

## CASE REPORT

# The Phenomena of “Luru Duit” and Compulsive Sexual Behaviour: A Case Report From Indramayu, West Java, Indonesia

Era Catur Prasetya<sup>1</sup>, Hatta Sidi<sup>2</sup>, Rosliza Yahaya<sup>3,4</sup>

<sup>1</sup> Faculty Of Medicine Universitas Muhammadiyah Surabaya Jln.Raya Sutorejo No.59, Dukuh Sutorejo, Kec. Mulyorejo, Surabaya, 60113 Jawa Timur, Indonesia.

<sup>2</sup> Faculty of Medicine, Universiti Kebangsaan Malaysia, 56000 Cheras, Kuala Lumpur, Malaysia

<sup>3</sup> Faculty of Medicine, Universiti Sultan Zainal Abidin, 20400 Terengganu, Terengganu, Malaysia

<sup>4</sup> Hospital Sultan Zainal Abidin, Universiti Sultan Zainal Abidin, 21300 Kuala Nerus, Terengganu, Malaysia

## ABSTRACT

*Luru Duit* (LD) is a phenomenon of girls who were married in early life and were asked to divorce and to work for money/livelihood. This report aims to highlight the role of sexually compulsive behaviour in a young lady from Indramayu, West Java, Indonesia, who has been trapped in this situation of LD. As a result of early exposure to the sexualisation of their body, i.e., early sexual intercourse and other sensual-like behaviour, the girl who is in this phenomenon will be sensitised to be more sexualised in their day-to-day lives. We report a case of a young lady who was involved in sexual craving and behaviour amounting to sexually compulsive behaviour. A brief aetiological model and principle of management will be discussed.

*Malaysian Journal of Medicine and Health Sciences* (2026) 22(SUPP4):198-200.doi:10.47836/mjmhs.22.s4.34

**Keywords:** *Luru duit*, Sex worker, Compulsive sexual behaviour, compulsive behaviour, sexual disorder

## Corresponding Author:

Rosliza Yahaya, MD, MMed (Psych)

Email: roslizayahaya@unisza.edu.my

Tel: +609-6275528

## INTRODUCTION

Compulsive Sexual Behaviour Disorder (CSBD) is a chronic inability to control intense sexual urges and fantasies, leading to significant impairment in personal, social, and occupational domains (1). In recent years, CSBD has been formally incorporated as a diagnostic entity in the International Classification of Diseases (ICD-11) under Impulse Control Disorders for the eleventh revision (1). The psychopathology of CSBD can include excessive consumption of online sexual activities like pornography and self-sexual gratification like masturbation. A 2023 global survey across 42 countries found 5% (range 1.6–16.7%) at high risk of CSBD and yet, research on CSBD is still limited outside developed countries (2).

Estimating a disorder's prevalence is substantially affected by the diagnostic criteria used in defining this interesting medical disorder and the sampling methods. In addition, research on CSBD in women is

crucial, as the study is currently exclusively focused on heterosexual men in comparison to studies in females (1). The manifestation of CSBD may be due to the different patho-etiology factors, such as hormonal, social, or psychological contributions. In this case report, we highlighted a case of a young woman who is suffering from CSBD and anxiety disorder.

## CASE REPORT

An early life with a low-income family background, Ny. K grew up as the third sibling in a family of four in Indramayu, West Java, Indonesia. Her childhood was marked by relative poverty, but her family was close-knit. “We didn't have much, but we had each other,” Ny.K reminisces. “My parents worked hard in the rice fields. They always stressed the importance of being in a family.”

As an early motherhood and marriage, Ny.K's life took an unexpected turn when she became pregnant at a young age. However, the marriage was short-lived. The marriage ended in divorce when Ny.K was 19, leaving her a single mother with a young child to support. The family faced a series of financial problems shortly after her divorce due to the need to support the needs of the newborn. To make things worse, her

parents fell ill, unable to work, and the family's financial situation became dire. She made a voluntary decision to pursue work in Jakarta. She was fully aware of what might happen in a big city. She was introduced to the opportunity by an acquaintance from her village. Ny.K's parents were aware of her plans. "They didn't approve," she explains. "They cried; they begged me not to go. But they also understood our desperation. In the end, they gave me their blessing, even though it broke their hearts."

At 20 years old, Ny.K arrived in Jakarta to begin her work in the sex industry. Her experience was somewhat different from that of younger girls who were deceived or coerced. "I went in with my eyes open," she states. "I set my boundaries from the start. I insisted on condoms if sex was required for my service. I also refused drunk or violent clients and saved every rupiah I could."

Ny.K worked in a massage parlour that also offered sexual services. She earned around 100,000 rupiah per client and typically saw 4-5 clients per day. She described that her work was challenging, but she was able to develop various strategies to cope with the psychological stress of her work. "When I was with clients, I wasn't Ny.K. I was someone else, someone who could do this without breaking." She also found solace in the community of other women working alongside her, where she supported each other to support their families back home.

The money Ny.K sent home with enough money for her family's needs. Her parents' medical treatments were taken care of. Her siblings could stay in school, and her daughter was able to go to a good school. However, the emotional burden that she sacrificed was high.

During her stay in Jakarta, she said she enjoyed sexual relations with customers, especially with young men, but denied engagement with any pornographic materials, such as watching online sexual activities via the internet, nor engagement in paraphilic behaviours such as exhibitionism, voyeurism, or paedophilia. Furthermore, she did not have any extra sexual relations or a stable relationship other than through prostitution. Her sexual behaviour was described as excessive (more than usual) and poorly controlled. Most of the time, when her sexual urges emerge, she will cope with masturbation. The sexual preoccupation was associated with subjective distress as the day was overly time-consuming, and Ny.K was struggling with her sexual compulsion.

## DISCUSSION

Ny.K's story highlights the complex motivations behind LD, the sacrifices some women make for their families, and the long-term impacts of such decisions. It underscores the need for better social support systems, improved healthcare access, and economic opportunities that don't require extreme measures. This is important as she results in compulsive sexual behaviour (CSB).

Kowalewska et al. (2022) identified several significant factors that predict the severity of CSB. They found

that relationship status plays a crucial role, with being divorced, having a high number of sexual partners, frequently masturbating, and experiencing first sexual intercourse at a young age being strong predictors of developing CSB. Surprisingly, although pornography is the strongest predictor of CSB, it was not observed in this patient. The ultimate goal in managing this patient is to help her achieve sexual health and satisfaction without reinforcing stigma or moral judgments by combining psychotherapy and pharmacology (4). The type of medication suggested depended largely on the intensity of CSBD and comorbid sexual and psychiatric disorders (5). Although no pharmacotherapy carries formal indications for CSBD, selective serotonin reuptake inhibitors (SSRIs) currently constitute the most relevant medical treatments for the management of CSBD. In cases of CSBD with comorbid paraphilic disorders, hormonal therapy may be indicated (5).

## CONCLUSION

This case report underscores the intricate relationship between the Luru Duit phenomenon and compulsive sexual behaviour, illustrating the profound social, economic, and psychological factors involved. Addressing these issues requires multifaceted interventions that consider the socio-cultural context while providing adequate healthcare and support for those affected.

## ACKNOWLEDGEMENT

The authors thank the psychiatry team for their contribution, dedication, effort, and support in managing this case.

## REFERENCE

1. Budiarto, Sulistyono and Soeparno, Koentjoro. Tradisi Luru Duit di Indramayu. February 2018. *Jurnal Ilmu Perilaku* 1(2):125 DOI:10.25077/jip.1.2.125-152.2017 <https://kagama.co/2019/06/11/tradisi-luru-duit-bentuk-eksploitasi-seks-komersial-pada-anak>. Date of access: 14 August 2023.
2. Kowalewska E, Gola M, Lew-Starowicz M, Kraus SW. Predictors of Compulsive Sexual Behavior Among Treatment-Seeking Women. *Sex Med.* 2022 Aug;10(4):100525. doi: 10.1016/j.esxm.2022.100525. Epub 2022 May 30. PMID: 35653876; PMCID: PMC9386638
3. The Sydney Morning Herald. <https://www.smh.com.au/lifestyle/girls-for-sale-indramayus-prostitution-production-line-20150223-13m8o9.html>. Date of access: 16 August 2024.
4. Peer Briken, Beġta Bōthe, Joana Carvalho, Eli Coleman, Annamaria Giralardi, Shane W Kraus, Michał Lew-Starowicz, James G Pfaus, Assessment and treatment of compulsive sexual behavior disorder: a sexual medicine perspective, *Sexual*

Medicine Reviews, Volume 12, Issue 3, July 2024,  
Pages 355–370, <https://doi.org/10.1093/sxmrev/qeae014>

5. Turner D, Briken P, Grubbs J, Malandain L, Mestre-Bach G, Potenza MN, Thibaut F. The World Federation of Societies of Biological Psychiatry

guidelines on the assessment and pharmacological treatment of compulsive sexual behaviour disorder. *Dialogues Clin Neurosci.* 2022 Dec;24(1):10-69. doi: 10.1080/19585969.2022.2134739. PMID: 37522807; PMCID: PMC10408697.