Amsterdam Master’s in Medical Anthropology

BETWEEN DISEASE AND ILLNESS
HOW GIRLS IN PROSTITUTION PERCEIVE AND TREAT VAGINAL DISCHARGE

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Abstract

Title: BETWEEN DISEASE AND ILLNESS: HOW GIRLS IN PROSTITUTION PERCEIVE AND TREAT VAGINAL DISCHARGE

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Indonesian people see girls as children who are considered to be sexually inactive and sexually innocent. In contrast, Indonesian people see prostitutes as immoral females who offer sexual pleasure outside marriage. In the case of girls in prostitution, the innocent and dependent behaviour of the girls are exploited by people, such as parents, pimps and customers, and they turn the girls into profitable prostitutes.

Besides the exploitation, the girls in prostitution are also vulnerable to sexual diseases which may be indicated by vaginal discharge. Therefore, the issue of vaginal discharge among the girls in prostitution may become an interesting topic to be studied.

In order to gather the data I used a qualitative research method with a focus on the emic perspective of the girls. I did FGDs and in-depth interviews with the girls and other significant informants. Bandungwangi is the NGO that enabled me to do data collection. However, it was not always easy for me being single and unmarried to do research related to sexuality as in my society I am regarded as sexually innocent and not supposed to discuss sex.

This study has some limitations. It cannot be generalised and the issue of reliability may be questioned due to the limitation of data collection period and number of informants. Considering the language barriers and cultural difference, some words and terms cannot be translated properly into English language. Finally, this study will not be able to give any suggestions to the girls to solve their problem of vaginal discharge.

In this study, I try to describe how the vaginal discharge is perceived differently by different people. According to symbolic perspective, a vaginal discharge can be seen as a disease and as an illness. Medical people see the vaginal discharge as a symptom of sexual diseases which can endanger the girls’ health if not medically treated. As independent agencies the girls create their own perceptions on the vaginal discharge and take an accessible medication based on their perceptions. The only way to help the girls is to bridge the medical and social perception by accepting the fact that children can also be prostitutes. However, I personally think to come with this conclusion, further study needs to be conducted.
Foreword

I had my first contact with girls in prostitution when I did a research in 2000 about the debt bondage amongst them. I was introduced to the girls by an NGO called *Bandungwangi* which has been working to help the girls in prostitution since 1995. Since three years, I have visited *Bandungwangi* a few times and have had personal contacts with some of the girls. Because of the high mobility of the girls, I may find new faces every time that I visit them.

Having had more contacts with the girls in prostitution, I realised that all the programs planned and conducted to help the girls were not really helping them out, and certainly not solving the problem of child prostitution. I found a possible answer of this failure when I was doing the Children, Health and Well-being module. I realised that we failed to see the problem from the girls’ point of view. Therefore, this paper will discuss the problems surrounding child prostitution from the girls’ emic perceptions. Yet, I also realise that my own cultural and social values can sometime limit me to be value-free in discussing the issue.

In my proposal, I had focused on the perceptions of girls in prostitution of sexual illnesses and how they treat them. However, after I had the first discussions with the girls, I decided that in view of the limited fieldwork time it would be very hard to elicit the information that I was specifically looking for: the girls’ own views. They answered my questions on sexual illnesses based on the knowledge they got from the training previously conducted by *Bandungwangi* instead of on their own ideas of the sexual illnesses. They might be ashamed of sharing their stories.

Considering that sex is a taboo topic to be discussed, especially between single and unmarried people, I realised that it is difficult for me to use sexual illnesses as an entry point for a discussion with the girls. Besides, I realised that by asking the girls about sexual illnesses I may give the impression that I accused them of suffering from sexual illnesses. As a result, the girls may feel reluctant to discuss their problems with me. On the other hand, I found that vaginal discharge is less shameful to discuss because it can be caused by other factors and is not necessary a result of sexual illnesses. However, through vaginal discharge I can also come to the problem of sexual illnesses among the girls.

Therefore, I decided to switch the topic of my research into vaginal discharge, the more so since the topic seemed socially relevant. From my first discussions with the girls, I knew that most of them have experienced abnormal vaginal discharge. They also told me that their vaginal discharge has disturbed their work. Also, vaginal discharge is not a disease, but when there is an abnormal change of the discharge it can be a symptom of sexually transmitted diseases, which may endanger women’s life.

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I would like to dedicate this thesis to thousands of children and people who concern with children’s issues to make a difference in the lives of others.

Johanna Debora Imelda - Indonesia
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CHAPTER I: RESEARCH BACKGROUND AND OBJECTIVE

Introduction
In this chapter, I describe the background and objectives of the research. On the research background, I explain the problem that girls in prostitution may encounter by being children and prostitutes. Along with the explanation, I describe the problem of vaginal discharge. Afterwards, I define the questions which support the research objectives and explain why it is interesting to know how the girls in prostitution perceive and treat their vaginal discharge.

I.1. Research Background

I.1.a. Girls as youth or children
The Indonesian Department of Health defines youth as those who are between ten to nineteen years of age and are not married (YLKI and Ford Foundation, 2002:57). However, most of the definitions categorise girls within the definition of children. The Law No 25/1997 article 20 on Labour Force defines children as “boys or girls below fifteen years of age” (Suyanto, 2000:3). The Indonesian Child Protection Law 2002 defines a child as “a person below 18 years old, including a foetus in a womb”. Article 1 of the Convention on the Rights of The Child of 20 November 1989 that has been ratified by the Indonesian Government in 1990 defines a child as “every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier”. The Indonesian Marriage Law No. 1/ 1974, article 7.1 states that a woman (girl) can be considered as an adult and can get married after sixteen years old whereas it is nineteen years old for a man (boy)”. For the state administration, a person should be seventeen years old otherwise he couldn’t apply for the ID card or vote at the national election.

As many other governments, the Indonesian government has formulated several rules and regulations to protect children. Republic of Indonesian Basic Laws 1945 – Final Revision (UUUD 1945) Chapter XA article
28B (2) mentions “Every child has rights to be alive, develop and grow, and has rights to be protected from violation and discrimination”. For children with social problems, the law especially mentions in Chapter XIV article 34 (1) that “the poor and miserable people as well as neglected children will be taken care of by the state”. The UN Convention on Child’s Rights that has been ratified in the Presidential Decree No 36 on 25 August 1990 declares: (1) Rights to life, including rights to get sufficient health care; (2) Rights to develop, including rights to education (formal and informal), and rights to enjoy an adequate standard of living for physical, mental, spiritual, and social development; (3) Rights to protection, including protection against discrimination, mistreatment and abandonment, protection for children without family and child refugees; and (4) Rights to participate and to verbalise their opinion concerning their destiny (Kristanto, 2000:106). In an attempt to overcome children’s social and economic problems, the Indonesian government has also ratified several other International Conventions. The government, for example, also ratified the ILO Convention no 138 into Law No. 20/1999 on the minimum age for working; and the ILO Convention No 182 and Recommendation No 190 into Law No 1/2000 on Elimination of the Worst Forms of Child Labour (Putranto, 2000:92-102). In 2002, the Indonesian government launched Child Protection Laws, which are principally based on the Children’s Rights Convention, that generally consists of (1) Non-discrimination; (2) Best interest for children; (3) Rights to life, to live and to develop; and (4) Appreciation of children’s opinions. Especially for child health, article 46 of the Laws states that “State, government, family and parents are obliged to avoid the life born child from diseases that threaten its life and/or cause impairment”.

Those definitions and regulations that have been mentioned above have shown that children have an important value in Indonesian society, but they are considered as weak and frail. According to Frankenberg et al (2000:588-590), through their physical and other perceived immaturities,
children are considered as incapable and vulnerable individual and therefore need substantial and formal protection”. Furthermore, adults tend to see children “as essentially vulnerable beings who can only survive and develop successfully if they are intensely nurtured and protected by adults” (Christensen, 2000:39).

As they are considered as incapable and vulnerable, Indonesian youth are also considered as sexually irresponsible. It is known that youth is the period when one has hormonal instability that influences psychological and sexual behaviour. We might also assume that young people have particular personality traits that include a desire to break the bounds of traditional values, engage in high risk taking behaviour, weak control of impulses, and personal conflicts (Outhwaite and Bottomore, 1994:723). Therefore, we ignore to appreciate the authentic sexual desire of the youth and consider them as sexually inactive. As a consequence, the program related to sexual or reproductive health for children and youth is limited. Sexual education is only taught recently in a very formal way at high school level after long period of protracted and tough discussions at government level. The Department of National Education was of the opinion that sexual education in high schools would encourage the students to engage in sex before marriage which is considered as an immoral behaviour (Mohamad, 1999:66).

Besides, according to Indonesian norms, it is forbidden to have sexual activity outside the marriage. It means that one will be considered as sexually inactive if she is not married yet. From the definition, children and youth are those who are not married. Once the youth or children get married, they cannot be put under the category of children anymore. Furthermore, they may loose their rights as children. For example, it is difficult for a married young girl to get admission in the formal school. It is uncommon for Indonesians to consider youth as sexually active.
1.1.b. Prostitution

The term prostitute is originally taken from the word “prostituo” which means behaviour of someone who openly gives herself to adultery (Soedjono, 1977:14). Although there are also male prostitutes, the definitions of prostitutes always refer to female prostitutes. The Indonesian term for a prostitute is *pelacur* which is defined as the one, usually referring to an adult woman, who uses her body for getting profit in cash or in kind (Soedjono, 1977:14-20). The government uses the term *wanita tuna susila* or “an immoral woman” (Hull, 1997:29). Feminist groups do not agree with this term because it blames the females as immoral but not the male customers. Therefore, feminists prefer to use *pekerja seks komersial* which is derived from the word “commercial sex worker” (Mohamad, 1999:109). Referring to the activity, Indonesian Department of Social Affair, defines prostitution as every sexual relationship outside the legal marriage scheme between a man and a woman where one of them has an intention to get profit for her/himself or for other party (Dhakidae, 1979:35). According to Truong (1992:15), there are three main elements in prostitution, i.e.: payment, promiscuity, and emotional ignorance.

Whatever it has been called over time, according to Hull (1997) prostitution in Indonesia emerged a long time ago. Feudalism probably was an underpinning factor of the age old presence of prostitution in Indonesia. In the past, women and girls were given to the king by the family in order to get his favour or a high status. The king would gain alliances by marrying women from other kingdoms and it would show his spiritual power and glory if he had many mistresses. These women were not considered as humans but as commodities that can be exchanged with social status, power or reputation. Military rule formed a second factor in the emergence of prostitution in Indonesia. During colonialism, many women were forced to satisfy the sexual needs of soldiers. The third factor in the emergence of prostitution in Indonesia is the transformation of the economy from an
agricultural system to an industrial system. Many people, including women and girls, migrate to the urban areas and try to do all sorts of job to overcome their economic difficulties and earn a livelihood. Lack of knowledge and skills trap many of these women into prostitution.

From the definitions above, we know that sexual satisfaction is the main service, which is offered by the prostitutes. Prostitutes will only get paid if she can give sexual satisfaction to the customers. The better service she gives the better earnings she gets. It also means that no prostitute is sexually inactive. In the case of girls in prostitution, this role contradicts the image of being sexually innocent and the axiom that girls are sexually inactive.

I.1.c. Girls in Prostitution
The problem of girls in prostitution is a matter of growing concern in Indonesia. It is estimated that girls amount to ten percent of all prostitutes living at “Dolly”, an area of prostitution in Surabaya, East Java, the second biggest prostitute localisation in Indonesia (Suyanto, 1998:5; Hull, 1997:75). Approximately, 30 % of sex workers in Indonesia are below the age of eighteen. In 1999, an estimated 21.000 girls were exploited through prostitution, such as massage services, et cetera (Irwanto, et al, 2001:30-31). Mamahit (1999:73) found in her survey in Kramat Tunggak, a prostitute localisation in Jakarta, that some prostitutes started their career before sixteen years of age and the youngest was eleven years old. It is difficult to determine the real prevalence of girls in prostitution, as it is illegal. Therefore, in reality, the number of girls in prostitution could be much higher than the reported number. Hull (1997:67) argues that apparently minor prostitution is one of the gateways to entering the sex industry since many of the prostitutes started their career when they were very young. These girls are very vulnerable to any kind of exploitations. Alas, no one takes the responsibility to protect them. Besides, they usually live out of sight. As a consequence, they are vulnerable to economic exploitation and sexual violence.
People call girls in prostitution with more cheerful terms which do not explicitly refer to prostitution but implicitly criticise the sexually active girls as ‘un-virgins’ and immoral. Some people call them perek or perempuan/perawan eksperimen which literally means “a (virgin) girl whom you can experiment with”. Other people call them ABG (Anak Baru Gede) which literally means, “newly grown up” because they use make up and dress up like adults but their physical body looks like that of a child. In Javanese language, the girls in prostitution are called ciblek as an abbreviation of cilik-cilik bisa digelek, which means “a child/little girl whom you can sleep with”. In a formal definition, the police call them as underage prostitutes referring to young people who are not eligible for marriage but consciously have a sexual relationship with the other gender although both are not engaged in legal marriage according to law, religious and social norms, in order to get revenue that adequate into his/her needs (Binmas Mabes Polri, 1982:3). UNICEF in Document A/50/456 defines child prostitution as “the act of engaging or offering the services of a child to perform sexual acts for money or other consideration with that person or any other person”. In 1996, the World Congress against Sexual Commercial Exploitation on Children declared that the use of a child for sexual purposes in exchange for cash or in-kind is the worst sexual exploitation (Agustinanto, 2001:31). There are four types of prostitute styles, i.e.: (1) situational, refers to prostitute who only engage in prostitution under certain circumstances; (2) habitual, refers to those who are full time participants of the street; (3) vocational, refers to those who consider prostitution a skilled profession; and (4) a-vocational, refers to those who also see themselves as professional but not in full time basis. Mostly, girls in prostitution engage either in situational or habitual prostitution (Tower, 2002:202).

Actually, the term ‘child prostitution’ or ‘sexual commercial worker’ is not an appropriate term to be applied to those girls. The term suggests that the girls have chosen a profession in prostitution, which often is not the case.
For this research I have decided to use the term ‘girls in prostitution’ because it is descriptive and therefore neutral.

There are many other factors beside economic factors that contribute to girls entering prostitution. Irwanto, et al (2001:42-44) argues that early marriage followed by divorce also contributes to a high number of girls in prostitution. According to the Marriage Law, a girl can be considered as an adult and can get married after 16 years, as she is physically mature to fulfil her role as a mother and (or) a wife. Hence, due to illiteracy, most of the parents in the village(s) do not register their newly born baby, so the real age of the child is not known by the girl or by the authorities. Parents will arrange a marriage for their daughter as soon as she gets her first period. Consequently, she will lose her status and rights as a child, for instance it will be difficult for her to get access to formal education after her marriage. Furthermore, in Indonesia there are ample opportunities to arrange fake identity documents, which give parents a chance to manipulate their daughter’s age in order to get legalization for her marriage. Regrettably, when her husband divorces her, the parents do not longer carry any responsibility for her, as her marriage has made her the burden of her husband. As a consequence, many of the divorced girls are trapped in prostitution due to lack of knowledge and skills required for getting a well-paying job.

Market demand also plays a part in raising the number of girls in prostitution (Suyanto, 1998:6-7). Some writers mention the need of paedophile(s) to satisfy their psychological problem (Farid, 1999:158, Irwanto, et al: 2001:59-60). More in general, some people in Indonesia believe that access to virgins can make a man become younger and sexually powerful. A minor is also considered as STD-free, and therefore the consumer prefers to go to the young and new-comers among the prostitutes. It increases the selling capacity of girls in prostitution and thus they become a target group for the sex industry. In line with the demands, the pimps will sometime rotate the girls so that the customers will consider them as new-comers in the new
place. In local terms, they are called as barang baru, stok lama that literally means “new comer, old stock”. Employing the teenagers will give more profit to the pimp. The teenagers can be sold for a longer time than the older one.

Deliberate trafficking for sexual purposes is also among the pathways to prostitution. In child trafficking for sexual purposes, the parents, relatives and older community member(s) are actively involved in the recruitment and arrangement (Irwanto, et al, 2001:32). Girl trafficking for sexual industry happens not only within the country but also in the international context. Indonesia is one of the supplying countries that sends its female labour to Malaysia, Taiwan and Europe as sexual workers (Fenandez, 1998: 12).

One may question why girls comply with their being treated thus. An answer may lie in the fundamentally patriarchal system and hierarchical customs in the family that oblige the girl to obey people with higher social status, such as parents, a boss, an older person, etc. In the case of girls in prostitution, the girl cannot defy her seniors even if she knows that she has been exploited because usually the person who exploits her has to be respected due to her/his gender and social status in the community.

Furthermore, most of the girls in prostitution have experienced sexual abuse in their younger years. Being acquainted with sexuality in an exploitative manner the young girl learns to separate her feelings from the sexual experience and comes to know that sex can be used for her survival (Tower, 2002:201). In this case, the girls can manipulate her sexual attractiveness to get money to support her family.

1.1.d. Vaginal Discharge

Being prostitutes, the girls are not only vulnerable to all sorts of exploitation and violence, but also to sexual diseases, which may be indicated by an abnormal vaginal discharge. Vaginal discharge is a medical term which is referred to a secretion that comes from a woman’s vagina. A vaginal discharge is not a disease but can be a symptom of sexual diseases. In
Indonesian language, it is called *keputihan* or *darah putih* which is literally translated as “white flood”.

There are many factors that can stimulate vaginal discharge. A normal vaginal discharge is clear white or milky white and appears because of ovulation, menstruation, sexual excitement, emotion, obesities, anaemia, malnutrition, physical tiredness, and old age. An abnormal vaginal discharge is caused by a bacterial infection, fungus, tumour, contraception, an allergic reaction, or Sexually Transmitted Diseases (STDs). The discharge is abnormal if its colour becomes yellowish or greenish; the secretion is increasing, smelly, itchy, and sometimes bleeding or cause pain in the vagina. Considering that abnormal vaginal discharge can be a result of STDs, it needs a proper treatment otherwise it may even endanger the life of the women and the unborn baby (YLKI and Ford Foundation, 2002:256-258). Therefore, the abnormal discharge needs diagnosis so that those abnormalities that are detrimental to health can be treated properly.

**I.2. Research Objective**

Most of the girls whom I interviewed have experienced abnormal vaginal discharge and consider it a common problem, and certainly not as a serious problem that endangers their health and life although they have already had some knowledge about the relationship between vaginal discharge and STDs. Therefore, it is interesting to know how girls in prostitution perceive and treat vaginal discharge. The research questions are as follows:

- What do the girls know about vaginal discharge?
- How do they experience vaginal discharge?
- How do they treat vaginal discharge?
- Who influences them to treat vaginal discharge?

In the next chapter, I will explain the methodology of the research which includes how I collected the data from my informants, and what barriers I have dealt with by being a single and unmarried researcher.
CHAPTER II: RESEARCH METHODOLOGY

Introduction
In this chapter, I describe the methodology of the research. I explain what the type of the study was and how I collected the data from my informants. Besides, I also explain why the emic perspective became such an important approach to be used in this research. Afterwards I explain how I got to know my informants, the barrier I faced as a single and unmarried researcher during the data collection, the limitation of this study and the structure of the thesis.

II.1. Study Type and Data Collection Method
I used a qualitative approach for this research since it is based on qualitative data, such as words, writings, and observable behaviours of informants. Besides, this approach facilitates me to get acquainted with the informants more deeply and understand the way they look at their own world.

I choose the research to be descriptive, that is, I explore the social phenomenon by describing information that is related to the research problem. In order to be more intensively focused on the problem, I use a comprehensive case study, so that I can explain the problem in a better way.

In this study, considering the limitation of my field study period, I applied a convenient sampling strategy to get the available informants during the data collection. My informants were girls in prostitution who work as soft drink sellers in one of the parks located in North Jakarta, Indonesia. Their ages are between 15-16 years old. Because Bandungwangi conducted a training on reproductive health for those girls aged 15-18 years old, it made it easier for me to get involved with the girls.

In order to collect the data, I conducted two focus group discussions (FGD) and in-depth interviews with the girls in prostitution. However, I actually got more information when I talked to them informally during lunch time or when I hanged out with them. Formally, I have talked to seven girls
but informally I have talked to approximately fifteen girls. Concerning ethical considerations, in this thesis I have changed relevant data, such as names of my informants to make them anonymous.

I did the FGDs with five girls. In the first FGD, my topic still concerned sexual illnesses. I asked the girls to look for a picture that according to them was related to sexual illnesses from the magazines and newspapers I brought along with me and explain why they had chosen such pictures. Afterwards, I asked them to make a list of the sexual illnesses that they knew and to make a rank based on the most severe illness; the most disturbing illness; and on which illness is most prevalent. The second FGD focused on vaginal discharge. In the discussion, I asked whether their vaginal discharge had changed after they had come to Jakarta to work as soft drink sellers. I also asked them what they think may cause these changes in their vaginal discharge and how they treat vaginal discharge. Besides, I also asked them who influence them to treat the vaginal discharge.

It was not easy to find girls who were willing to share their problems with vaginal discharge with me. However, in order to get more in-depth information, I held three formal interviews with those girls who had severe vaginal discharge. A severe vaginal discharge may be a symptom of STDs, therefore I assumed that interviewing these girls would enable me to know more about sexual diseases. One girl I came to know through the FGDs where she was quite open to talk about her problem during the discussion. Another girl was someone I have known already for three years. The third one was new for me, but she was quite open to share her problem with me.

It was also not easy to get the permission from the pimps to interview the girls. A researcher usually has to pay the pimps if one takes the girls out from their place, since the pimps would consider such a person as simply one of the customers who needed the girls. I sometimes had to tell the pimps that I wanted to have lunch with the girls or simply wanted to talk to them since I had not seen them for a long time. Otherwise, I took the girls out when the
pimps were out of town. Fortunately, the pimps always allowed me to take the girls out and did not charge me anything because most of the time I took the girls during daytime so that I did not disturb their working schedule.

Besides asking them about their perceptions and the treatments, during the in-depth interviews, I also asked about the background situation of the girls as well as their knowledge and experience in order to know what has influenced them to take certain treatments.

Aside from the formal interviews, I observed their daily activities to get a better understanding about their lives. I also asked them to write diaries for me. I asked them to write everything that relates to the problem of vaginal discharge, but what I got mostly from their diaries was about how they regretted their lives as prostitutes. Some of them wrote deeply sad poems about their lives.

Besides the girls, I also managed to talk to herb sellers. They are known as jamu gendong or “herb hawkers”. I will explain about jamu and jamu gendong in chapter IV.

Finally I also discussed the problem and the findings with some other researchers who had done research on sexual and reproductive health, to reach a more comprehensive understanding of the problem. However, I did not manage to meet the medical doctors at the clinic where some of the girls usually go when they have a problem with their sexual health.

In order to organise my theoretical framework and to support the secondary data, I did a documentary study from books, bulletins, research reports, newspaper, magazines, etc.

II.2. Emic point of view: an important approach
In doing the research, I tried very hard to see the problem from the girls’ point of view. I should admit that this was not an easy job to do, because as an adult, it was difficult to escape from the perspective that these girls are not yet fully capable human beings. Van der Geest (1996:338-340) argues that most of
the anthropologists and sociologists who do studies about the children hardly touch the views of children. They treat the children as others because children are regarded as incomplete and they do not rouse the interest of adults as informants in their own right. Therefore, we tend to ignore children’s emic point of view. From this research, I learnt that we can never understand the problem of the girls clearly if we refuse to see it from their own perspective.

Furthermore, I am aware that the children are also a part of the society who has been socialized by the same norms and values and they become a social person through the process of socialization that is very much determined by their parents (Christensen 1998:188). In this research, I try to understand the girls as independent agencies. This implies that, on the one hand, I should understand the girls as human beings who have capability to decide what is the best for themselves. On the other hand, I should understand that their decisions are very much influenced by the norms and values through which they have been socialised.

II.3. How I get in touch with my informants

I went to Jakarta, Indonesia, for only four weeks to collect the data. Actually, the funding agency, which gives me financial support, did not allow me to collect the data in my home country because there are lots of opportunities to do field study in the Netherlands. However, considering the relevance of my research topic for my further career, they allowed me to do data collection but only for four weeks.

As already stated elsewhere, I came to know girls through the NGO named Bandungwangi. The term Bandungwangi is an abbreviation of Bantuan, dukungan, perkawanan dan saling melindungi which can be translated as “assistance, support, partnership and mutual protection”. It is located in North Jakarta, close to the park where the girls do their “work”. Bandungwangi was created by inviting some of the prostitutes to participate in the reproductive health program. The objective was to give them knowledge
about reproductive health, so that they can protect themselves against
diseases, such as STDs and HIV/AIDS. Bandungwangi was established in 1995
by some prostitutes who have decided to get involved in the program and it
has been registered as an NGO in 1999. At the moment, Bandungwangi is
managed by women and girls who used to work as prostitutes. Some of them
are still actively working as prostitutes.

Bandungwangi has four main programs, i.e.: (1) education and
dissemination of reproductive health information; (2) development and
strengthening prostitution networking; the program allows the girls to meet
and share their problems so that they can find solutions together (3) women
protection and empowerment; (4) protection and empowerment of girls in
prostitution. Presently, Bandungwangi has conducted a training regarding
sexual and reproductive health that enabled me to do my field research.
Through the program, the girls learn how to recognise and prevent sexual
and reproductive illnesses.

I have asked one of Bandungwangi staff, Yuyun, to assist me during my
field research, especially when I needed someone to take me to the
informants. I sometimes did not understand the local language or the slang
words used by the girls during the conversation and Yuyun was an important
fellow worker with whom I could discuss the problems that came forward
during the field research.

II.4. Advantages and Disadvantages of being Unmarried Researcher

In Indonesia, it is taboo for an unmarried woman like me to talk about
sexuality. We are considered as sexually inactive, and therefore sexuality is an
indecorous topic to be discussed among us. As my topic is very much related
to sexuality, it becomes a very sensitive topic to be discussed openly.

I could feel that the girls were hesitant to talk about the topic during
our first meetings. This reaction reflects their respect to my attribute as an
unmarried woman. In return, I also respected them as girls or children who
are considered to be sexually inactive. Therefore, sometimes it was difficult for us to find proper and polite words for some terms that are related to sexuality. In order to bridge our hesitation, we used imperceptible words, for example, we used the word *itu* which is literally translated as “that thing” to name the vagina; and *maen* or “to play” to replace the word of having sex. Considering their backgrounds, I used a broken Indonesian daily language to communicate with them otherwise they could not understand me. Besides, this informal language broke the border between us.

As the time passed by, our relationship became more casual. In the end, I feel lucky by being an unmarried researcher because they regarded me as innocent and assumed that I do not know anything about sex life. So, the girls told me everything that I was supposed to know as an adult woman, especially those things that are related to sexuality.

II.5. Limitation of the study

Alike many other qualitative studies, the result of this research cannot be generalised. Considering the limitation of the data gathering period and the number of informants that I could reach, I would say that this study can only illustrate the situation of the girls during the time of data collection.

Furthermore, on the basis of this study I cannot give any suggestions to the girls to solve their problems, especially regarding their vaginal discharge.

It was also difficult for me to find a proper English translation of the words and terms which were used by the girls, especially if they used slang words or Javanese dialect. I did my best to translate them but sometimes those words and terms could not be translated in English without loosing some of the rich meanings of the Indonesian language or Javanese dialect.

I am aware that it is important to do a cross check for the information given by the girls so that the information will be reliable. I did not have enough time to perform triangulation. Therefore, some of the information
seemed to be contradictory or unclear. To solve this, I could sometimes ask clarification from Yuyun, otherwise I did not use it as data.

II.6. The structure of the paper
As we have seen, chapter I discussed the research background and objective. I explained the problem that the girls may face as being children and prostitutes. I also described abnormal vaginal discharge and why I am interested in knowing how the girls perceive and treat this problem.

In this chapter, chapter II, I explained the research methodology which includes what type of study and data collection method I used for the research, how I got involved with my informants, the limitation of the research and the barriers that I have had to deal with by being a single and unmarried researcher.

In order to understand the situation of the girls, I will provide a general picture of them in chapter III. I will focus on how they do their work, the place where they work and how they live because I think those circumstances are related to the problems of vaginal discharge among the girls. In this chapter, I also explain the significant agencies around the girls, such as the parents or relatives, the pimps, the customers, the NGO, and others who may take advantage of the existence of the girls.

In chapter IV, I explain what vaginal discharge means for the girls and how they treat the problem. During the study I came to realise that as part of their society, the perception of the girls of vaginal discharge and the way they treat the illness is not different from how other women in general deal with it. It is a general belief in Indonesia that vaginal discharge is very much related with the health, beauty, and hygiene of the woman and also with the sexual relation between husband and wife. Therefore, the girls treat their vaginal discharge, basically, indirectly by maintaining their health and beauty. The girls are only seeking for help directly for their vaginal problems when they
have a very serious discharge, such as when it becomes painful or starts bleeding.

In chapter V, I will discuss and conclude the result of the research. In this chapter, I explain how their role as girls in prostitution prevents them to seek proper treatment for their vaginal discharge so that they usually end up treating the symptoms instead of treating the underlying problem.

The next chapter will be the general description of the girls whom I talked during my field research, including their way of life, living condition and working place.
CHAPTER III: GIRLS OF THE PARK: WHO ARE THEY

Introduction
This chapter gives a general view of my informants: it sketches what they actually do and why they are considered girls in prostitution. Furthermore, I describe the significant agencies around the girls. Afterwards, I describe how they do their work and the living condition of the girls.

III.1. Girls of the Park
A new trend of girls in prostitution has emerged in Jakarta recently. The girls pose as soft drink sellers in the roadside in the late evening until the early morning. Whilst selling teh botol (a well-known Indonesian jasmine tea in a bottle, usually served cold), soft drinks, such as cola, sprite or beer together with light snacks, such as peanuts or cookies, the use of their bodies is entailed in the exorbitant price. While enjoying the drinks, the customer can touch or kiss the girl. This service is done in some parks in Jakarta. Therefore, the girls are recognised as Anak (Gadis) Taman or Girls of the Park.

As mentioned in chapter I, I did my field research at one of the parks in the North Jakarta. The park where the girls sell the drinks is located underneath the fly over in North Jakarta. In the daylight, the park seems to be very quiet and shady. In the late afternoon, the park starts to be active. People use this park to earn money in many ways. Besides the girls, we can also find adult prostitutes or transvestites who occupy certain other parts of the park. The park is an ideal place for such kinds of jobs, because when the sun sets, it becomes very dark since there is no artificial light. It will get a light from the cars, buses, or motorcycles passing down the park from the flyover. When the light points to the park, the girls will start clapping their hands to attract the customers.
Most of the girls I met during my field research come from West Java areas, such as Indramayu, Subang, Cilacap, Pandeglang and Cirebon. The girls from West Java are well-known for their beauty. They usually have a fair complexion, a small nose, and a well-shaped sexy body. The homogeneity can be recognized from the dialect they use for daily conversation amongst them which implicitly reflects the important roles of the family, relatives, friends, and neighbours as source of information about the destination place.

The level of education of the girls is very low. Most of them graduated from primary school just before their entrance to the world of prostitution and some of them dropped out from the first or second grade of the junior secondary school because their family did not have enough money to support their education. As a consequence, they can only work in the informal and unskilled sector, such as selling soft drinks which, on the surface, is what they do.

The girls came to Jakarta with someone whom they already knew, such as friends or relatives, who then introduced them to the pimps. Some girls knew the pimps before they came to Jakarta. Some girls were taken by their parents to the pimps. Those whose parents did not know the kind of job she does were embarrassed to tell them. However, when the parents come to know about her job, they do not do anything to take their daughter out of this life. Poverty and economic difficulties make the parents surrender to the situation.

New-comer girls will choose working under the supervision of a pimp and will learn how to work from girls who have already worked for the same pimp. They call the pimp *mami* (mother), boss, or *yayuk* (sister). Most of the pimps are women. If the pimps are husband and wife, the wife is the one who takes care of the girls. When they get used to the working situation, some girls choose working independently as freelancers.

Their rate of turnover is very high. They easily leave the job and take it back after sometime. Some girls said that they have been working for less than
a year, but their working experience might be longer than that period of time as they often go back to the village and take a break from work for months or years and return to the city to work when they need money. My informants told me that they often go back home to the village whenever they have money for transportation tickets. It only takes 3-4 hours from the city to the village and Rp 10,000 for a one-way trip by bus. Usually, they go to the village if they miss the family, when they are needed during harvesting time, when they have to give money to the parents or relatives, when parents ask them to marry someone or when they need traditional medication. Considering this situation, I would say that most girls are situational prostitutes who only engage in prostitution under certain circumstances.

### A story for My Friends

People call me Dinda. I am the eldest in the family. When I was fifteen years old, I ran away from home with my beloved classmate, Beni. We lived together like husband and wife in Jakarta. After a week, I had to leave Beni because I met a man who promised to give me job as his secretary. I was fooled and cheated by the man because he is actually a pimp. I had no other choice but followed his instruction to serve sexual desires of old men.

One day, I met Beni again and he asked me to stay together. I loved my Beni so much, so that I could not refuse when he asked me to continue my work as a prostitute. He was my pimp and took all the money with him until one day I heard that he had another girl friend. I was so sad. He broke my heart. I ran away from him but did not know where to go. I came to the park where the girls sell soft drinks while offering their body. Finally, I do this work. I sell soft drinks and my body to the customers.

After a long time, I met Beni once again, but not long after that, he passed away in mass fight. I came to know that he was a motorcycle thief. All I can do now is praying to the Lord for his soul because I still love him so much.

(taken from: Bandungwangi bulletin, March, 2003)

in the park with their nice dresses and make up. The term “seller” is different from the ordinary seller. The selling activity starts in late evening and ends in early morning. They do not show the goods openly, but they put them out of
sight, inside the cart. Different from any other stall, there are no seats for the customers. They offer the drinks on the road-side. Therefore, the customer sits on his own vehicle or follows the girl into the dark park or to a room provided by the pimp to enjoy the service. A customer will be served by one or more girls. While drinking, the customer can touch or kiss the girl(s). Although the girls sell many kinds of soft drinks, teh botol is the most favourite drink. Besides that it is relatively cheap, tea does not really give a full feeling. So, the girls can sell many bottles of tea.

While waiting for the customers, the girls sit on the edge of the sidewalk or walk around the park. Those who work for a pimp will not go far away from the pimp’s cart. In order to attract a customer, the girls will stand in a group, joke and talk with loud voices, so that they make a noisy and inviting sound. They have a specific body language which is a sign for the customers. When a car or motorcycle speeds down, some girls compete to attract the drivers’ attention by clapping or shouting, so that the driver will buy drinks from her. Once the customer chooses a girl, other girls will continue their activities and wait for other customers.

The girl can also be requested for a date. Her pimp arranges the dating rate and transaction. The customer can take the girl to any place he likes on the dating, such as low price hotels, or out of town. For a date until 24.00 pm, the customer should pay Rp. 50,000\(^1\) to the pimp in advance. The pimp will charge the customer Rp 100,000 if they take the girls until later than 24.00 pm. Some customers give extra money to the girls as a tip for the services.

\(^1\) Euro 1 = Rp. 9,500 (July 2003)
Normally, the girls go to the park at 20.00 pm and come home at 03.00 am, seven days a week without any free day unless they go home or are sick. However, their preparation starts at 16.00 pm. They will help each other with this. The preparation includes taking a bath, dressing up and putting make up on their face. The final touch is to do a numinous ritual, such as applying fragrance oil on their forehead, nose, chin, and her vagina in a certain way in order to attract the customers.

Basically, they have to find a way to induce customers to buy more than one bottle of drink. The girls will flatter the customer and amuse him by letting him touch and kiss her. Actually, sexual intercourse does not easily happen, because the customer has to take the girl out of the park and give extra money to the pimp. Besides, it will not take place if the girl does not agree to go with the customer. Although the pimp will get more money if the customer takes the girl out, she does not push the girl to go with the customer. It seems that the girls have freedom to choose whether they want to give sexual service to the customer or not. However, being innocent, the girls are easily manipulated by the customers by giving her attention or saying sweet words. The girls are easily attracted to customers and take them as boyfriends. Once a customer becomes a boyfriend, he will get sexual service for free without the knowledge of the pimp. One of the girls told me that she fell in love with her boyfriend because he was funny and gave her attention. Yet, he was married and hardly gave her financial support.

D: What makes you fall in love with him?
G: He is funny and he gives me a lot of attention, he gives me much love, but not his money. He gives me some money to buy snacks but not to buy my personal stuff.
D: How much does he give you?
G: If he has money, he gives me 20 thousand, sometimes 30 thousand. He never gives me a lot, because he has a wife.

The pimp, of course, does not like the girl having a boyfriend because the girl will spend more time with her boyfriend instead of looking for a
customer. Another girl told me that she forgot the time whenever she was with her boyfriend. She said that her pimp became so fussy and did not allow her to be with her boyfriend as he disturbed her work.

G: Fussy! If I have a customer, she does not allow me to be with my boyfriend
D: She does not allow you, why?
G: Because she said that he would disturb my job. But after working she allows me to be with my boyfriend
D: How much time do you usually spend with your boyfriend?
G: If it is with my boyfriend, I do not care about the time.

In this case, she is clearly just a normal girl who will be happy if somebody is taking care of her. The girls like to play with friends, too, but it makes the pimp angry with them. They have no time to enjoy playing with friends because they have to obey their boss. Another girl told me that her pimp was angry and called her a lazy girl because she did not find any customers.

G: I have got a fussy boss now
D: What is wrong with her?
G: She will get angry with me if I do not have any customer, she will tell other people about it
D: How does she get angry?
G: She said, “Come on... find a customer!” No one wants to drink, should I force them to buy any drink?

Besides the pimps and the customers, there are other players involved in

<table>
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<th>My Wicked Customer</th>
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<td>I was sitting at the edge of roadside, waiting for a customer, when suddenly a taxi stopped in front of me. With all my charm I attracted the taxi driver, and he agreed to drink with me. We drank together inside his taxi. Then, he told me that he wanted to heat his vehicle up by turning the engine on. But, actually he started to move and tried to kidnap me. I cried for help, but he shut my mouth with his hand and sped his taxi up. I tried to release myself from him and the taxi became unstable. It was a time for me to escape. I jumped out of the taxi. I had lots of scratches in my body and was wet of blood. People who saw the incident brought me to the hospital. I got six stitches on my head. Thank God, I am still alive. (taken from: Bandungwangi bulletin, January, 2003)</td>
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</table>

this business. One is the *preman* which means a crook and the other is the *pendorong* which means somebody who pushes something forward. The
preman has a duty to protect the girls from wicked customers who may harass her or refuse to pay for the drinks. The pendorong has to push the gerobak (a cart to put the drinks) with the bottles. The preman and pendorong are mostly young men. Usually these two roles are fulfilled by one person. Sometimes the preman or pendorong turns out to be a boyfriend.

The girls are vulnerable to violation. The pimps, the customer, or preman/pendorong are often responsible for this violation. One of the girls wrote in her diary how she was violated by the preman.

As I arrived in the park, H (the preman) came to me angrily and asked me why I told my boyfriend that I knew he had another girlfriend from H. I said that I was only joking. One day, I was with the customer, my boyfriend came and dragged my hand forcefully. He wanted me to meet H. I tried to explain to H that I was joking when I told my boyfriend about his other girlfriend, but he was so angry and kicked me hard that I fell down. I cried and ran home. I wept until I was tired and fell asleep.

Besides learning how to attract the customers, the girls also learn how to avoid police inspections. It is not easy to run away from police inspection. Sometimes the girls hide themselves in a dirty ditch. Some pimps who have a good relationship with the police can bribe the police in order to know their inspection schedule. If the girls get caught by the police, the pimps will pay the police some money to release the girls. One girl costs about Rp. 100,000.
III.3. How They Live

The pimp is the one who decides about the payment for the girls. Usually the girls get their monthly and daily payment. The monthly payment is between Rp 60,000 to Rp. 100,000 but the girls can only get it when they have to go home in the village, otherwise the pimp will keep the money. The girls trust the pimp very much. They give the money without any calculation. Therefore, most of the time, the girls are not paid the accurate amount of money because the pimp can easily cut their payment for some compensations, such as if a client does not want to pay, police indemnity, remuneration for parents, or neighbourhood fees. They get the daily payment from every item they manage to sell, for example, they get Rp 1,000 for a bottle of tea which they sell for Rp 5,000 and they get Rp. 2,000 for a bottle of beer which they sell for Rp. 20,000. They also get money for every snack they can sell. Besides the regular payment, sometimes the girls can get extra money from the customer’s tips.
Those who work independently without the pimps can earn more money from selling the soft drinks. They just need to buy the soft drinks from the distributor and then they can sell them directly to the customers without having to share the profit with the pimps. They can sell the soft drinks with the same price as the other girls working for the pimps sell, which is Rp. 5,000.

Besides cash, the girls can sometimes get accommodation and free meals from the pimps. If not, they have to rent a room and buy their own food. They usually live in a slum area. Their rooms are usually very small without proper ventilation. There is no bath-room or toilet attached to the room. Therefore, they have to use public bathrooms or toilets which sometimes are not free. The condition of the bathrooms and toilets are also very bad. There is no clean water and the washbasin is full of fungus. Along with the bad condition of public bathrooms and toilets, there is no kitchen available either.

However, the living condition where they live is relatively better than the park where they sell the drinks. Although the park is used by lots of people, as other parks in Jakarta, there is no public toilet available inside the park. Therefore, it requires quite an effort, for the girls and other people, to find a toilet nearby. The girls might wait to use the toilet until they come home at night or they sometimes takes an ojek, a sort of motorcycle or bicycle transportation, to reach the public toilet which is located about one kilometre from the park. They have to pay for using the toilet and the ojek driver. If they really have to urinate, they will do it behind the bush or a big tree. If they have money, they buy a bottle of water or a pack of tissue paper to clean their vagina otherwise they do not clean it. In Indonesia, taking a bath is called mandi which means taking water with a scoop called timba/gayung and pour it into the body instead of using a shower. We do the same to clean after urinating or defecating and we call it cebok. If needed we use soap, otherwise water is enough. Some people use tissue paper to dry the water after cebok, but mostly they let it dry itself because tissue paper is relatively expensive.
D: What do you do if you want to pee in the park?
G: Sometimes I pee, sometimes not. It depends. I usually wait until I come home. If I cannot wait any longer, I buy an Aqua (an Indonesian brand of mineral water), then I pee. If I have to shit, I have to go to Incu (the location of public toilet) with ojek (a bicycle transportation). I have to pay using the toilet because it is a public one.
D: How much do you pay?
G: 500 rupiah

The poor condition of the park where the girls usually spend about eight hours everyday contributes to their health problem, especially to the vaginal discharge. It is undeniably difficult and tiring to stand for hours in the park, especially since they have to hold themselves to go to the toilet. Besides, the public toilet is quite expensive for them: Rp. 500 each time, which means half of the amount that they get from a bottle of teh botol.

The girls can only afford cheap food which is usually unhealthy. To make it worse, they cannot usually afford more than one meal per day, as food is expensive. I was amazed to see how hard they work and how they live. Yet, it seems that they can still survive without proper food and hygienic living conditions.

Although they cannot afford enough food, on the other hand they can surprisingly spend money to buy shirts and make up which are quite expensive. For example, the price of the powder used by one of the girls is three times more expensive than the one I use. If they do not have money, they will borrow from the pimps or pay credit to buy what they want. The one who allows the girls to pay credit is called tukang kredit. Tukang kredit, who are mostly men, refers to someone who sells something or lends money, but who can be paid later monthly or weekly. That is why the girls are always in debt. The debt is one of the factors that makes it difficult for them to get rid of the pimps.
**Discussion**

From the general picture of the girls, it is obvious that this kind of job is a form of prostitution. Mostly, we think in terms of exploitation when we discuss prostitution, unless we assume that the prostitutes choose their work voluntarily. It might seem as if the girls have freedom to choose whether they will do the job or not. However, considering the fact that there is a definite lack of job opportunities for unskilled labour, we may question this assumption of free choice. Although girls may feel that they can go home or return to the job whenever they want, in actual fact the circumstances force them. The girls may not be aware of the exploitation or have no other better alternative but doing the work as prostitution.

Besides, most of the girls involved in prostitution have experienced exploitative sexual abuse, usually by their boyfriends. Having lost their virginity makes them feel worthless and without hope for their future, as is clear from the moving stories that they wrote for me. Those girls who have lost their virginity are considered immoral by the wider society and will get stigmatised. This leaves most of them trapped in prostitution and, at the end, they might even enjoy this job because it can give a good financial return for their family. As family members, the girls are also responsible for overcoming the difficulties of their family and they will be proud if they can help their parents financially. This pride seems to be a compensation for their profession as prostitutes.

With regard to the emic perspective of the girls, it was difficult for me to discuss the issue of exploitation with them. The issue of exploitation can only be seen by the outsider like me. My research was motivated from the standpoint that even girls in prostitution can be approached as independent agencies who to some extent can decide what is best for themselves, but on the other hand it is clear that there are many actors who manipulate the existence of the girls in prostitution for their own advantages. They manipulate the
innocent and dependent behaviour of the girls and take profit from them as prostitutes. The parents and relatives enjoy the remuneration given by the girls. Being socialised in patriarchal society, the girls have to obey the parents and will do everything to support the family. In this way, parents and relatives make use of the girls’ role of being faithful children.

The pimps manipulate the physical attractiveness of the girls as innocent children to take profit by selling them as prostitutes to customers. Besides, the myth of virginity makes the girls become more attractive to the customers.

The customers flatter the girls to become boyfriends and get free sexual services. In this sense, they manipulate the girls as the one who needs affection. The girls are in the physical development stage of puberty which makes them easily get attracted to other gender. Therefore, they easily fall in love only by a little attention and nice words from the customers. Once they fall in love, they forget about the work. They even do not bother whether her boyfriend will marry her in the future or whether he can take care of her for longer time. By giving free sexual service, the girls are unproductive in their job as prostitutes.

Actually, the pimp is the one who can protect the girls from wicked customers. By disallowing the girls to spend their time with the boyfriends, the pimp protects their role as prostitutes but she leaves their role as girls behind.

Other community members, such as tukang kredit and other money-lenders also take advantage of the girls in the way that they use the girls’ consumptive behaviour to sell their goods and to take interest from the amount of money they lend to the girls. Every girl likes to go shopping and buy nice things. Naturally, they may borrow money from someone if they want to buy something which they like so much.

In view of this exploitation by family members, customers, pimps and others, it is clear that the agency of the girls is limited. It seems as if the girls have opportunities to decide for themselves. In fact, the decision does not come from their own will because it is forced by other people who exploit the girls’
dependent behaviour. In this sense, the role of the girls as dependent agencies is stronger than independent agencies who can make decision freely. It happens in such ways without the girls’ awareness, so that those people can continue exploit the girls.

Besides the exploitation, the girls may face health problem due to bad living condition and working place, and innutritious food. Lack of hygiene in the park where they sell the soft drinks and the place where they live may contribute to ill-health. Hard working without proper food intake will weaken their physical strength and may result in health problems. Those factors may for instance also contribute to the emergence of vaginal discharge among the girls. Moreover, STDs and any other sexual illnesses that cause vaginal discharge may infect them through the sexual service they offer to the customers and the boyfriends.

In the next chapters, I will explain how the girl perceive and treat their vaginal discharge.
CHAPTER IV: VAGINAL DISCHARGE: PERCEPTION AND TREATMENT

Introduction
In this chapter I will discuss the way girl perceive and treat vaginal discharge. I develop my analysis by answering the research questions stated in chapter I, which are as follows:

- What do the girls know about vaginal discharge?
- How do they experience vaginal discharge?
- How do they treat vaginal discharge?
- Who influences them to treat the illness?

In the first section I will explain general perceptions among Indonesian women about vaginal discharge. In the second section, I will explain how the girls in prostitution perceive vaginal discharge. My discussion is based on the knowledge of the girls about vaginal discharge and their experience in dealing with it. The third section will discuss how the girls treat their vaginal discharge and identify those people that may influence them to take such treatments.

IV.1. General Perception of Vaginal Discharge
All women have some vaginal secretions created by normally occurring bacteria to cleanse and regulate the vagina in order to avoid infections. The secretion is known as vaginal discharge. A normal discharge may appear clear, cloudy white, yellowish when dry on clothing and sometimes as white flecks and at times may be thin and stringy. A change can occur if the normal balance of healthy germs in the vagina is upset. A normal change of the discharge can occur for many reasons, including menstrual cycle, emotional stressors, nutritional status, pregnancy, usage of medications - including birth control pills, and sexual arousal. Any changes in colour or volume of the discharge could be a signal of an infection. These changes may include discharge accompanied by itching, rash or soreness; persistent, increased
discharge; burning on skin during urination; white, clumpy discharge; and grey/white or yellow/green discharge with a foul odour (http://www.mckinley.uiuc.edu). The vaginal infection may also be caused by STDs, such as Gonorrhoea, Chlamydia, Candida Albicans, Trichomonas, or Gardnerella, which might endanger women’s life. Those STDs can cause infertility, inflammation and infection of vulva, or ectopic pregnancy. If the woman is pregnant, the disease can also endanger the health of the unborn baby, for instance through infection, blindness, or pneumonia (Daili, et al, 1998:4-8)

From the literature I knew that Most Indonesian women treat vaginal discharge with traditional herbs (Qomariah, et al, 2001:75). Considering a limited time of my field study, I decided to roam the traditional herbals to find out how vaginal discharge generally treated. The indication mentioned in the herbals’ sachets may reflect the general perception of the illness.

As one of the tropical countries, Indonesia is famous for its herbal medication. In Indonesian language, it is known as jamu. Jamu often has a bitter taste and awful smell that come from the ingredients containing leaves and/or spices. Jamu is sold by different agents. One can find jamu in normal shops, drug stores, supermarkets, or pharmacies. The jamu which is sold in those shops is mostly in the form of powder. It is produced by a factory and packed in a small package of five to seven grams. It is called jamu seduh or “boiled herbals” because we have to mix the jamu with boiling water. One can also find jamu in a stall at the side walk of the street. We call the herbal stall kios
Jamu. At the kios, the seller can prepare the jamu very well to reduce the bitter taste and awful smell of the herbals. These sellers usually serve a glass of jamu which contains powder jamu added with liquid jamu that they have prepared themselves. Kios jamu are open from the late afternoon until late at night. Therefore, most of the sellers are men. The customers are usually the night drivers. There is another kind of jamu seller who sells the jamu door to door. We call it jamu gendong or “herbs hawkers”. Gendong means carry something on somebody’s back. Mostly, the sellers are women. She carries five to seven bottles of liquid jamu put in a basket called bakul jamu on her back and offers them door to door. If the number of the bottles is odd, it means that the seller is a single woman or a widow. She usually starts selling jamu at four o’clock in the afternoon and finishes the activity at about eight o’clock in the evening. Mostly she only sells liquid jamu, but if needed, she can mix the liquid jamu with powder jamu. Sometimes, she also sells drugs which actually should be prescribed by the doctors, such as unregistered antibiotique. Some jamu gendong also offer condoms because they may be needed by the customers who are ashamed to buy condoms in public stores. The jamu gendong not only can make the jamu taste good, but also her physical charm and strength is a walking advertisement to attract the customers. Implicitly, she shows the customers that one will be as strong and healthy as she is if one takes jamu regularly. Indonesian people, especially women, are fond of jamu gendong because they can consult with her closely and freely inside the house, especially if they feel embarrassed to talk openly about their illness, such as vaginal discharge.

I found an astonishing number of different herbal mixtures for vaginal discharge. We name it jamu keputihan. As mentioned earlier, keputihan is the Indonesian term of vaginal discharge, and jamu stands for herbals. For prevention, a woman will only take liquid jamu
which contains of curcuma, piper betle, and another liquid called *anggur* (wine) that gives a cool sensation inside the stomach. For treatment, the woman will have powder *jamu* and mix it with the liquid one. In order to treat the vaginal discharge, there are other types of *jamu keputihan* which should be applied directly into the vagina.

Table 1: Indication written in the sachets of *Jamu Keputihan*

<table>
<thead>
<tr>
<th>Vaginal Discharge</th>
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<tbody>
<tr>
<td>To cure and prevent vaginal discharge</td>
<td></td>
</tr>
<tr>
<td>To reduce excretion and unpleasant smell</td>
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<td>To reduce itchy</td>
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<table>
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<tr>
<th>Menstruation</th>
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<tr>
<td>To regulate menstruation</td>
<td></td>
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<tr>
<td>To prevent pain during menstruation</td>
<td></td>
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<tr>
<td>To prevent unpleasant smell during menstruation</td>
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<th>Health</th>
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<td>To stimulate blood vessel</td>
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<tr>
<td>To reduce physical tiredness, weakness and fatigue</td>
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<td>To refresh the physical body</td>
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<td>To cure stomach ache</td>
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<td>To cure head ache</td>
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<td>To cure the body and maintain health</td>
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<td>To renew your energy</td>
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<td>To increase physical resistance against internal disease and horrific smell</td>
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<th>Sexual and Reproduction Health</th>
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<td>To make the womb tight after delivery</td>
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<td>To glue and tighten your feminine muscle</td>
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<th>Beauty</th>
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<td>To make your face glowing and not pale</td>
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<td>To smooth your face and prevent pimple</td>
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<td>To keep you young</td>
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<td>To make your body slender, slim and trim</td>
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<td>To reduce perspiration</td>
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<td>To avoid bad breathing</td>
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<td>To increase the passion and the satisfaction of your partner</td>
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<td>To strengthen the marriage</td>
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<td>To increase the happiness of the family</td>
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<td>To revitalize physical relationship of the woman towards her husband</td>
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<th>Others</th>
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<td>To support family planning program</td>
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Surprisingly, none of *jamu keputihan* that I found from the traditional herbal sellers or *jamu gendong*, is made to demolish the bacteria. Instead of treating the vaginal infection, *jamu keputihan* is made only to reduce excretion, the itchy feeling and the unpleasant smell of the discharge. From a medical perspective this means that *jamu keputihan* only treats the symptoms of the
vaginal discharge but not the underlying cause. However, from an emic perspective it is clear that a healthy vagina is to have the dry and tight vagina in a good smelling condition and by treating conditions that disturb this circumstance one actually is treating the problem effectively.

From the descriptions on the sachets of herbs it became clear that Jamu keputihan is also prepared for other purposes than only vaginal discharge. It is meant to treat your physical complaints, such as menstruational complaints, health in general and sexual/reproductive health in particular; to increase your personality, such as to enhance beauty, and avoid problems with perspiration and bad breathing; as well as to solve your social problems, such as strengthen the harmony of your marriage and family, and supporting family planning program (see table 1). The jamu keputihan indicates that one is suggested to avoid cucumber, fishy, hot and fried food to reduce vaginal discharge.

From the descriptions on the sachets that can be purchased on the market, it is possible to situate the condition of vaginal discharge within the wider conceptual field concerning health and disease among Indonesian women., i.e.:

(1) Vaginal Discharge and Menstruation

It is obvious that vaginal discharge is related to menstruation. Besides treating the vaginal discharge, jamu keputihan is made to treat your menstruational complaints, such as to regulate it, to prevent pain and reduce unpleasant smell during menstruation. It means that if one has a vaginal discharge, she may have an irregular, painful or smelly period. However, implicitly the indication shows how important it is for Indonesian women to have a good smelling vagina.

(2) Vaginal Discharge and Health
What I have got from the indication of *jamu keputihan* is that vaginal discharge is related to physical health. By taking the *jamu*, it may stimulate her blood vessel, reduce physical tiredness, weakness and fatigue, cure and refresh the physical body, renew the energy and increase physical resistance against internal disease and horrific smell. The *jamu* can also be used to cure stomachache and headache. It means that if a woman has a vaginal discharge, she may have such a wider physical problem or the other way around. She may get vaginal discharge if she cannot maintain her physical health in a good condition.

(3) Vaginal Discharge and Sexual and Reproductive Health

*Jamu keputihan* indicates that it can make your womb tight after delivery and glue your feminine muscle. Frankly speaking, I have no clue of what the relation between those problems to the vaginal discharge is. The fluid of the discharge may cause a sense of the vagina not being tied up. From the description it could be maintained that Indonesian women have the perception that if one reduces the discharge, her vagina will become dry and tight. However, it also means that for Indonesian women, the vagina should be dry and tight. The indication, actually, contradicts the perception of sexual and reproductive health in medical view. Reducing the secretion of the vaginal may increase the infection and endanger the sexual and reproductive health.

(4) Vaginal Discharge and Beauty

It is amazing that the *jamu* can cure vaginal discharge and at the same time it makes our face glowing. Moreover, it can prevent pimple, make us look younger, slender, and slimmer. Turning it around, it means that if a woman has a discharge, she will not be attractive. Accordingly, if one has a good shape of body, she will not be accused as having a vaginal discharge.
Therefore, the *jamu* sellers always have a slender body to show the customer that she is healthy and beautiful because of the *jamu*.

(5) Vaginal Discharge and Hygiene

According to the indication, if one takes the *jamu* for the vaginal discharge, she may also reduce perspiration and avoid bad breathing. The discharge is always considered as smelly and it may relate to other smells. It gives the impression that once a woman can reduce the smelly discharge, she may also reduce other unpleasant smells, like perspiration and bad-breathing. Furthermore, bad smell is related to hygiene. So, if one cannot maintain the hygiene, she may have smelly vaginal discharge as well as bad perspiration and bad-breathing.

(6) Vaginal Discharge and Marriage

It is so interesting to know that vaginal discharge is related to social problems, such as marriage problems. It is mentioned on the indication that the *jamu* can also maintain the harmony and happiness of the family, increase the passion and the satisfaction of your partner, strengthen the marriage, and revitalize physical relationship of the woman towards her husband. I think it relates to the physical and sexual health of the women. As already mentioned previously, when the fluid of the vaginal discharge is reduced, it may bring the sense of the vagina being tightened up. Indonesian women believe that the tighter the vagina is, the more satisfaction they can give to their husband. If the husband is satisfied, he will not look for another woman and so she saves and maintains the harmony of the marriage. In contrast, a husband can leave his wife simply because
she has a vaginal discharge. Maintaining the harmony of the marriage becomes more important because most of the time the women are blamed by the society if their husbands leave or divorce them. There is a proverb in Indonesia which says that perempuan ke surga nunut, ke neraka katut which literally means that “the women should follow her husbands to heaven or to hell; other words to everywhere he goes”. As a consequence, the women will be ashamed and stigmatised if they cannot save their marriage. Moreover, due to lack of education and skills, most of Indonesian women do not have jobs with proper income, so that are financially depended on their husband. A divorce means that the women will face financial difficulties.

(7) Vaginal Discharge and Family Planning Program

I also found on the package of the jamu that it can be used to support a family planning program. The information that I got was unclear, but then I found out that the jamu which has this indication is sometimes used for abortion. Therefore, the indication also mentions that the jamu is prohibited for pregnant women. In relation to family planning programs aimed at reducing population rate, the jamu used for abortion is assumed to prevent population growth.

From the indication in jamu keputihan, it is obvious that the keputihan or vaginal discharge is associated with the women’s physical attraction and sexual power. That is why most of the packages use a picture that shows the beauty of women’s sexuality. Consequently, it is assumed that those who have a problem with her vaginal discharge are sexually active but physically unattractive.

Implicitly the indications show everything related to women’s health is focussed to women’s sexuality. In this sense, we can see how important sexual health is for Indonesian women. Sexual health does not only refer to the health of their sexual organs, but also to physical health, beauty and hygiene. Moreover, if a woman is sexually health, she can give sexual
satisfaction to her husband and, then, maintain the harmony of her marriage and family.

IV.2. How the girls perceive the vaginal discharge

IV.2.a. What they know about vaginal discharge

From my discussion with the girls I found that they have quite a good knowledge about the relationship between STDs and vaginal discharge. They got this knowledge from the trainings conducted by Bandungwangi. When I did collage in one of the FGDs, one of the girls glued a picture of a sick baby on the Manila paper, and I started to ask them.

D: Why did you choose this picture?
G1: Because the baby is infected. The mother changes her partners frequently when she gets pregnant. She infects the baby. It is sexually transmitted disease.
D: What kind of diseases can she transmit to the baby?
G1: for example AIDS, HIV
G2: A discharge can also infect the baby
G2 and G3: the baby can be blind or handicapped
D: So the baby is infected by the discharge? What cause the discharge?
G2: The fungus, or germ. The yayasan (the name they use to call Bandungwangi) has told us that it can be germ, fungus, or bacteria.

Another girls glued a picture of a mother with her baby with the title “difficult to get pregnant”

G1: If we get a disease, it is difficult to get pregnant. A discharge does, too
D: Which discharge do you mean?
G1: the severe one whose colour is like milk, milky white, and is itchy. The doctor said that it is difficult to get pregnant if we have got such discharge.
G2: The discharge can cause infertility, too.

From the discussions, it is quite obvious that the girls can differentiate between normal and abnormal discharge. They know that abnormal vaginal discharge can make one infertile and endanger the baby’s life. They also know that a germ, fungus end bacteria may cause vaginal discharge. One girl mentioned hygiene. She told me that if she did not cleanse after urinating, her vagina would be itchy. She has learnt that the humidity of the vagina can increase the amount of bacteria that cause the discharge.
G: If we do not *cebok* (cleaning with water and/or soap) the vagina after peeing, it will be itchy. Yesterday, I did not *cebok*. I only wiped it with a cloth. It was so itchy and the fluid is increased. It is because of the bacteria. If we do not clean it after urinating, we get itchy.

The other girl also told me that she might get infected by bacteria from another girl if they exchange underwear.

G: I have heard from the training that if we exchange underwear with other people, we can get infected. For example, you do not have a discharge, but you wear your friend’s underwear who has the discharge, you will, then, get infected.

The girls have also learnt that their behaviour and social life in the city affect the vaginal discharge. They consider that they have more free relationship with their boyfriend in Jakarta than in the village. As I mentioned in the previous chapter, it is uncommon to have sexual relationships before marriage and it is taboo to talk about it openly. That is why, when the girls and I talked about sexual intercourse we preferred to use the term that seems to be more polite which is “free relationship”. People who have sex before marriage will be regarded as immoral and considered as having free relationship. Having a more free relationship with her boyfriend, she is afraid that she gets STDs with vaginal discharge as a symptom.

G1: Who knows? In the village, it is not that free, here, we are free. I am afraid of the STD. It is different from the village. I do not do anything in the village
G2: In the village, I do not have such a relationship
G1: In the village, I do not have free sexual relationship. Not like here.

However, from the conversation I get an impression that although the training was useful to improve the knowledge of the girls about STDs and vaginal discharge, it did not necessary mean that the girl understood the material clearly. When I asked the relation between vaginal discharge and the baby, she told me that the baby might get infected because it came from the same place where the vaginal discharge appears.
G: Because it comes from here (while pointing to her vagina). The vaginal discharge comes also from the same place (vagina). If she gets diseases and gives birth, the baby may be handicapped.

Their lack of education may be the reason why it is difficult for the girls to understand the training. Another reason may be the language gap between the girls and the trainers. Most of the trainers tend to use the formal Indonesian language that sometimes is difficult to understand, while the girls can only understand their own dialect or broken informal Indonesian daily language. I also had the same problem in communicating with the girls. Therefore, I needed the assistance of Yuyun to explain to me what the girls said to me or the other way around. Besides, some trainers tend to explain the material verbally without using any other method, such as drawings, mappings, etc, that can improve communication.

The tendency to misunderstand the training materials led me to ask the girls about their experiences with vaginal discharge.

IV.2.b. How they experience vaginal discharge
The knowledge the girls have does not reflect their experience. According to Good (1994:51) knowledge is no longer what people say and do but it is what an individual needs to know to be a competent member of a society. It appears that during the discussion about vaginal discharge and the STDs the girls tried to impress me by their knowledge. Until now, Bandungwangi has conducted some training programs regarding sexual and reproductive health and the girls participated in one of the trainings. Because of the presence of the Bandungwangi staff, Yuyun who assisted me during field research, I assumed that they recognized me a part of Bandungwangi staff too, although I introduced myself as a researcher. They felt embarrassed if they did not know anything about the STD and vaginal discharge after having participated in the program. However, when the questions came to their own experience, they said that they only experienced normal vaginal discharge although the
amount of the fluid was increasing and sometimes it became itchy and smelly. They said, before coming to Jakarta and working as soft drink sellers, the fluid of the discharge was not too much, although sometimes it was yellowish and sticky, leaving spots on their underwear. After working for sometime, they realized that there was a change in their vaginal discharge but they considered it as a normal change.

When I asked them about the cause, the girls hypothesised that the vaginal discharge might relate to maturity and food taboo. They told me that they got vaginal discharge for the first time not long before they got their first period and they got more fluid when they had their period. Some of them had their first period recently, when they were fourteen or fifteen years old. Some of them had their first period not long after they started work in Jakarta. Therefore, they assumed that the vaginal discharge emerges because they are now grown up.

G1: After having my period, I usually get so much discharge
G2: Me, too. I can take out the discharge from my underwear. It is very sticky. I get so much fluid
G3: It is because we are grown up

The girls also told me that some fruits, such as cucumber and pineapple might increase the fluid of the discharge. Therefore, they are prohibited to consume such food.

G: Do not eat cucumber if you do not want to get a discharge, right? Cucumber and pineapple

I should not have asked the question in FGD because they may be ashamed to share their problem with one another. Although they know each other, they are not close friends. The girls were more open in discussing their vaginal discharge when I interviewed them individually. One of the girls told me that her discharge was so itchy and painful when urinating. She realised
that it was unusual, but she said it was because she did not *cebok* her vagina after urinating. If she did *cebok*, she would not feel itchy and would feel fine.

G: I get a discharge, very itchy. It is cloudy white. Whenever I pee, I can see lots of discharge on my underwear. I used to have a normal discharge, a bit yellowish on my underwear, but this time it looks like milk and itchy. It sticks on my vagina. Yesterday evening, it became painful, very annoying. It is because probably I forgot to do *cebok*. I wiped it with cloth, but it became itchier. I found it a lot on the edge of my vagina, also in the middle of it. I do *cebok* whenever I feel itchy, then, I feel fine, but yesterday evening, they locked the door downstairs, so that I could not go to the toilet. So I wiped it, but it became painful.

The next day, I interviewed two other girls together because that was the only day that I could take them out from their place. One of the girls told me that the fluid of her discharge was increasing and sometimes it was bleeding. However, she was not worried at all. She suspected that her friend infected her because they used to live under the same room and shared food, towel, and clothes.

G: I often got a discharge, but it was just normal. Recently it was so much. White, very much fluid, and itchy. Yellowish and bleeding, I was bleeding and got a discharge at the same time. It was so painful when I peed. When it became so much, I asked Yuyun and she suggested me to go to the clinic
D: Did you go? What happened then?
G: I have no time, yet. It is just ok. It is just a normal discharge.
D: why do you think cause your vaginal discharge?
G: My friend gets a syphilis. I am afraid she has infected me, because we live together
D: How does she infect you?
G: Hm... from the food, and the towel, or clothes. But now, we do not live together anymore, she lives next door.

Another girl told me that she got an irregular discharge with increasing fluid. She went to the clinic and got medication. However, she believed that it was just a normal change. She told me that she was stressed out thinking about her boyfriend who already has had a wife. The pressure stimulated her discharge.

G: My discharge is just normal and it comes irregularly. The fluid is so much but the colour is different
D: Different, like what?
G: Like... like normal discharge, not yellowish, but it just irregularly comes
D: What do you mean by irregularity?
G: When I get my period, the discharge is much. I went to the clinic and got nine pills which I should take all in once. They were such big pills. I had to take them at once. Since then, I do not get the problem anymore. When I went to the clinic, the doctor said it was ok, it was normal discharge and he gave me medicine.
D: What do you think cause the discharge?
G: I may be stressful. I often think about my boyfriend. I am his mistress. He has had a wife.

IV.3. How the girls treat the vaginal discharge

IV.3.a. Daily Treatment

Good (1998:56-57) says culture may influence the illnesses experienced by someone and the treatment chosen by the people to deal with their health problem. From the indication of _jamu keputihan_ we know that vaginal discharge is related to general physical health. As a part of the community, the girls also believe that they have to take care of their physical health and sexual organ in order to avoid vaginal discharge. In order to prevent the vaginal discharge, the girls take _jamu_ regularly since the first period. Usually, they take liquid _jamu_ which contains of curcuma and piper betle. The period is considered as the time when a girl starts their womanhood and therefore she should take care of her physical health and appearance in general and sexual organ in particular, to be presented to her husband when she gets married.

From the informal discussion, one of the girls told me that the discharge or _keputihan_ was the secretion which comes out from the vagina when the woman is sexually stimulated. The man does not like it if the amount of the secretion is too much because the vagina is _becek_, which literally means watery or full of water. Therefore, the woman should keep it in balance. One of the causes of the too much secretion is because the woman does not have a good shape and healthy body. When the body is too fat, the woman is considered as having too much water in her body. Then, it can increase the vaginal discharge. According to the girl, the _jamu_ can maintain the shape of the body as well as keep the discharge in balance. Therefore, _jamu_
*keputihan* always indicates these two functions, to maintain physical health and reduce the discharge.

G: If a woman does not take *jamu* regularly, her body will be limp, watery, and not slim. Then, she becomes *becek*, and gets a discharge.

Another girl has told me that her mother obliges her to take *jamu* regularly to maintain the balance of her vagina secretion and keep the muscle tight. In this way, she believes that she can give more satisfaction to her husband to be. She takes *jamu* almost everyday.

G: The *jamu* that I take regularly is only a mix of curcuma and piper betle. For this, our privy part (she refers to the vagina), to make it tight. Older, people say that if you take piper betle regularly, this (the vagina) will taste better for the man (it means that the girl will give more satisfaction to the one who has sex with her)

D: Who told you so?
G: My parents
D: Your mom or your dad?
G: My mom. She said it is good for my body shape. The body will be in a good shape. This secret is from our ancestors
D: Do you take it regularly?
G: Yes, sometimes once in two days, or everyday. When I was in the village, my grandma asked me to take it once every two days.

In order to get a good smelling vagina, the girls use piper betle to clean the vagina when she does *cebok* or put the *jamu keputihan* into her vagina. Some of the girls told me that they use boiling water with piper betle or ready made piper betle soap from the shop for *cebok*. They like the smell and cool sensation that come from the piper betle.

G: I use a piper betle soap everytime I do *cebok*. Nowadays, we can find it in bottle from the shop. So, I do not use water only, I use the soap, too
D: Why do you like to use the soap?
G: It smells good and cool

A good smell and cool sensation give a feeling of being clean, fresh and healthy. Sometimes, having a good smell and cool sensation is more important than having clean and healthy vagina. Therefore, in order to get cool sensation, one of the girls told me that a friend of hers used a tooth-paste instead of a feminine soap.
G: My friend is using “Close-up” (a brand of toothpaste) to clean her vagina. The tooth-paste. She said it made the vagina fresh.

IV.3.b. How they treat the vagina when the discharge has changed

Helman (2001:51-59) quoting Kleinman, mentions that there are three healthcare sectors. Firstly, the popular sector, which includes all the therapeutic options, based on lay, non-professional/non-specialist domains of society and where ailment is first recognized and defined and healthcare activities are initiated. Secondly, the folk sector where certain individuals specialize as sacred or secular healer (or a combination of the two) as they share basic cultural values and the worldview of the communities including beliefs about origin, significance and treatment of illness. In Indonesia, besides the traditional healer, drug sellers can also be categorised within the folk sector. One can find drug sellers along the road side. It is called tukang obat. Most of the sellers are men. They start either in late afternoon until late at night or in the morning until late afternoon. They sell the drugs that can be sold without prescription, but some of them sell the prescribed drugs, such as antibiotics. People like to buy the drugs from tukang obat as they can bargain and get a cheaper price. Sometimes tukang obat gives consultation for the customers based on their experiences. Besides tukang obat, a staff in pharmacist can also give consultation to the customers. Sometimes the pharmacist staff can give prescribed drugs to the customer without any prescription from the professional doctors. Thirdly, the professional sector which comprises the professionals with organized legally sanctions who are using allopatic- or biomedicine. The girls have no problem to access those three medical sectors.

Along with self-medication, the girls have an opportunity to access the folk sector as well as the professional sector. In the folk sector, they usually consult with tukang obat, pharmacist staff, or jamu gendong. In the professional sector, they can access two clinics provided by the Bandungwangi. One is established by PKBI (Indonesian Family Planning Association), and the other
one is established by MSF (Medicins Sans Frontieres). The PKBI clinic is not so far from the place where they live. It can be reached by foot. The clinic will give discount to the girls for the service and medicines if they tell the clinic staff that they are participants of Bandungwangi. MSF clinic is located a little bit far from their place. They should take public transportation to go there which means they have to spend extra money. However, if the girls tell the clinic staff that they are from Bandungwangi, they can get the service including the medicines for free.

As I mentioned earlier, the girls realised that there has been a change in their vaginal discharge since they work as soft drink sellers in Jakarta. However, when they realised a change in their vaginal discharge, they prefer to do self medication or consult with folk healer instead of professional doctors. Below is the experience of one of the girls in seeking the treatment for her discharge.

G: I used to have a discharge, but it was just normal. Once, the discharge I got was so much. It was white in colour, and itchy, too. Sometimes it was yellowish and looked like blood. Then, I was bleeding, and I got discharge at the same time. It was very painful when I pee. I had never experienced this kind of discharge before. That is why I asked Yuyun (one of the NGO staff). She suggested me to go to the clinic

D: What did you do the first time you realised that you got a discharge?

G: I asked my sister about it. She suggested me to take herbals, curcuma and piper betle. Sometimes I asked my mother. She advised me to take the same thing, jamu keputihan that contains curcuma and piper betle. My sister takes jamu regularly. Jamu sehat wanita (jumu to make woman healthy) or cantik luar dalem (jumu for beauty). She told me it can cure the discharge. I only take herbals of curcuma and piper betle. Maybe because it is suitable for me

D: Have you seen the doctor?

G: Not yet. I bought the medicines from the pharmacy when I was in the village. If I am not mistaken it is called anti-biotic. Then, thank God, it (the vagina) is not itchy anymore. The discharge disappears.

D: How do you know the pharmacy?

G: Of course! People usually go to that pharmacy. I explained to the pharmacist that I had problem whenever I pee. The pharmacist gave me the medicines, Amoxicillin, if I am not mistaken. I had to take it every morning and evening, twice a day. He gave me 14 tablets, it costs me Rp. 15,000. He said that I had a scratch inside my thing (the vagina). If I did not get better, he told me to buy more medicines until it was cured me. But, the discharge has now disappeared

D: Did you take herbals?"

G: Yes, but it became worse. The herbal seller said that it was normal reaction. According to her, it was a process to clean my vagina. But, I did not believe her, especially when I got painful. Yayuk (her boss) told me to see the doctor. Yuyun suggested me to go to the clinic.
Yayuk also suggested me to do massage. She said I might get hernia because I am an active girl. I felt like I wanted to pee all the time. Once, I peed on my underwear.

D: Why did not you go to the clinic?
G: Because I had felt better already. Actually, I am not sure whether it was already cured or not. But I now get my period and I do not feel painful, so I feel better.

D: Does your boyfriend know about the discharge?
G: No, I will not tell him. I will be so ashamed.

D: What would you do if you still had a discharge after your period?
G: Maybe I will see doctor Yunda. Yayuk told me to do so, because when my friend Dede (another girl who works for the same pimp) got syphilis, she went to see doctor Yunda and she gets better.

D: What has happened to Dede?
G: It began with a discharge. She continued to have sex with her boyfriend. Then, the discharge became painful. People said that she got syphilis. She has experienced every kind of disease, but Raja Singa (Gonorrhoea). If she got Raja Singa, she would not be able to be cured anymore. Her vagina could not be used. She got medication and massage. She also took herbals. She could not even walk that time. She was bleeding as if her vagina got injured. She did massage, because her womb came out from the vagina. She went to see dr Yunda and to Mr Tan to do massage and now she gets better. But, she told me that it comes again sometimes when she has her period. She has lots of partners. She knows one Madurian who always asks her to play with her (have an intercourse)

D: What do you suspect cause your discharge?
G: I am afraid that I got infected by Dede because we used to live in the same room. We shared food, towels, clothes, etc. But, now Dede does not live with us. We do not share food, and we do not even see each other often. Before she got the disease, I was so close to her. We did almost everything together. Actually, I do not want to make a distance. But, I do not want to get infected either.

The girls need the suggestion from others, such as parents or relatives, pimps, boyfriend, etc because she cannot decide what the proper medication for them. However, they sometimes do not do anything to treat their vaginal discharge.

G: If I am not mistaken, I have got the discharge since August last year. I did not know anything about it. I asked my sister whom I used to live with. But she was silent. I did not dare to ask more, so I just let it the way it is. Then, I asked my friend who works for the same boss. She told me that it was just normal. So I do not do anything. I just let it be.

D: What do you do then?
G: I do nothing. I do not know what to do. I still have it till now. But the discharge only appears at night. During the day, it is just fine. After cebok, I feel better. I do cebok only with water, nothing else.

D: Are you not suspicious that it may be a disease?
G: I was not suspicious about it before, but after the workshop, I am afraid that I have got a disease (the workshop that was conducted by Bandungwangi). I feel that if I get such kind of discharge, I may get a disease.

D: What do you think cause the discharge?
G: I am not sure. It might be fungus. I sometimes exchange my underwear with my friend. She may have got the discharge and infects me.

D: What kind of disease do you think you might get?
G: I am afraid I will not be able to get pregnant. I am afraid, if I have a husband, I may have a baby, and I may infect the baby. That is why I check for pap-smear because I have an itchy discharge. Last time, the yayasan (Bandungwangi) told us to have pap-smear check up in the clinic (pap-smear check up is a part of the Bandungwangi research program).

D: What did you get when you saw the doctor?

G: The doctor gave me big capsules. She said that the capsules were for reducing the itchiness. I have to take nine capsules at one time, this big (she showed with her fingers how big the capsules, which is approximately 1 cm in length and 0,3 cm in diameter). She also told me to ask my boyfriend to use condom. I went to two different clinics. The yayasan told me to do so. It is a part of their research. Each clinic gave me four small packages of medicines. I have to take the medicines three times a day, sometimes twice a day. But, I never take the capsules. I was told to buy a soap, too, for cebok.

D: Why did not you take the medicines?

G: I am afraid I get overdose of medicines. One doctor gave this much, another doctor gave that much. Oh, God! I might get overdosed.

D: If there was no research, would you think you may see the doctor?

G: I am not sure. When I came, the doctor was so rude. I do not want to go there anymore. The doctor is rude. When I entered the room, she asked me to rush. The way she talked to me was very impolite. It was difficult to have an appointment with her. She said, “hurry up, come on, take off your clothes”. I asked her whether I had to take all the clothes off. She said, “Do not ask too much, take off all of your clothes”. Oh, my God!

D: Have you ever tried another way to cure your discharge?

G: I have tried to take jamu keputihan. The name is sepet wangi, if I am not mistaken. The herbal seller gave me and asked me to take it regularly everyday. But, I do not like jamu. I took it once, and not anymore. I feel my discharge becomes more severe, but I do not know what medicines to cure it.

D: Does your boyfriend say anything?

G: Yes, he told me to use what my friends usually use (a feminine soap). But, I refuse it. My friends said it is only to please the man. So I refuse to use it.

In this case, I feel that the girl has no hope to cure her discharge even though she knows that she will have a problem if she does not treat it properly. Moreover, I also think that her significant others, such as relatives, friends, boyfriend, herbal seller and the NGO, do not help her properly although they have an important role to induce the girls to medically treat the discharge.

Discussion

Sexual health is important for most of Indonesian women. Besides the health of sexual organs, sexual health also refers to physical health, beauty, and hygiene. A vaginal discharge disturbs the sexual health of the women; therefore, it should be treated. Treating vaginal discharge is aimed at regaining the dry, tight and good smelling vagina which contradicts the
medical view. Implicitly, an abnormal vaginal discharge is considered as an illness related to sexuality.

Although all girls were able to reproduce some of the medical knowledge about vaginal discharge and sexual diseases that was taught to them by the organisation, being part of the society, their perceptions of their own vaginal discharge is very much influenced by the perception of most Indonesian women. Most of them denied that they have had a problem with the discharge when I asked their own experience about the vaginal discharge, although they know about the differences between normal and abnormal change in vaginal discharge and acknowledged there is a change in their discharge since they worked in Jakarta.

From the explanation of the girls, when they realised there was an abnormality in their vaginal discharge, they refused to admit that the discharge was caused by sexual diseases or was a result of their sexual activities.

I think it because that it is embarrassing for them to admit they have had vaginal discharge as it is considered as sexually related illnesses. Admitting that they have a vaginal discharge means that they also admit they are sexually active while this is considered as immoral for girls.

They said vaginal discharge is appeared because of puberty, food, environment or stress. Those reasons do not reflect the general ideas of the illness either. They may have their own perception on vaginal discharge which is also influenced by the knowledge they got from the training.

As a consequence, the girls approach vaginal discharge basically by a general strategy aiming at maintaining their health and beauty. When they have a very serious vaginal discharge, such as if it is painful or bleeding, they get confused. Their social position as girls in prostitution prevents them to get a proper treatment.

In the next chapter I will discuss in more details why this is the case
CHAPTER V: GIRLS IN PROSTITUTION AND THE VAGINAL DISCHARGE: BETWEEN DISEASE AND ILLNESS

Introduction
In this chapter, I discuss the vaginal discharge as a disease and an illness. In the beginning, I explain how a symbolic perspective differentiates a disease and an illness. Then, I explain the vaginal discharge as perceived by women in general and girls in prostitution in particular. Afterwards, I explain the treatment taken by the girls and significant others who may be able to help the girls.

V.1. Disease and Illness: a Symbolic Perspective
Symbolic perspective believes that people use symbols to give meaning to their lives in order to help them to understand their own culture (Nanda and Warms, 1998:376). In contribution to medical anthropology, this perspective draws a distinction between a disease and an illness which refers to the different perception and explanation between doctors and patients about the sickness (van der Geest, 1987:31). Doctors and patients come from a different social and cultural background, and therefore, they may view the sickness in different ways. A disease is the doctors’ perspective which refers to something related to an organ. It is a clinical fact which is based on scientific rationality and objective observation. A symptom of the disease can only have its meaning when it is explained by objective and physical changes. On the contrary, an illness is the perspective of the patients which refers to something that a man has. It reflects a subjective response of an individual and people around him on his ill-health which includes his experience and the meaning he gives to the experience (Helman, 2001:79-84).

Like any other sickness, a vaginal discharge can also be viewed in different ways by different people. Medically, a vaginal discharge is viewed as a secretion that comes from woman’s vagina to cleanse and avoid infections. A normal change of the discharge appears because of menstrual
cycle, emotional stressors, nutritional status, obesity, anaemia, physical
tiredness, old age, pregnancy, usage of medications - including birth control
pills, and sexual arousal. It may seem clear, cloudy white, or yellowish.
Changes in colour or amount of the discharge could also be a signal of an
infection that is caused by bacteria, fungus, virus, and the STDs. Such
underlying causes need proper treatment otherwise they may endanger the
women’s life or the unborn baby she carries.

However, a woman may view a vaginal discharge as an illness and
interpret it based on her knowledge and experience. Then, she gives meaning
to the illness which reflects her own subjective response and people around
her.

From my field research, I discovered that an abnormal vaginal
discharge is a common problem among the girls. Lack of hygiene in the park
where they sell the soft drinks and the place where they live together with
hard working without proper food intake may contribute to the emergence of
vaginal discharge among the girls. Moreover, they can also be infected by
STDs through the sexual service they offer to their customers and their
boyfriends.

Although most of the girls have knowledge about what constitutes a
normal or abnormal discharge, the way they perceive their own vaginal
discharge is different from the medical knowledge that they have received
from the training.

V.2. A Vaginal Discharge as a Response to Women’s Sexuality

The indication mentioned on the sachet of jamu keputihan which may reflects
the general perception about the vaginal discharge shows that the vaginal
discharge is very much related to women’s health in general, beauty, hygiene
and women’s sexuality. Through the meaning applied to the vaginal
discharge, we can understand the relationship between sexuality and the status of women in Indonesia. Everything that are related to women’s health and beauty is directed to women’s sexuality, which, then, stands for well-being in intimate relations, and relates to her worth as a wife and person.

It is important for Indonesian women to have a healthy vagina. A healthy vagina refers to a dry, tight and good smell of the vagina instead of the absence of bacteria, fungus, or STDs on the vagina. A vaginal discharge is not seen as a symptom of sexual disease but a disturbance of the social relations of which the woman forms part. People will deride the women with abnormal vaginal discharge because they may not only be accused as physically unhealthy, i.e.: having severe sexual disease such as STDs, but also as socially dysfunctional. For example, by maintaining the health of the vagina the women can maintain the harmony of their marriage and thus save the family financially. They believe that men will get more satisfaction when they make love with women who have dry and tight vagina. By giving their husbands sexual satisfaction, Indonesian women believe that their husband will not leave them for another woman. In Indonesia, women are ultimately responsible to maintain the harmony of their marriage and they will be blamed if their husbands leave them or ask for divorce. Moreover, mostly the women in Indonesia are financially dependent on their husbands due to lack of skill and knowledge and sufficient income. A divorce means a disaster for the women, as they still have to take care of the children. Besides faithful wives, Indonesian women are also supposed to be a responsible mother and housewives who should take care of the children properly. Without sufficient financial support, it is almost impossible to bring up the children.

However, in medical view, reducing the secretion of the vaginal may increase the risk of the infection on the vagina. In this sense, the emic perception of the women may endanger their sexual and reproductive health.

At the same time, an abnormal vaginal discharge is implicitly considered as an illness related to sexuality which can only be experienced by
women who are sexually active. It does not mean that sexually active women will not have problem if they experience vaginal discharge but it may be easier for them to admit the illness and seek the treatment compared to the case of innocent and sexually inactive girls. Nevertheless, it needs further study to explain such issues.

V.3. A Vaginal Discharge as a Normal Illness

An abnormal vaginal discharge is very dangerous if it is seen as related to sexual disease, such as STDs. Considering that most of the girls in prostitution whom I interviewed have abnormal vaginal discharge which may become an indication of the STDs, I can say that their health is in danger seen from the medical perspective. It may not be the case if it is viewed from the emic points of the girls.

Although from the training the girls know that the existence of bacteria or fungus may cause a vaginal discharge, they believe from their experience that the vaginal discharge is a result of puberty, food taboo, or environmental hygiene which is a consequence of a normal life. I think, the way they see and perceive the vaginal discharge, in this sense, is still influenced by the values applied to them as children. A vaginal discharge as mentioned earlier is the illness that is related to sexuality. In Indonesia, sexuality is a taboo topic to be discussed with children. This perception of being immature and vulnerable children limits them to talk about sexuality openly. As a result, they may have a narrow perception about the vaginal discharge and expand their knowledge about it based on their own experience. Moreover, they may also share the knowledge and experience among the peers who also have such kind of limitation.

Fortunately, the girls can have opportunities to participate in training regarding sexual and reproductive health conducted by the NGO where they may get a chance to talk about the sexuality openly. The training improves
their knowledge about the STDs and vaginal discharge accordingly. However, due to limited educational background and language gap between the trainer and the girls, they may not be able to understand the materials given fully. As a consequence, children may have their own perception on vaginal discharge, which is based on their limited knowledge on sexuality and experience shared with their peers. They get confused when the discharge turns to be abnormal or severe. They denied the existence of an abnormal vaginal discharge although they all recognise that there is a change in their discharge since they worked in Jakarta. They also tend to blame other people around them instead of accepting that their way of life may lead to the emergence of vaginal discharge. For example, one of the girls blamed her friend, whom she shared food, room and towel, as the one who infected her instead of admitting her sexual activity she did with her boyfriend as the cause of her severe discharge.

V.4. A Vaginal Discharge as an Embarrassing Illness

I come to realise that it is embarrassing for the girls to admit that they have an abnormal vaginal discharge as it is considered as sexually related illness. Admitting that they have an abnormal vaginal discharge means that they also admit they are sexually active while this is considered as immoral for girls. I noticed this situation when two of the girls were arguing during the FGD. One of them said that she was still virgin while the other one was scepticism about it.

G1: A virgin will never get a severe discharge.
G2: Her mother knows she is virgin (with doubting expression)
G1: I am still virgin! (with loud and angry voice)

From the discussions and interviews, it gives me the impression that although they realised there was an abnormality in their vaginal discharge, they refused to admit that the discharge could be caused by sexual diseases or was a result of their sexual activities. In my opinion, the contradiction
between their medical knowledge and their interpretation of their own problems may reflect their ambiguous position in the society. They would like other people to see them as innocent girls, but they cannot deny that they are sexually active whilst simultaneously not having married.

They may interpret abnormal vaginal discharge as a sign of being physically and socially unhealthy as they aware that their life as prostitutes is not socially healthy. Nevertheless, I again feel that it is too early to make a conclusion on this issue due to my limited time for field research. I need further study to discuss about this problem.

V.5. A Vaginal Discharge as a Coping Strategy
An abnormal vaginal discharge is related to STDs. I think that their denial to the abnormal vaginal discharge reflects their coping strategy towards the STDs to cover their stigma as prostitutes. Certain groups of people, such as girls in prostitution have been stigmatised by the society and only have limited way to hide the stigma because it is very obvious to others. As a coping strategy, they will try to minimize their stigma significantly by avoiding the stigmatised situation. In this way, the stigma would be made salient or reducing the visibility of stigmatised problem (Amstrong, 1994:67-68). As far as I am concerned, their reluctance to admit the severe vaginal discharge may be because they thought I might stigmatise them as girls with STDs who are also considered as immoral. As a result, they deny that have any severe vaginal discharge that may reinforce their stigmatised status as prostitutes although they are aware that it is disturbing, painful and may endanger their health.

V.6. The Treatment
The medical doctors and people like us see the vaginal discharge as a symptom of sexual disease that can only be treated medically without doing anything about the relations that have caused it. We sometimes ignore the fact
that a disease does not only have a medical definition but also a social meaning.

However, the girls see their vaginal discharge based on their own perception and so they treat it merely by trying to maintain their health in general. Their daily treatment is very much influenced by the general perception of most Indonesian women. The girls treat the discharge mainly to get a dry, tight and good smelling vagina by taking jamu, using piper-betle soap or toothpaste. This treatment may reduce the secretion of the vagina, which, then, in medical view, will increase the risk of infection on the vagina.

If they feel a change in their discharge, they will take a treatment that is accessible for them although it is not always the proper treatment for her vaginal discharge. The girls prefer to use self medication or consult with a folk healer, such as tukang jamu or tukang obat on the road side and take medicine that is suggested by them. One of the girls' stories showed that she did not go to the professional doctor because she felt better with the drugs from the pharmacy. She trusts the pharmacist more than the professional doctor although the pharmacist might only obtain his knowledge through the experience he has.

Some people do not trust professional doctors or refuse to use biomedical medicines because of the limitations of the professional sector of health care (Helman 2001: 58-60). It makes people prefer alternative treatment for their health problem. Some people refuse to use modern biomedicine as they think it contains toxins that are injurious to their health. People think that high-tech biomedicine make people dependent on the drugs and damage their health due to side effect of the drugs. In her survey, Mamahit (1999:84-85) found that the prostitutes prefer to use self-medication, such as buying antibiotics from the shop or taking herbs rather than going to the community health centre although it is cheaper. This is in line with what Whyte (1998:330) has stated that one of the characteristics of folk medication is the courtesy and friendliness to the clients.
In my opinion, besides its courtesy, people prefer to seek medication from the folk sector because it is more confidential and accessible. They can consult with folk healers without having their problem known by others. In this case, the girl may have chosen to consult the *jamu gendong* or pharmacist staff because of its accessibility and confidentiality. Regarding her stigmatised status as girls in prostitution, she may prefer to cover her problem since it will stigmatise her as an immoral girl. Therefore, not seeking help for her abnormal discharge can also be interpreted as a strategy to reduce the stigma as a prostitute that is applicable to her.

I personally think that taking traditional drugs or buying drugs from unregistered drug sellers is risky. I do not doubt that traditional medicine may have ways of curing the disease. However, most of the traditional drugs have neither registration number from the Department of Health nor the written composition and expired date. In Indonesia, there is an issue of fake medicines recently. Without the registration number from the Department of Health, those medicines are not eligible to be sold to the consumers because they may endanger the health of the consumers.

My other concern is that most of the folk healers, such as *jamu gendong*, may give misled information about the medication to the customers. Besides the consultation, they also sell the drugs, which actually need medical prescription from a legitimised professional doctor. For example, one of the girls gets antibiotics from pharmacist staff without consulting with a professional doctor. As a result, the drug is given without proper dosage which is dangerous for the girl’s health.

V.7. Significant Other

Concerning the fact that the girls treat their vaginal discharge after consulting with their significant other, there are many people who can be approached to influence the girls to treat their vaginal discharge properly. However, most of the time, the way they help the girls makes them be more confused. I think it
is because they tend to make use of the existence of girls in prostitution for their own profit without really willing to help the girls.

(1) The boyfriend
It is obvious that the boyfriend manipulates the role of the girls as a child by spoiling her in order to get something in return, i.e. free sexual service. Besides, he also treats her as a prostitute in order to please him sexually. He wants the girl to treat her vaginal discharge so that she can continue serving him sexually although he knows that the discharge would not get worse if she stops giving him sexual service.

(2) The parents and relatives
The parents can also be stigmatised by having a prostitute daughter, but they cannot do anything else but accepting the fact because they need the money the daughter earns as being a prostitute to overcome financial difficulties of the family. However, in the case of vaginal discharge faced by the girls, parents and relatives, such as sisters and grandmothers tend to see the girls as children. They have asked her to take care of her vagina to be presented to her future husband. In this sense, they consider the girl as innocent and deny the fact that she is sexually active. As a result, they can only give suggestions to prevent the vaginal discharge by taking care of her physical health and beauty and be silent when the girl gets the problem.

(3) The pimp
The vagina is an asset for the pimp. Therefore, the pimp worries when the girls have a vaginal discharge. The pimp may introduce and persuade the girl to any kind of medication, such as going to the clinic or doing massage. The pimp sees the girls as prostitutes and so she does not care whether the girls feel embarrassed or not to go to the clinic.
(4) The medical doctor

I would say that the medical doctors tend to see the girls as immoral. They do not care about the feeling the girls might have. The girl may feel guilty and embarrassed to share her problem with the medical doctors, but she should go there to cure her vaginal discharge. According to one of the girls, the doctor was rude to her. For many people, chances of acquiring access to medical care are structured by structural violence, such as poverty, racism, gender inequality, economy inequity, political violence, etc (Farmer, 1997:349). For girls in prostitution, access to health care is influenced by her position and her ambivalent social status which may result in the girl’s refusal to seek a proper treatment.

The girls may also misinterpret the rude attitude of the doctor because they are shameful of the illness. They think the doctor is rude to them but actually the girls may be too ashamed to share their problem with the doctor which then makes the doctor difficult to diagnose the illness. Thus, it makes the doctor feel powerless and becomes “rude” to the girls.

(5) Bandungwangi as an NGO

In my opinion, Bandungwangi is the organization that can understand the situation of the girls best, since the people in the organization have a similar background as the girls. However, like any other NGO, Bandungwangi is dependent upon the financial support given by funding agencies. As a consequence, they always have to consider the objectives of the funding agencies which are not always valuable for the girls. For example, one of the girls was informed that she should go to two different clinics for pap smear check up only to fulfil the objective of research programs conducted by Bandungwangi.

Moreover, many funding agencies may refuse to give them financial support, if the organisation supports the girls in their role as prostitutes. Such funding organisations usually fundamentally condemn child prostitution as
exploitation and will only help the girls to leave the profession. As a result, Bandungwangi can only have programs that fit the purpose of the funding agencies which usually are the programs for girls in general. So far, there is no program that addresses the ambivalence and approaches the girls as children and prostitutes.

I have to admit that I feel trapped in this problem, too. Therefore, I cannot give any suggestion related to the problem of vaginal discharge in this paper. I can only describe the situation and hope that any activities which are programmed for the girls will take into account the problem by being children and prostitutes faced by the girls in prostitution.

In my opinion, one of the ways to help the girls is to appreciate the girls as human beings and understand the problem they face by being girls and prostitutes. I think it makes the girls become more open to discuss their health problem, especially sexual diseases and vaginal discharge.

Conclusion
A symbolic perspective argues that people may perceive the sickness in different ways based on their knowledge and experience and the meaning they applied to those experience. Therefore, this perspective makes distinction between disease which refers to medical fact and illness which refers to social meaning.

In dealing with the problem of vaginal discharge among the girls in prostitution, the discharge is also seen in different ways by different people. Medical people see the vaginal discharge in a medical term as a symptom of sexual diseases, which may endanger the life of the girls if it is not properly and medically treated. However, as many other people, the girls have their own social meaning of the vaginal discharge. They perceive the vaginal discharge as a normal consequence of their life, but the abnormal discharge is too embarrassing to be admitted. Their denial can also be seen as their coping strategy towards the STDs. The girls treat the vaginal discharge based on their
perception and take the treatments which are accessible for them but may medically be improper.

As the girls also consult their illness with other people, there are many significant others who actually can help the girls in solving the problem. However, mostly they either see the girls as children or prostitutes which makes the girls become more confused to seek a proper treatment.

I think the only way to bridge the differences is by accepting the fact that the children can also be prostitutes although I also feel trapped on this issue. By not accepting them as prostitutes, the girls can only treat the symptom using the medication that is available for them outside the proper channels. In the end, this route may endanger their health. However, regarding the limitation of my field research, I think I need to conduct further study to discuss the issue.
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## Indication of Jamu Keputihan

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<th>Vaginal Discharge</th>
<th>Jamu Terlambat Bulan</th>
<th>Sari Rapet</th>
<th>Pepet Wangi Pek Tay</th>
<th>Jamu Keputihan</th>
<th>Sepet Wangi Super</th>
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<tbody>
<tr>
<td>To cure and prevent vaginal discharge</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>To reduce excretion and unpleasant smell</td>
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<td>To reduce itchy</td>
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<tr>
<td>To regulate menstruation</td>
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<td>To prevent pain during menstruation</td>
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<tr>
<td>To prevent unpleasant smell during menstruation</td>
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<th>Jamu Keputihan</th>
<th>Sepet Wangi Super</th>
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<tr>
<td>To stimulate blood vessel</td>
<td>X</td>
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<td></td>
<td></td>
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<tr>
<td>To reduce physical tiredness, weakness and fatigue</td>
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<td>To refresh the physical body</td>
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<tr>
<td>To cure stomach ache</td>
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<tr>
<td>To cure head ache</td>
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<tr>
<td>To cure the body and maintain health</td>
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<tr>
<td>To renew your energy</td>
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<tr>
<td>To increase physical resistance against internal disease and horrific smell</td>
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<tr>
<td>To make the womb tight after delivery</td>
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<tr>
<td>To glue and tighten your feminine muscle</td>
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<td>To make your face glowing and not pale</td>
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<td>To smooth your face and prevent pimple</td>
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<td>To keep you young</td>
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<td>To make your body slender, slim and trim</td>
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<th>Jamu Keputihan</th>
<th>Sepet Wangi Super</th>
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<td>To avoid bad breathing</td>
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</tr>
<tr>
<td>To increase the passion and the satisfaction of your partner</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>To strengthen the marriage</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
To increase the happiness of the family
To revitalize physical relationship of the woman towards her husband
To support family planning program
Prohibition
- Women who gets menstruation pregnant may not take this herbal
- Do not eat too many cucumbers
- Do not eat fishy, hot and fried food

<table>
<thead>
<tr>
<th>Action</th>
<th>Galian Rapet</th>
<th>Galian Delima Putih</th>
<th>Galian Sepet Wangi</th>
<th>Awet Ayu</th>
<th>Mustika Rapet</th>
<th>Rumpat Patimah</th>
<th>Raket Wangi</th>
<th>Sepet Arum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal Discharge</td>
<td>   </td>
<td>   </td>
<td>   </td>
<td>   </td>
<td>   </td>
<td>   </td>
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<td>   </td>
</tr>
<tr>
<td>To cure and prevent vaginal discharge</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>To reduce excretion and unpleasant smell</td>
<td>X</td>
<td>X</td>
<td>   </td>
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<td>   </td>
<td>   </td>
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<tr>
<td>To reduce itchy</td>
<td>   </td>
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<tr>
<td>Menstruation</td>
<td>   </td>
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</tr>
<tr>
<td>To regulate menstruation</td>
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<tr>
<td>To prevent pain during menstruation</td>
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<tr>
<td>To prevent unpleasant smell during menstruation</td>
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<tr>
<td>Health</td>
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<td>   </td>
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<tr>
<td>To stimulate blood vessel</td>
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</tr>
<tr>
<td>To reduce physical tiredness, weakness and fatigue</td>
<td>   </td>
<td>   </td>
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<td>   </td>
<td>   </td>
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<td>   </td>
</tr>
<tr>
<td>To refresh the physical body</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>   </td>
<td>   </td>
<td>   </td>
<td>   </td>
<td>   </td>
</tr>
<tr>
<td>To cure stomach ache</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>   </td>
<td>   </td>
<td>   </td>
<td>   </td>
<td>   </td>
</tr>
<tr>
<td>To cure head ache</td>
<td>   </td>
<td>   </td>
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<td>   </td>
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<tr>
<td>To cure the body and maintain health</td>
<td>   </td>
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<td>   </td>
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<td>   </td>
</tr>
<tr>
<td>To renew your energy</td>
<td>   </td>
<td>   </td>
<td>   </td>
<td>   </td>
<td>   </td>
<td>   </td>
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</tr>
<tr>
<td>To increase physical resistance against internal disease and horrific smell</td>
<td>   </td>
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<td>   </td>
<td>   </td>
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<tr>
<td>Sexual and Reproduction Health</td>
<td>   </td>
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</tr>
<tr>
<td>To make the womb tight after delivery</td>
<td>   </td>
<td>   </td>
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<td>   </td>
<td>   </td>
<td>   </td>
<td>   </td>
<td>   </td>
</tr>
<tr>
<td>To glue and tighten your feminine muscle</td>
<td>   </td>
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<td>   </td>
<td>   </td>
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</tr>
<tr>
<td>Beauty</td>
<td>   </td>
<td>   </td>
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<td>   </td>
<td>   </td>
<td>   </td>
<td>   </td>
<td>   </td>
</tr>
<tr>
<td>To make your face glowing and not pale</td>
<td>X</td>
<td>X</td>
<td>   </td>
<td>   </td>
<td>   </td>
<td>   </td>
<td>   </td>
<td>   </td>
</tr>
<tr>
<td>To smooth your face and prevent pimple</td>
<td>X</td>
<td>X</td>
<td>   </td>
<td>   </td>
<td>   </td>
<td>   </td>
<td>   </td>
<td>   </td>
</tr>
<tr>
<td>To keep you young</td>
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</tbody>
</table>

1 Applied Directly on the Vagina
<table>
<thead>
<tr>
<th>Category</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hygiene</td>
<td>To make your body slender, slim and trim</td>
</tr>
<tr>
<td></td>
<td>To reduce perspiration</td>
</tr>
<tr>
<td></td>
<td>To avoid bad breathing</td>
</tr>
<tr>
<td>Marriage</td>
<td>To maintain the harmony of the family</td>
</tr>
<tr>
<td></td>
<td>To increase the passion and the satisfaction of your partner</td>
</tr>
<tr>
<td></td>
<td>To strengthen the marriage</td>
</tr>
<tr>
<td></td>
<td>To increase the happiness of the family</td>
</tr>
<tr>
<td></td>
<td>To revitalize physical relationship of the woman towards her husband</td>
</tr>
<tr>
<td>Others</td>
<td>To support family planning program</td>
</tr>
<tr>
<td>Prohibition</td>
<td>Women who gets menstruation of pregnant may not take this herbal</td>
</tr>
<tr>
<td></td>
<td>Do not eat too many cucumers</td>
</tr>
<tr>
<td></td>
<td>Do not eat fishy, hot and fried food</td>
</tr>
</tbody>
</table>

- X indicates the benefit is present.
- X X indicates the benefit is not present.
## Jamu Keputihan: Registration, Composition and Expired Date

<table>
<thead>
<tr>
<th>Name of the Herbs</th>
<th>Literal translation</th>
<th>Produced by</th>
<th>Registration Number</th>
<th>Composition</th>
<th>Expired date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jamu Terlambat Bulan</td>
<td>Menstruation Herbs</td>
<td>Kates – Solo Production Code</td>
<td>written</td>
<td>none</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>PT Putro Kinasih</td>
<td>none</td>
<td>written</td>
<td>none</td>
</tr>
<tr>
<td>Sari Rapet</td>
<td>Essential Tight</td>
<td>PT Jamu Jago Department of Health</td>
<td>written</td>
<td>2 years after production date^2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sabdo Palon none</td>
<td>none</td>
<td>none</td>
<td>none</td>
</tr>
<tr>
<td>Pepet Wangi</td>
<td>Fragranced Tight</td>
<td>Wisnu - Kresno Department of Health</td>
<td>none</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PT Putro Kinasih</td>
<td>Production Code</td>
<td>written</td>
<td>none</td>
</tr>
<tr>
<td>Jamu Peputhi/Pek Tay</td>
<td>Discharge herbs</td>
<td>PT Nyonya Meneer Department of Health</td>
<td>written</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td>Pewangi Bulan</td>
<td>Moon Fragrance</td>
<td>PT Sido Muncul Department of Health</td>
<td>written</td>
<td>written</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kresno D. Sabdo Palon - Semar</td>
<td>none</td>
<td>none</td>
<td>none</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ki Mantep</td>
<td>Production Code</td>
<td>written</td>
<td>none</td>
</tr>
<tr>
<td>Sari Asmara - Singset Rapet</td>
<td>The essence of Love – Slim and Tight</td>
<td>Kresno D. Sabdo Palon - Semar</td>
<td>none</td>
<td>none</td>
<td>none</td>
</tr>
<tr>
<td>Jamu Keputihan Discharge Herbs</td>
<td></td>
<td>Sabdo Palon none</td>
<td>none</td>
<td>none</td>
<td>none</td>
</tr>
<tr>
<td>Sepet Wangi Super</td>
<td>Super Sour and Tight</td>
<td>Kresno D.</td>
<td>none</td>
<td>none</td>
<td>none</td>
</tr>
<tr>
<td>Galian Rapet</td>
<td>Tight Herbs</td>
<td>PT Nyonya Meneer Department of Health</td>
<td>written</td>
<td>written</td>
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<tr>
<td>Galian Delima Putih</td>
<td>White Delima Herbs</td>
<td>PT Sido Muncul Department of Health</td>
<td>written</td>
<td>written</td>
<td></td>
</tr>
<tr>
<td>Galian Sepet Wangi</td>
<td>Sour and Tight Herbs</td>
<td>PT Sido Muncul Department of Health</td>
<td>written</td>
<td>written</td>
<td></td>
</tr>
<tr>
<td>Awet Ayu</td>
<td>Eternal Beauty</td>
<td>PT Nyonya Meneer Department of Health</td>
<td>written</td>
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<td>none</td>
</tr>
<tr>
<td>Mustika Rapet</td>
<td>Tightly Jewel</td>
<td>PT Air Mancur Department of Health</td>
<td>written</td>
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<td></td>
</tr>
<tr>
<td>Rumput Patimah</td>
<td>Patimah Grass</td>
<td>PT Rumput Patimah Department of Health</td>
<td>written</td>
<td>written</td>
<td>none</td>
</tr>
<tr>
<td>Raket Wangi</td>
<td>Glued Fragrance</td>
<td>Sabdo Palon Department of Health</td>
<td>written</td>
<td>written</td>
<td>none</td>
</tr>
<tr>
<td>Sepet Arum^3</td>
<td>Sour and Fragrance</td>
<td>Wasiat Ratu</td>
<td>Production Code</td>
<td>none</td>
<td>none</td>
</tr>
</tbody>
</table>

---

^2 Production Date is not written

^3 Applied Directly on the Vagina
FGD I-English version-attachments
26 may 2003
participants: the girls (dewi, wiwi, fitri, ai, nengsiah); NGO staff (yuyun); debby

<table>
<thead>
<tr>
<th>The Symptoms of Sexual Illnesses</th>
<th>The most often</th>
<th>The most severe</th>
<th>The most disturbing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Itchy</td>
<td>1</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Painful when urinating</td>
<td>5</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Spots on sexual organs</td>
<td>8</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Secretion when urinating</td>
<td>7</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Brownish coloured urine</td>
<td>6</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Painful after sexual intercourse</td>
<td>4</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Change form of the sexual organs (Jengger ayam)</td>
<td>9</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Vaginal Discharge</td>
<td>2</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Abnormal vaginal discharge (like a milk, itchy, smelly, more fluid)</td>
<td>3</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Bleeding after sexual intercourse</td>
<td>10</td>
<td>3</td>
<td>8</td>
</tr>
</tbody>
</table>
FGD II-English Version-attachments
28 may 2003
participants: the girls (dewi, wiwi, fitri, ai, nengsih); NGO staff (yuyun); debby

<table>
<thead>
<tr>
<th>Village/Kampong Jakarta (after working)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance of the vaginal discharge:</td>
</tr>
<tr>
<td>- Clear but a bit yellowish</td>
</tr>
<tr>
<td>- Common/normal/ordinary</td>
</tr>
<tr>
<td>- Stick on the underpants</td>
</tr>
<tr>
<td>- Does not disappear after washing with brush</td>
</tr>
<tr>
<td>- Only a little bit</td>
</tr>
<tr>
<td>Performance of the vaginal discharge:</td>
</tr>
<tr>
<td>- White like milk (sometimes clear)</td>
</tr>
<tr>
<td>- Itchy</td>
</tr>
<tr>
<td>- Everyday</td>
</tr>
<tr>
<td>- More solution/liquid</td>
</tr>
<tr>
<td>- Fungus-bacterial-virus</td>
</tr>
<tr>
<td>- Anxious of having illness</td>
</tr>
</tbody>
</table>

| The reason:                             |
| - Above 9 years old                     |
| - Menstruation                          |
| - Eating lots of cucumber               |
| - Grown up                              |
| - Exchange underpants                   |
| - Urinating without cleaning            |
| The reason:                             |
| - unrestricted relationship to boys     |
| - Menstruation                          |
| - Exchange underpants                   |
| - Urinating without cleaning            |

| The way to overcome:                    |
| - Self-made herbs for vaginal discharge |
| - Drink a boiled leaves (sirih) with or without sugar (because it is bitter) every 2 days |
| - Use a boiled leaves for douching the vagina |
| - Do not do anything, no one told       |
| The way to overcome:                    |
| - Douching with special soap (Sabun Sirih/Sabun Resik) |
| - Boiled a leaves (Daun Sirih), bought from the market |
| - See the dokter (given 4 packs of medicines) |
| - Douching with Betadine                |
| - Taking powder-herbal for vaginal discharge (factory made herbs) |

Who helps to overcome the problem:

- Herbal seller
- Medical doctor
- Keputihan
- boyfriend
- sister
- mother
- father
- grandma
- Close friend
- relatives
- neighbour
- Grandma in the village
Appendix 5

Photo of the Girls

Waiting along the Roadside

The central point of the park

The pendorong

The pimp’s house

A pose to attract the customers

They are just girls