food.

The health of their children is not regularly checked by medical personnel. This is partly due to the status of the babies and a lack of recognition accorded to them by the community in which they live.

¹⁹ IR's boy child is 7 months old, and is called Ld. At the time when IR was interviewed, he weighed 2.6 kg, and was not very active. Now he is seven months old and weighs 5 kg. He has just started to crawl. The skin on his arms is flabby, and he still seems not to be very active. Generally speaking, at the age of 7 months a baby should be crawling quite a lot and busily engaged in learning about his surroundings. Similarly, Ai's baby, R, only started to walk at the age of 17 months. At the present time, he is 27 months old but is still not fully confident on his feet.

04 CONCLUSIONS



"If I drink, I feel like I am having friends, but in reality who wants to be friend with a prostitute? The only friends a prostitute has are other prostitutes."
(E., girl sexually exploited, 17 years old, Surakarta)

04 CONCLUSIONS

The problem of the commercial sexual exploitation of children has yet to receive the attention it deserves from the government, non-governmental organisations and the public at large. As confirmed by focus group discussions, child victims of prostitution in Indonesia are frequently considered to be the same as adult commercial sex workers. At the time this report was being written, the local regulations concerning prostitution in both Surakarta and Indramayu were still entirely focused on the problem of prostitution in general, with no distinction being made between adult commercial sex workers and child victims of prostitution.

This lack of attention to the commercial sexual exploitation of children results from a number of factors, including limited understanding in Indonesian society, by stakeholders and the community at large, of the concept and definition of a child. The concept of a child as defined in the UN Convention on the Rights of the Child has yet to be socialised in Indonesia, so legislation, policies, programs and activities connected with the commercial sexual exploitation of children are still very vague and prone to loopholes. The researchers are convinced that the phenomena encountered in Indramayu and Surabaya are replicated throughout Indonesia.

As for the children, their thoughts, ideas, experiences and wishes were accommodated and incorporated into recommendations for concrete action. We hope that this research will serve to increase the level of trust between children and adults, and open up lines of communication between them.

Legal instruments currently in place at both local and international levels are sufficient to ensure protection for children, and their proper growth and development. Protection is guaranteed by Law No. 23 of 2002 on Child Protection. However, local regulations at the municipality/regency level still have to be put in place to ensure that such protection is actually realised on the ground.

In order to remedy some of the deficiencies that exist in Indonesia, UNICEF has pioneered a number of concrete programs starting in 2002 in both Surakarta and Indramayu. These programs are being undertaken in connection with the Mother and Child Protection and Growth Scheme (KHPPA). The activities involved are being co-ordinated by UNICEF at the provincial level, with the relevant government agencies, as well as non-governmental organisations and institutes of higher education, all being involved in attempting to pioneer better collaboration between all those concerned with the best interests of mothers and children. To date this program has proved quite effective in reducing the limitations and constraints affecting the various parties involved, as well as strengthening their capacities, including human resources and managerial capacities. The KHPPA forums in both Surakarta and Indramayu were also involved in this research. One of the KHPPA programs – the Children’s Special Program (PEKA) – is concerned with the effort to prevent and deal with the commercial sexual exploitation of children.

1. Definitions

The majority of child participants defined a “prostituted child” as a person who serviced men; a self-reliant person as she was able to earn her own money and pay her own way in life; an unloving person, a sinner, and a product of irresponsible parents.

2. Family Characteristics

The research findings indicate that there are similarities between the characteristics of the child victims of prostitution in the Surakarta research locations and those in the Indramayu research locations. The most significant similarity is that, in both Indramayu and Surakarta, the majority of the children come from poor families. Other similarities and differences are noted below:

In Surakarta the families of the child victims of prostitution are partly made up of migrant families from regencies in the vicinity of Surakarta. These families display characteristics associated with marginal urban groups. In Indramayu, however, all of the families of children involved in prostitution are local families, and are typical of other rural/village families in the area (a rural agricultural area).

In Surakarta the majority of the families of children involved in prostitution support themselves by working in the informal sector as food hawkers, pedicab drivers, scavengers, running small food stalls, etc. In the Indramayu research locations, the families of the children involved in prostitution earn their living from the land. The nature of the income they make is different from those working in the services sector (like the families of children involved in prostitution in Surakarta), who receive a daily, weekly or monthly income. The families of children involved in prostitution in Indramayu are only guaranteed incomes after the harvest has been saved. If their land is irrigated by rainwater, then they will only receive one income per year. For the rest of the year, they have to survive on odd jobs, whether in Indramayu itself or in other cities, particularly Jakarta.

Surakarta as an urban area offers temptations that can lead to consumptive lifestyles. Consequently, although the earnings of the children involved in prostitution in Surakarta are higher than those in Indramayu, their lifestyles mean that the socio-economic conditions of the children in both locations are almost identical.

3. Family Dependency on Children's Work

The poverty faced by the families of the children involved in prostitution in both locations means that parents develop a high level of dependency on financial contributions from their children.

The responsibility for the overall wellbeing of the family – ranging from putting food on the table to building a house or buying land – is often laid at the door of the child. There are however differences in the nature of this dependency.

In Surakarta, the dependency of the parents on the child persists indefinitely as it is primarily concerned with daily needs. By contrast, the dependency of the parents in Indramayu tends to be for a defined period only – depending on the targets set by the child or her parents, e.g. until the child is able to build a house or buy land for her parents.

4. Access to Education

In Surakarta, both Banjarsari and Laweyan are in the city and have a full range of educational facilities. However, the educational facilities – both formal and informal – that are available can not be accessed by many of the children of poor families in Surakarta. In Indramayu, educational facilities are available only up to junior high school level in Arahana District, and children from this district have to travel quite far if they wish to be educated to a higher level. Karangampel, on the contrary, has a variety of both public and private senior high schools and vocational high schools, but all of these are located in the district capital so that children from the outlying villages also have to travel quite long distances to access education. As the majority of the inhabitants of both Karangampel and Arahana Districts are poor, this lack of widely dispersed educational facilities is obviously a major constraint as the children's families are forced to expend relatively large sums on transportation. As a consequence, the participation rate of school-age children in formal education – particularly at senior high school level – is quite low.

5. Socio-Cultural Factors

In Surakarta, socio-cultural factors do not play a major role in the lives of the children involved in prostitution, while the opposite was found

to be the case in Indramayu. The aspects of the children's lives influenced by socio-cultural factors are:

- a tradition of premature marriage in Indramayu. This has an influence on the child's status when she first comes into contact with the world of prostitution. The majority of child victims of prostitution in Indramayu are divorced at the time they first decide to become involved in prostitution. This tradition of premature marriage, followed by quick divorce, is a major factor in forcing many young girls into prostitution. In the Surabaya research locations, the opposite is the case – in general, children enter the world of prostitution before they are married; the educational background of the children involved in prostitution in the two areas differs significantly. The children involved in prostitution in Surakarta have higher educational levels than those in Indramayu, so that the children in Indramayu are more easily duped or deceived by clients, procurers and pimps/brothel keepers;
- the dress and appearance of the children involved in prostitution are different in Surakarta from the dress and appearance of those in Indramayu. The appearance of children involved in prostitution in Surakarta is marked by highly specific characteristics, including dyed hair, pierced ears and noses, plucked eyebrows, tight or revealing clothes, high-heels, tattoos, thick makeup, and perfume. In addition, many of them have razor scars on their arms. By contrast, the children involved in prostitution in Indramayu do not differ significantly in appearance from other teenagers as they dress modestly in accordance with local styles. However, their interaction with clients is more active than that of the children involved in prostitution in Surakarta.
- the majority of children involved in prostitution come from families of between 4 and 7 members.

6. Marital Status

The matrimonial status of the child victims of prostitution varies, with some being

unmarried, some married and some divorced. In Karangampel District, all of the children involved in prostitution are unmarried, while in Arahana District all of the children involved in prostitution have been married at one time or another and now find themselves divorced at an early age. In Surakarta, one of the children is married and lives with her husband, while 7 children are unmarried but have children. Nine of twenty one children who are involved in prostitution have children.

7. Risks Faced by Children Involved in Prostitution

While this research was underway, researchers were able to see at first hand problems faced by the children, including those caused by the authorities, pimps/brothel-keepers, fellow prostituted children, customers, family members and members of the community. Among the problems these children face are:

- Mental, physical and sexual violence and combinations of these three.
- Health problems - sexual health problems (including sexually transmitted diseases), reproductive health problems (including pregnancy and abortion) and general health problems (including non-sexually transmitted skin diseases and other diseases)
- Drug and alcohol abuse.

From the perspective of the children, including prostituted children, school drop-outs and school students, and from the perspective of adults (as represented by the former prostituted children) the reasons why children become involved in prostitution are primarily economic pressure, peer influence, and unhappy and dysfunctional homes. There are, however, other factors involved as well, such as problems with boyfriends, premature sexual activity, being abandoned or sold by a boyfriend, drug addiction, desire for quick and "easy" money, and social pressures.

The programs on child prostitution to date, including those run by governmental agencies and non-governmental agencies/organisations in both Surakarta and Indramayu, have been primarily rehabilitative in nature, and represent

follow-up measures to the repressive operations, such as raids, that are regularly mounted. Thus, they fail to produce optimal results as they are based solely on the perceptions of the authorities. In Indramayu, most of the programs conducted to date by governmental and non-governmental agencies/organisations have been primarily repressive in nature, such as public order raids.

